



Membership Guidelines

A RECOGNIZED HEALTH CARE SHARING MINISTRY

Altrua HealthShare is a faith-based, medical needs sharing membership. Medical needs are only shared by the members according to these *Membership Guidelines* and the *Escrow Instructions*. Our members agree to the *Statement of Standards* and voluntarily submit *monthly contributions* into an escrow account facilitated by Altrua HealthShare acting as a neutral escrow agent between members.

To date, all
eligible medical
needs have
been shared by
the membership.

Dear Member,

I want to personally thank you for joining the Altrua HealthShare membership.

Altrua Ministries, dba Altrua HealthShare, is a recognized Health Care Sharing Ministry under the Affordable Care Act, this means that you are eligible for exemption from the Individual Shared Responsibility Payment (tax penalty) mandated by the Affordable Care Act. Altrua HealthShare is a nationwide, faith-based membership made up of individuals and families who share a common set of religious beliefs according to the biblically based *Statement of Standards* for becoming a member.

As a member of Altrua HealthShare, you will submit your *monthly contributions* into the members' escrow account. Altrua HealthShare is the escrow agent and processes all members' monthly share amounts and distributes them towards each other's *eligible* medical needs according to the *Membership Guidelines* and *Escrow Instructions*.

The scripture for which Altrua Ministries is founded on is:

.....
"Carry each other's burdens, and in this way you will fulfill the law of Christ."

Galatians 6:2 (NIV)
.....

By each member of Altrua HealthShare following this example, Altrua HealthShare is able to serve the entire membership through this unique member-to-member sharing method through the escrow account. The *Membership Guidelines* allow you to understand what is *eligible* and what is *ineligible* for sharing once a medical bill from your provider is submitted to Altrua HealthShare and becomes an *eligible* medical need for sharing by the membership. Please familiarize yourself with the *Membership Guidelines* so you are fully aware of the eligibility requirements for sharing by other members.

It is that simple. You do not 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.

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 membership of Altrua HealthShare. For any questions and concerns, please call the Member Services department to speak with one of our caring and trained membership representatives who is willing to serve and take care of your needs.



RANDALL L. SLUDER
Executive Director

MEMBERSHIP GUIDELINES

Edition Number

#MG2018-1

Effective Date

January 1st, 2018

Membership Plans

Gold, Silver & Bronze

Visit www.altruhealthshare.org/guidelines to download a digital copy of the Membership Guidelines edition currently in effect and find information regarding amendments and corrections.

Contact Information

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

PHONE

1.888.244-3839

EMAIL

memberservices@altruhealthshare.org

FAX

1.512.382.5520

ONLINE

www.altruhealthshare.org

MAIL

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

Statement of Standards

I agree to live a clean and healthy lifestyle and I share the following ethical or 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 sexual relations outside the bond of marriage is morally wrong and that marriage is a bond between a man and woman only.
- › 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.

Member Resources

FORMS, DOCUMENTS & MORE

Every form for managing your *membership* as well as up-to-date information can be found on our website.

Each form can be downloaded as a PDF so you can fill out, sign and attach necessary documents to send by email, fax or mail. Or you can complete these forms online on the Altrua Healthshare Member Portal.

www.altruahealthshare.org/resources

www.altruahealthshare.org/signin

Membership Guidelines Contents

GLOSSARY Refer to the Glossary of Terms section on page 38 for an explanation of the *terms* that are used throughout these guidelines.



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Membership Overview

What is Altrua HealthShare?

Altrua HealthShare is a *membership* of people who live by a common set of ethical and religious beliefs as expressed in the *Statement of Standards* below, and who share *medical needs* among themselves according to those beliefs.

STATEMENT OF STANDARDS

I agree to live a clean and healthy lifestyle and I share the following ethical or 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 sexual relations outside the bond of marriage is morally wrong and that marriage is a bond between a man and woman only.
- ▶ 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.

Altrua HealthShare uses this widely accepted definition of “religion” from Merriam Webster: “A personal set or institutionalized system of religious attitudes, beliefs, and practices.” The *membership* ethics and beliefs are based on the historical narrative in the Word of God. Members agree to honor the lifestyles, values, and traditions addressed in the Word of God, and agree in writing to adhere to the *Statement of Standards*.

Altrua HealthShare is not an insurance company. But as a trusted *escrow* agent, Altrua HealthShare oversees the voluntary sharing of all member contributions to meet your *medical needs* as well as those of the other *active members*. The *membership* does not subsidize self-destructive behaviors, but is specifically tailored for individuals and families who maintain healthy lifestyles, and make responsible health care choices.

One of our fundamental standards is: “I believe in caring for one another.” In alignment with this conviction, your *membership* donations to Altrua Ministries help financially support various charitable and religious organizations and assist with funding research and development efforts to cure life-threatening diseases. Please visit www.altruahealthshare.org/resources/altrua-ministries for more information.

A Purpose of the Membership Guidelines

These *Membership Guidelines* are your reference for acknowledging your *commitments*, assessing your *eligible* and *ineligible* medical needs, and understanding how your contributions are shared. Since they are a reference and not a contract, they do not create a legally enforceable right for you (nor for your *dependents* and beneficiaries) to receive shared contributions.

