

HealthShare Altrua



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.





Perks of Membership

- ALTRUA Members are EXEMPT from the Obamacare Tax Penalty
- Large Nationwide PPO network (PHCS/Multi Plan National Network)
- \$1,000,000 lifetime benefit per family member
- \$35 MRA for Doctors visits 6 per year (7 for women over 40 and men over 50)
- Free Telemedicine for each member. There is no utilization cap **or consultation fee.**
- Adult immunizations are now are shared expense.
- Occupational Sharing available for self employed (buy up)

Becoming A Member

Who Is Eligible?

Anyone who meets the Statement of Standards

- Caring for one another.
- Keeping the body clean and healthy with proper nutrition.
- The use of any form of tobacco, illicit drugs and excessive alcohol consumption is harmful to the body and soul.
- According to the Word of God, sexual relations outside the bond of marriage is morally wrong. Marriage is a bond between a man and woman only.
- Abortion is wrong, except in special circumstances such as rape or serious injury to the mother, and then only after careful consideration.
- Physical, mental or emotional abuse of any kind to a family member or anyone else is morally wrong.

NOTE: Some individuals may not be eligible or have a membership limitation due to certain past or present medical conditions.

Medical Conditions Subject to Automatic Denial

Alzheimer's Disease

Autism Spectrum Disorders

Cancer

Cerebral Palsy

Cholera

Chronic Kidney Disease

Chronic Obstructive Pulmonary Disease

Cystic Fibrosis

Dementia

Diabetes Type I

Spina Bifida

Down's Syndrome

Emphysema

Fragile X Syndrome

Hepatitis (Chronic Viral B & C)

HIV/AIDS

Lyme's Disease

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 Chart

Female Height Increase	\$15 Increase	\$30 Increase	\$45 Increase	\$60 Increase	Male Height	\$15 Increase	\$30 Increase	\$45 Increase	\$60.00
4'10"	150 - 159	160 - 169	170 - 179	180 - 189	4'10"	130 - 139	140 - 149	150 - 159	160 - 169
4'11"	155 - 164	165 - 174	175 - 184	185 - 194	4'11"	145 - 154	155 - 164	165 - 174	175 - 184
5'0"	160 - 169	170 - 179	180 - 189	190 - 199	5'0"	170 - 179	180 - 189	190 - 199	200 - 209
5'1"	165 - 174	175 - 184	185 - 194	195 - 204	5'1"	175 - 184	185 - 194	195 - 204	205 - 214
5'2"	170 - 179	180 - 189	190 - 199	200 - 209	5'2"	180 - 189	190 - 199	200 - 209	210 - 219
5'3"	175 - 184	185 - 194	195 - 204	205 - 214	5'3"	185 - 194	195 - 204	205 - 214	215 - 224
5'4"	180 - 189	190 - 199	200 - 209	210 - 219	5'4"	190 - 199	200 - 209	210 - 219	220 - 229
5'5"	185 - 194	195 - 204	205 - 214	215 - 224	5'5"	195 - 204	205 - 214	215 - 224	225 - 234
5'6"	190 - 199	200 - 209	210 - 219	220 - 229	5'6"	200 - 209	210 - 219	220 - 229	230 - 239
5'7"	195 - 204	205 - 214	215 - 224	225 - 234	5'7"	205 - 214	215 - 224	225 - 234	235 - 244
5'