From time to time these *Membership Guidelines* will change upon request from the *membership* or the Board of Directors. In these cases, Altrua HealthShare will provide you with advance written notice, and changes will be made according to the decisions, recommendations, and approval of the Board of Directors.

The edition of the *Membership Guidelines* that is in effect on the date of your *medical needs* overrides any previous editions and any other verbal or written communication, and is the governing reference that is used to determine your eligibility and any sharing possibilities. You will find the current edition of the *Membership Guidelines* and any amendment details at www.altruahealthshare.org/resources/guidelines.

An exception to a specific provision only modifies that particular provision, and does not supersede or void any other provisions within these *Membership Guidelines*.

B Is Altrua HealthShare a match for me?

Altrua HealthShare is a match for anyone who wants to avoid subsidizing or paying for certain lifestyles that continue to add to the rising costs associated with traditional health insurance companies. As a member of Altrua HealthShare, you are considered a self-pay patient, which often means that you are billed at lower rates for services from your provider than if you used health insurance to pay for your *medical needs*.

Altrua HealthShare is also different from other health care sharing ministries. Your pastor, elder, or other church representative does not need to sign an acknowledgement verifying your church attendance, and does not need

to validate *medical needs* that you submit to the *membership* for sharing. Our members have their *medical needs* assessed and processed without having to wait until other members send individual contribution checks.

C Who are the members and administrators?

The members of Altrua HealthShare are like-minded people who honor the *Statement of Standards* and who keep their *commitments* to the *membership*. The administrators for Altrua HealthShare are the Board of Directors, support representatives, and individuals who oversee the sharing of contributions.

D How are contributions shared?

ESCROW INSTRUCTIONS As an escrow agent for the *membership*, Altrua HealthShare holds your *monthly contributions* in an escrow account at an accredited financial institution. These *monthly contributions* are used to administer member-to-member sharing according to these *Escrow Instructions* and priorities:

- i. To pay all the expenses of running the *membership* and to ensure its sustained operation
- ii. To share *eligible* medical needs according to the edition of the *Membership Guidelines* in effect on the date of your *medical needs*
- iii. To support qualified charities (in the event the membership is no longer in existence, and after Altrua HealthShare has determined that the escrowed contributions are sufficient to pay for the *medical needs* as listed above)

Altrua HealthShare may hold your escrowed contributions with those of other members in one or more common bank accounts until they are distributed. As a condition of receiving and distributing these contributions, Altrua HealthShare must report the amount of qualified *medical needs* that members have submitted for sharing, as well as the amount of *medical needs* actually shared among the *membership*.

Interest and other earnings on escrowed *monthly contributions* are combined with the escrowed contributions. Although Altrua HealthShare is not obligated

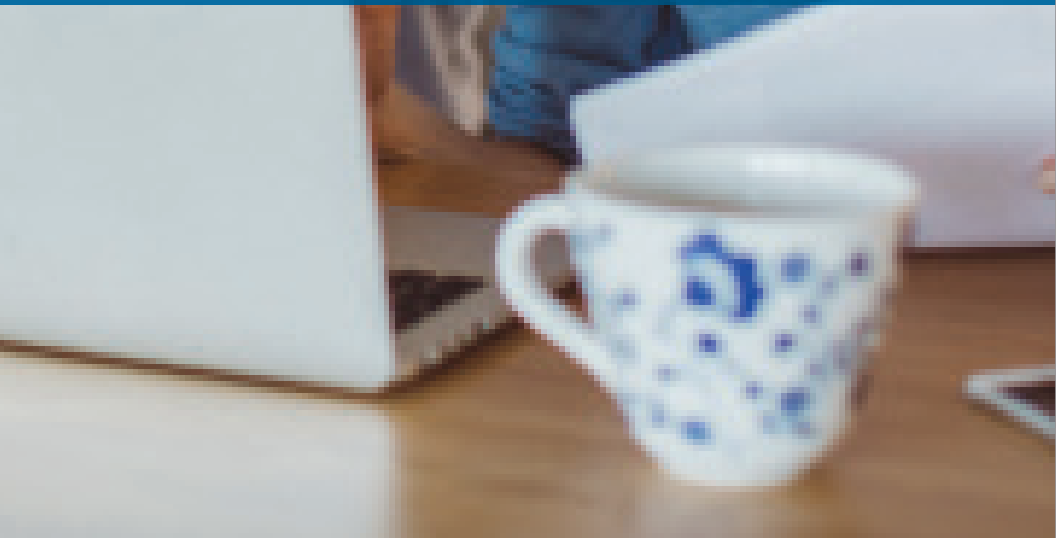
to invest escrowed contributions, if they are invested, Altrua HealthShare is not liable for losses or below-average returns on the investment.

E Forms and Common Questions

If you have questions about Altrua HealthShare or about your *membership* details, please call 1.888.244.3839, or visit our web site at www.altruahealthshare.org/how-it-works/faq for answers to the most frequently asked questions.

To submit a medical need or download *membership* forms and instructions, please visit our web site at www.altruahealthshare.org/resources/forms-and-documents.





Member Instructions

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

A 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. 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*. If a violation of the *Statement of Standards* is discovered or revealed during the review of any medical records you submit for processing, all *medical needs* you submit after the *date of service* in which the violation occurred will be put on hold.

In this case, you will receive an explanation of the violation, and you will have 30 days to submit documentation that corrects the issue. If you do not provide corrective documentation within this time period, your *membership* will be *withdrawn*. Once *withdrawn*, all of your *medical needs* become *ineligible* for sharing.

If the *Statement of Standards* violation is related to tobacco 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 (7) days. If you do not provide the results of such test or if the results received come back positive, your *membership* will be *withdrawn*.

Please note that Altrua HealthShare will not return your contributions prior to the date of withdrawal because your contributions would have already been 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.

2. ANNUAL MEMBERSHIP COMMITMENT

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

- › the Altrua HealthShare *membership*,
- › the *Statement of Standards*,
- › the *Acknowledgements* section of your *Membership Enrollment*

Application, and

- › the Escrow Instructions for sharing contributions.

If you have a *combined membership* for your *household*, your *Membership Commitment Form* submission represents continued commitment by each member of your *household* included in your *membership*.

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

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*. Altrua HealthShare will not return your contributions prior to the date of withdrawal because your contributions would have already been submitted for member-to-member sharing.

You may request the current or following month for the start of your *membership*, but you must apply by the 25th of the month in order for your *membership* to be effective on the 1st day of the next month.

Until your *Membership Enrollment Application* fee, ministry donation and first *monthly contribution* has been received, your *membership* will not become active.

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*.

If this occurs, you may use the appeals process to have your *membership limitation* removed in the future by providing medical evidence that the limitation no longer applies.

5. QUALIFIED DEPENDENTS

Your *dependent* spouse and your *dependent* children through the age of 19 may participate in Altrua HealthShare under a *combined membership* with you, providing they meet the qualification criteria described in the *Membership Enrollment Application* and the *Membership Guidelines*. (Children who are born into the *membership* via an *eligible* maternity need may join your *combined membership* without having to meet any criteria in the *Membership Enrollment Application*.)

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*.

If any of your *dependent* children fall within 20 through 24 years of age, they may also participate in your *combined membership* as long as they meet the qualification criteria and are either *full-time students*, or *full-time service volunteers*. You must supply proof of their status with your *Membership Enrollment Application*, and in the case of *full-time students*, you must also provide proof of their status at the beginning of every semester or term. This proof of status is required in order for your *dependents' medical needs* to be *eligible* for sharing. If you do not submit that proof to Altrua HealthShare on behalf of your *dependents*, their *medical needs* will become *ineligible* for sharing indefinitely after 6 months from the date that medical service was provided to them.

Combined membership for *full-time students* or a *full-time service volunteers* ends when they reach their 25th birthday; however, if they have an ongoing need on their 25th birthday, their *membership* participation is extended for an additional 90 days. *Dependents* may continue their *combined membership* if they are medically unable to continue as either *full-time students* or *full-time service volunteers* because of an illness or injury, whether physical or mental. A *licensed medical professional* must verify this disability; however, any *medical needs* related to mental health will remain *ineligible* for sharing according to the *Membership Guidelines*.

If your *dependents* wish to continue participating in the *membership* once they no longer qualify to participate under a *combined membership*, they must apply and qualify for their own *membership* based on the qualification criteria stated in the *Membership Enrollment Application*.

6. OTHER CRITERIA DEPENDENTS

Children between 1 and 18 years of age may qualify for *membership* without their parent's mutual participation, on a case-by-case basis as determined by Altrua HealthShare. 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.

7. FINANCIAL PARTICIPATION

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

- ▶ Submit your annual \$100 *membership* fee to Altrua HealthShare (due on the 1st day of your *membership* anniversary month).
- ▶ Make your monthly contribution to Altrua HealthShare for member-to-member sharing (due on the 1st day of each month).
- ▶ Give a \$25 annual donation to Altrua Ministries (due on the 1st day of your *membership* anniversary month). Your donation is requested, but not required.

8. MONTHLY CONTRIBUTIONS

Your *monthly contributions* are voluntary contributions that are non-refundable according to the *Membership Guidelines*. Once your *membership* is active, if your recurring monthly contribution is not received by the 15th 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 (sixty consecutive days from the contribution request due date), your *membership* will be *withdrawn*. If your *membership* is *withdrawn*, you may reapply under the terms defined in the *Membership Enrollment Application*. Your *medical needs* that occur after your *membership* is *withdrawn* and before you reapply for *membership* are also *ineligible* for sharing.

As a participating member of a health care sharing ministry, 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 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.

B Your Rights and Responsibilities

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
- › Express a concern or file an appeal about your processed *medical needs*
- › Make recommendations for changes to *Membership Guidelines* as part of the annual process
- › Participate in the *membership* appeals process, if selected

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

C Your Commitments

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 *membership fee*
- › Consider giving an annual donation

D Changing Your Membership

If you'd like to change or upgrade your *membership*, please complete the *Membership Update Form* and submit it to Altrua HealthShare by the 15th day of the month prior to the month when you'd like the changes to take place.

Please note that you may need to re-enroll for changes to *membership* to determine your eligibility, and that Altrua HealthShare is the sole authority for approval of any *membership* changes.

Once approved, your changes will go into effect on the first day of the following month.

E Discontinuing Your Membership

If you'd like to discontinue your *membership*, please complete the *Membership Cancellation Request Form* along with your reason for cancellation, and submit it to Altrua HealthShare by the 15th 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 cancellation is effective.

If you would like to reinstate your *membership* at a later date, please submit a new *Membership Enrollment Application*.

F Sharing of your Eligible Medical Needs

Monthly contributions from members are used to share in eligible medical needs. This section identifies:

- ▶ How to request eligibility for sharing of your *eligible* medical needs
- ▶ Which *medical needs* are *eligible* for sharing
- ▶ Which *medical needs* require preauthorization

1. HOW DO I REQUEST SHARING FOR 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.

If standard billing forms are not available, submit an itemized statement for the services that were provided. Itemized statements must include the following information (at a minimum) in order 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

Depending upon the nature of your *medical needs*, one or more forms may be required, and Altrua HealthShare may also need to request your medical records.

If your medical need arose from an accident, injury, or emergency room visit, you must also complete and submit a *Needs Processing Form* (NPF). Visit www.altruahealthshare.org/resources/forms-and-documents and click the *Needs Processing Form* button to complete and download your *Needs Processing Form*. Then send it to Altrua HealthShare via email, fax, or United States mail, as directed on the form or submit through the Member Portal.

2. WORKING WITH YOUR HEALTH CARE PROVIDER

To help you get the most out of sharing, Altrua HealthShare uses an *affiliated* network of providers whenever possible because these providers agree to discount their services for you as a member. Using this network generally offers significant savings for you by lowering your *member responsibility amounts* and the sharing amounts for the *membership*. It's best to identify an in-network provider and/or facility in your region before you seek care. To do so, simply go to www.altruahealthshare.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 provider who does not accept either form of Altrua HealthShare's reimbursement options, there will be an indication that you used a *non-affiliated provider* when your *medical needs* are processed. You will be responsible for 50% of allowed charges based on your 2nd MRA, according to your *membership plan type*.

3. WHAT TO DO WHEN YOUR PROVIDER REQUIRES SELF-PAYMENT

Ask your provider to follow the instructions on the back of your member ID card. If your provider will not accept the card, obtain a self-pay discount. You will only be reimbursed for discounted self-payments of *eligible* medical needs.

When you submit your reimbursement, you must include your member ID number, name of the member, provider's tax ID number, the HCFA 1500 or UB-04 form, the billed amount reflecting a self-pay discount, and your receipt for proof of payment. A *Needs Processing Form* and medical records may also be required, depending on the nature of your medical need. You can find the *Needs Processing Form* at www.altruhealthshare.org/resources/forms-and-documents.

4. WHAT MEDICAL NEEDS ARE ELIGIBLE FOR SHARING?

Eligibility is an assessment based upon a number of factors:

- › Member status
- › Membership plan type
- › 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 1st, then 2nd 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 subject to your membership plan type:

- › 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

5. WHEN ARE EMERGENCY ROOM TREATMENTS ELIGIBLE FOR SHARING?

For the benefit of all the members, please use the emergency room at the hospital only for serious, urgent issues. Treat routine *medical needs* such as colds or flus at an urgent care or primary care physician's office. When you use the emergency room for a routine *medical need*, the cost is typically extravagant, and will not be shared by the *membership*.

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

Emergency room visits for the following *medical needs* are eligible for sharing:

- › Lacerations
- › Infections
- › Severe abdominal pain
- › Injuries or accidents (contusions, concussions, broken bones)
- › Severe back pain
- › Breathing difficulty
- › Migraines
- › Trauma
- › Stroke-like symptoms
- › Severe chest pains
- › Sudden, unexplained loss of consciousness
- › Choking
- › Major bleeding
- › Other *medical needs* classified by the provider as emergent

Please notify Altrua HealthShare of any emergency room visit within 96 hours of discharge from the hospital by contacting the Member Services department at 1.888.244.3839 or by submitting a *Needs Processing Form* at www.altruahealthshare.org/resources/forms-and-documents.

6. WHICH 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 1st 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 Altrua HealthShare's 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.

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 received clean test results within 30 days of the membership *effective date*, or 1 year from the date that Altrua HealthShare receives and approves clean test results.

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*, provided clean test results were received by Altrua HealthShare within 30 days of the effective *membership date*, or 1 year from the date that Altrua HealthShare receives and approves clean test results.

Please notify Altrua HealthShare within 30 days of each and any cancer diag-

nosis by contacting the Member Services department at 1.888.244.3839 or by submitting a *Needs Processing Form* at www.altruahealthshare.org/resources/forms-and-documents. 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 MRAs have been assessed.

7. WHEN DO I NEED PREAUTHORIZATIONS?

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 following procedures and services require preauthorization:

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

The above *medical needs* are *ineligible* for sharing for a minimum of 1 year from your membership effective date.

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

The above *medical needs* are *ineligible* for sharing within the first 90 days of your membership *effective date* unless the medical need is for an emergency room-related accidental injury, emergency room-related life-threatening symptom(s), or emergency room-related *eligible* surgery that has occurred after the *effective date*, and that does not arise from a recreational activity.

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.

8. CASE MANAGEMENT

In the event your *medical needs* are expected to be, or is, of a serious nature, Altrua HealthShare reserves the right to arrange for *case management* to oversee your treatment. 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.

9. IS INTERNATIONAL TRAVEL ELIGIBLE?

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 above in the self-pay instructions.

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

G 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 way those in the *membership* can help care for one another.

If a person's *membership* was active at the time of death, up to \$5,000 of these final funeral needs are *eligible* for sharing:

- › Embalming
- › Cremation
- › Casket

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

Please submit the original statements (including funeral home) and a certified copy of the member's death certificate within 90 days of the member's death to Altrua HealthShare via fax at 512.382.5520, via email at eligibility@altruahealthshare.org, or via U.S. mail at PO Box 90849, Austin, TX 78709.

H 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*.

1. OFFICE VISITS AND VISITS TO URGENT CARE FACILITIES

Urgent care visits are *eligible* for sharing under the *office visit* MRA. Members are allowed six (combined) office 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 1st then 2nd MRA, and these charges are *ineligible* for sharing.

Gold and Silver 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 1st or 2nd MRA.

Bronze 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 1st, then 2nd MRA (*Membership Guidelines* apply).

The *office visit* MRA only applies if the CPT (Current Procedural Terminology) code associated with an *office visit* is applied. If an *office visit* CPT code is not documented, charges will be applied to the 1st, then 2nd 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.

2. OCCUPATIONAL SHARING INCREASE

You may choose to submit an additional annual contribution of \$1,500 to allow for sharing of *medical needs* related to income-producing or work-related activities up to a maximum of \$50,000 per *eligible* member, for 365 days.

You will be responsible for a \$3,500 Occupational MRA. After that is met, Altrua HealthShare will share up to \$50,000 at 100% of the total allowed amount.

The share increase does not apply to your *household*; the contribution must be submitted for each member. You may submit the *Occupational Share Increase Form* at any time during the year, and the share increase will go into effect on the 1st of the following month for the member to whom it applies. The share increase will be effective for 365 days and will not auto-renew. The Occupational MRA does not apply to any other MRAs required under your regular *membership plan type*. MRAs must be submitted before Altrua HealthShare will begin sharing on your behalf.

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 (7) days. You can find the *Occupational Needs Processing Form* at 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 Occupational MRA 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*.

3. RECREATIONAL ACTIVITIES SHARE INCREASE

You may choose to submit an additional annual contribution of \$500 to allow for sharing of *medical needs* related to recreational activities up to a maximum of \$25,000 per *eligible* member, for 365 days.

You will be responsible for a \$2,000 Recreational MRA. After that is met, Altrua HealthShare will share up to \$25,000 at 100% of the total allowed amount. This includes *eligible* medical needs arising from interscholastic, intercollegiate, and community- or church-organized team sports or programs.

The share increase does not apply to your *household*; the contribution must be submitted for each member. You may submit the *Recreational Activities Share Increase Form* at any time during the year, and the share increase will go into effect on the 1st of the following month for the member in to whom it applies.

The share increase will be effective for 365 days and will not auto-renew. You can find the *Recreational Activities Share Increase* Form at www.altruahealthshare.org/resources/forms-and-documents.

The Recreational MRA does not apply to any other MRAs required under your regular *membership plan type*. MRAs must be submitted before Altrua HealthShare will begin sharing on your behalf.

4. SERVICE-SPECIFIC SHARING LIMITS

Alternative Medicine

These services include acupuncture, homeopathic treatments, holistic treatments, naturopathic treatments, biofeedback, and neurofeedback. You are allowed up to 12 visits per member per calendar year. 1st, then 2nd MRAs 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

All *eligible* laboratory services will be shared up to \$4,000 per member, per calendar year. 1st, then 2nd MRAs will apply. Laboratory services are *ineligible* for sharing within the first 90 days of your membership *effective date* unless it is a required part of a wellness or preventative care visit.

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. 1st, then 2nd MRAs apply.

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 subject to review by a *licensed medical professional*.

Radiology and Imaging Services

All *eligible* radiology and imaging services will be applied to the members 1st, then 2nd MRA. These *medical needs* are *ineligible* for sharing within the first 90 days of your membership *effective date* unless they accompany an *office visit*.

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, 5th wheels, and bumper-pull RVs). The vehicle's operator must be insured by a third party for any *medical needs* to be *eligible* for sharing. Altrua 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. 1st, then 2nd MRAs will apply. You can find the *Needs Processing Form* at www.altruahealthshare.org/resources/forms-and-documents.

Screening For Colonoscopy

If you are age 50 or over, you may have your colonoscopy testing shared one (1) time per year, not to exceed three (3) 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*.

Telemedicine Program

Altrua HealthShare's *telemedicine* sharing option (administered by a third party) provides you with access to a network of licensed physicians who provide telephone-based consultations nationally; where you live, and potentially in other states where you might travel.

These physicians are board-certified, licensed to practice medicine in their state, technologically proficient, trained in telephone-based consultations, and

covered by medical malpractice insurance having limits equal to or greater than the minimum required limits in the state.

Within this program, the primary method of delivering physician consultations is over the telephone. You have interactive consultations with your physician (i.e., they are not conducted solely through written communications nor Internet questionnaires).

This program provides you with unlimited toll-free telephone access for medical consultations. Access is available 24 hours per day, 365 days per year. Your calls will be promptly answered, and the operator will connect you (within three hours or less) to a licensed physician who will work with you to assess and treat your medical issue.

Based on your initial consultation, the physician will respond appropriately, including but not limited to the following actions:

- i. Determine that the call is an emergency, and advise you to immediately call 911
- ii. Advise you how to treat the condition, and prescribe medication as necessary
- iii. Advise you to see or follow up with your primary care physician or a specialist focused on the specific medical condition

The physician will not prescribe any Drug Enforcement Agency (DEA) controlled substances or narcotics.

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 each year, and must be preauthorized.

Wellness / Preventative Visits

Female members over the age of 40 and male members over the age of 50 are eligible for sharing of one (1) additional office visit to address required screening tests without having to use one of their six annual office visits. The *Membership Guidelines* will apply.

5. SELF-PAY MATERNITY SHARING

Maternity Eligibility

A female member of Altrua HealthShare is *eligible* for *maternity* when she is married, and has been on a Gold or Silver *membership plan type* (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 submit a completed *Maternity Form*, with all requests for *maternity* reimbursements. When the member submits requests for *eligible* maternity reimbursements, the following must be included your provider's tax ID number, the HCFA 1500 or UB-04 form, the billed amount reflecting self-pay, and your receipt for proof of payment. (Please visit Forms and Documents at www.altruahealthshare.org/resources/forms-and-documents to download the form).

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's 1st or 2nd MRA.
- ▶ For a normal delivery, up to \$4,000 per pregnancy may be shared. When a delivery is by cesarean section that is *medically necessary*, \$6,000 per pregnancy may be shared.
- ▶ *Maternity* sharing for miscarriages are limited to \$4,000 per member per calendar year.
- ▶ Congenital birth defects for a newborn under an *eligible* maternity has a maximum sharing limit of \$50,000 per calendar year. (Congenital birth defects for adults are *ineligible* for sharing.)
- ▶ Bronze Members' *medical needs* relating to *maternity* are *ineligible* for sharing. If a Bronze member desires to conceive and wants *maternity* to be *eligible*, she must upgrade her *membership* to a combined Gold or Silver

membership a minimum of 10 months prior to conception.

a. 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.

b. Complications during delivery

Any life threatening complications for the newborn during and after the delivery will be subject to the *eligible* child's 1st, then 2nd *MRAs*. Any life threatening complication for the mother will be reviewed under her 1st, then 2nd *MRAs*. The *maternity* sharing limit will cease to apply and the *medical needs* will apply to the 1st, then 2nd *MRAs*. An internal review of medical records will be required.

c. 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 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 *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 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 application process will apply and medical record review will be required.

If the *medical needs* relating to *maternity* are *ineligible* for sharing, the newborn will be subject to the 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 application process will apply and medical record review will be required.

I Ineligible Medical Needs

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

1. Ineligible medical needs related to your Membership Enrollment Application or membership effective date:

- › Any illness, injury, or condition for which there is a *membership limitation* indicated on the *Membership Enrollment Application*
- › Any illness, injury or condition (or associated *medical needs*) for which you are aware of, but fail to disclose on your *Membership Enrollment Application*
- › Any medical need that requires preauthorization within the first 90 days of your *membership effective date*, unless the medical need is for an emergency room-related accidental injury, emergency room-related life-threatening symptom, or emergency-room related *eligible* surgery that has occurred after the *effective date*
- › All medical needs related to interscholastic, intercollegiate, and community -or- church organized team sports or programs (unless you have submitted a Recreational Activities Share Increase Form for you or a qualified dependent)
- › 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*
- › Circumcisions resulting from an *ineligible maternity* (as defined by being on a *combined membership* less than 10 consecutive months prior to conception)
- › Congenital birth defects for adults. (Congenital birth defects for a newborn under an *eligible* maternity is *eligible*, and has a maximum sharing limit of \$50,000 per calendar year.)

- › 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*

2. Ineligible medical needs due to a possible conflict of interest:

- › Chiropractic care or physical therapy received or obtained from any family member including, but not limited to father, mother, aunt, uncle, grandparent, sibling, cousin, *dependent* or any in-laws

3. Ineligible medical needs due to carelessness or failure to plan:

- › Any illness or injury caused by your failure to obtain timely or proper medical treatment, as well as 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
- › *Medical needs* you or your provider submit for sharing more than 6 months after the date you received service
- › Emergency room visits that you have failed to provide the required 96 hour notification

4. Ineligible experimental treatments:

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

5. 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*)
- › Medication not requiring a prescription
- › 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 (e.g. by ambulance) for conditions that are non-life-threatening

6. Ineligible medical needs arising from lifestyle or choices:

Any *medical needs* that are caused by lifestyles, choices, or activities that are in 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
- › STDs (Sexually Transmitted Diseases), except in the instance of sexual assault
- › 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 including using any form of cannabis whether or not it has been prescribed by a medical professional
- › *Maternity* resulting from adultery or fornication outside of marriage
- › Illness or injury due to consumption of a prescription medication taken in excess of 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.)

7. 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
- › Influenza vaccination
- › Chelation therapy
- › Drug testing (unless required by *membership*)
- › Medical tourism

8. 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. Ineligible injuries from extreme sports:

Injuries arising from use of personal aircraft, and any other aircraft not operated by a commercially licensed public carrier, are *ineligible* for sharing.

Injuries arising from extreme sports (activities perceived as having a high level of danger) are *ineligible* for sharing. These activities often involve speed, height, a high level of physical exertion, and specialized gear. Examples of extreme sports include:

- › Abseiling or Rappelling
- › BASE Jumping
- › Bicycle Polo
- › Adventure Racing
- › BMX Racing or Freestyle
- › Big Wave Bodyboarding/

- | | | |
|--------------------------------------|--|---|
| Surfing | › Microlight | › Skimboarding |
| › Bossaball | › Mixed Climbing | › Sky Surfing |
| › Bouldering | › Motocross | › Skydiving |
| › Bungee Jumping | › Motorcycle Racing | › Slacklining |
| › Cave Diving | › Mountainboarding or All-Terrain Boarding | › Snowboarding |
| › Endurance Racing | › Mountaineering | › Speed Flying or Speed Riding |
| › Free Climbing | › Obstacle Racing | › Street Luge |
| › Freediving | › Paragliding | › Surfing |
| › Hang Gliding | › Paramotoring | › Trail Running |
| › Hot Air Ballooning | › Parasailing | › Train Surfing |
| › Ice Climbing | › Parkour | › Triathlon Racing |
| › Indoor Skydiving | › Rallying | › Tricking |
| › Inline Skating | › Rock Climbing | › Unicycling |
| › Jai Alai | › Sandboarding | › Whitewater Kayaking |
| › Jet-Powered Flight (noncommercial) | › Scuba Diving | › Whitewater Paddleboarding |
| › Kitesurfing or Kiteboarding | › Sepak Takraw | › Whitewater Rafting |
| › Longboarding | › Ski Jumping | › WISBASE, Wingsuit Flying, or Proximity Flying |

Injuries relating to activities below that are considered competitive, competition training, for a profit or sponsored are *ineligible* for sharing. Examples include:

- | | |
|-------------------|--------------------------|
| › Cycling | › Standup Paddleboarding |
| › Knee Boarding | › Wakeboarding |
| › Mountain Biking | › Water Skiing |
| › Skateboarding | › Windsurfing |
| › Skiing | |

10. Other ineligible medical needs:

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

11. Ineligible equipment medical needs:

Purchase or rental of durable or reusable equipment or devices (and associated supplies) are *ineligible* for sharing. Examples include:

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

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 fees incurred by *medical needs* received outside of the United States

13. Ineligible occupational injuries:

Any conditions or injuries occurring while performing income-producing or work-related activities are *ineligible* for sharing unless you have the Occupational Share Increase.

14. Ineligible dental medical needs:

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

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

15. Ineligible vision medical needs:

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

- › Optometry
- › Glasses
- › Contacts
- › Supplies
- › Vision therapy

- › Refraction services
- › Optometrist office visits

16. Ineligible hearing medical needs:

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

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

J Coordination of Sharing

If your *medical needs* are covered by other resources such as health insurance, Medicare, Medicaid, veterans benefits, Tricare, private grants, or by a liable third party such as auto 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.

After you've already received shared contributions from Altrua HealthShare, if it happens that your medical need is paid for (or found to be covered) by another institutional source or third party, Altrua HealthShare has automatic and full rights to recover any and all amounts that were shared on your behalf.

Please cooperate fully and assist Altrua HealthShare in determining whether your medical need is discountable or payable by another party. If you do not respond within 120 days to Altrua HealthShare's first request for information or verification, your *medical needs* will become *ineligible* for sharing.

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 medicalneeds@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 sole member of your *household*. If you do not qualify for Medicare Part A and/or Part B, you are still *eligible* to remain on the *membership*.

Membership Guidelines apply. Please call Member Services for 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 any Explanation of Benefits (EOB) from Medicare.

Other Health Coverage (OHC)

Altrua HealthShare will only share your *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@altruahealthshare.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.

K Appeals

HOW DO I MAKE AN APPEAL IF MY 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

- i. 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.
- ii. If your 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?

- iii. 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 type) 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.



Glossary of Terms

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

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

02. ACTIVE MEMBER Your status as a member in Altrua HealthShare (whether you are the member or a qualified *dependent*) when you have met all membership obligations, providing you remain *eligible* for sharing of *medical needs*.

03. 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.

04. ANNUAL LIMITS The maximum amount shared for *eligible* medical needs per member, each calendar year. The calendar year starts on January 1 and continues through December 31.

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

06. 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.

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

08. COMMITMENTS The requirements you acknowledge you must follow in order to maintain an *active membership* in Altrua HealthShare.

09. DEPENDENT Your spouse and/or any of your unmarried children (by birth, legal adoption, or marriage) under the age of 20, who you've included on your *Membership Enrollment Application*. Also, any of your children ages 20 through 24 that you've included on your *Membership Enrollment Application*, providing they are a full-time student or a *full-time service volunteer*.

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

11. EFFECTIVE DATE The date your membership begins.

12. 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.

13. 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.

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

15. FIRST MEMBER RESPONSIBILITY AMOUNT (1ST MRA) The amount you're responsible for before the membership shares in your *eligible* medical needs.

16. FULL-TIME SERVICE VOLUNTEER A son or daughter who contributes 30 or more hours of their time per week, without pay, to a charitable or religious organization with an active 501(c)3 nonprofit tax exemption status.

17. FULL-TIME STUDENT A son or daughter who is actively enrolled in 12 or more credit hours of high school, an accredited college or university, or a certified vocational or technical training school. Also, a son or daughter who is actively enrolled in 9 or more credit hours in a master's program at an accredited college or university.

18. 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.

19. 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*.

20. INACTIVE MEMBER Your status as a member in Altrua HealthShare (whether you are the member or a qualified dependent) when you have failed to meet membership obligations, making you *ineligible* for sharing of *medical needs*.

21. 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.

22. 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.

23. LIFETIME LIMITS The maximum amount of shared contributions you may receive for your *eligible* medical needs over your lifetime of membership.

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

25. MATERNITY FORM A document/electronic form that you must complete and provide to Altrua HealthShare to receive reimbursement for your prepaid *medical needs* relating to *maternity*.

26. 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, or injuries.

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

28. 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*.

29. MEMBERSHIP CANCELLATION REQUEST FORM A document/electronic form you must complete and provide to Altrua HealthShare in order to cancel your membership.

30. MEMBERSHIP COMMITMENT FORM A document/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*.

31. MEMBERSHIP ENROLLMENT APPLICATION An electronic form you must complete to enroll in Altrua HealthShare for membership. This electronic form will notify you of any *membership limitations* based on your medical history provided at the time of enrollment. Any information not disclosed during the enrollment process could result in a retro *membership limitation* or retro denial.

32. MEMBERSHIP LIMITATION A two- to five-year constraint 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.

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

34. MEMBERSHIP UPDATE FORM A document/electronic form you must complete and provide to Altrua HealthShare when details of your membership change.

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

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

37. NON-AFFILIATED PROVIDER A health care facility or provider that is not part of the Altrua HealthShare network.

38. NPF (NEEDS PROCESSING FORM) A document/electronic form you must complete and provide to Altrua HealthShare to request eligibility for sharing of your *medical needs*.

39. OCCUPATIONAL SHARE INCREASE FORM A document/electronic form that the *Head of Household* must complete and provide to Altrua HealthShare to allow for sharing of *medical needs* related to income producing or work-related injuries.

40. 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).

41. OFFICE VISIT/URGENT CARE MRA A contribution of \$35 that is applicable for Gold or Silver *membership plan types*, before membership sharing takes place.

42. PRE-EXISTING CONDITION An illness or medical condition for which you have received medical advice or treatment at any time during the 24 month period preceding your membership *effective date*.

43. RECREATIONAL ACTIVITY SHARE INCREASE FORM A document/electronic form that the *Head of Household* must complete and provide to Altrua HealthShare to allow for sharing of *medical needs* related to *eligible* recreational participation.

44. RETRO LIMITATION A two-to five-year constraint on the eligibility for sharing of *medical needs*, or associated *medical needs*, retroactive to your membership *effective date* because you didn't disclose it during your application process.

45. SECOND MEMBER RESPONSIBILITY AMOUNT (2ND MRA) The percentage you are responsible for paying after the *First Member Responsibility Amount* (1st MRA) is met. The membership shares simultaneously in your *eligible*

medical needs as your 2nd MRA is being met.

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

47. 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.

48. UCR (USUAL, CUSTOMARY, AND RESPONSIBLE) 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.

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



"Carry each
other's burdens,
and in this
way you will
fulfill the
law of Christ"
-Galatians 6:2
(NIV)

How it Works

Individuals, families and organizations rely on each other for their eligible medical needs.



Member Shares

Altruia HealthShare

1

Member receives monthly contribution request

2

Altruia HealthShare receives member contribution

3

Member may submit additional donations to help others in need**

4

Altruia HealthShare deposits member contributions into an escrow account

5

Monthly operating expenses are transferred from the escrow account to an operating account

6

All eligible medical needs are processed according to Membership Guidelines and Escrow Instructions*

7

Altruia HealthShare issues check to provider from escrow account or Explanation of Sharing (EOS)*

*MEMBER MEDICAL NEEDS ARE PROCESSED ACCORDING TO MEMBERSHIP GUIDELINES, ESCROW INSTRUCTIONS, AND THE MEMBERSHIP PLAN TYPE SELECTED BY MEMBERS. **WHEN SUBMITTING ADDITIONAL DONATIONS, PLEASE MAKE CHECK PAYABLE TO ALTRUA MINISTRIES. DONATIONS ARE TAX DEDUCTIBLE.

This image shows a single page of white paper with horizontal blue lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper or a document template. There are no margins, text, or other markings on the page.

In Loving Memory

== of ==

Robbi Lynn Sluder

Beloved Board Member

“And you will receive a rich welcome into the eternal kingdom of our Lord and Savior Jesus Christ” – 2 Peter 1:11

This publication or the *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*; however, to date Altrua HealthShare has shared all *eligible* medical needs on behalf of 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, 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, and 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.

Caring for One Another 

 1.888.244.3839  altruahealthshare.org  P.O. Box 90849, Austin, TX 78709

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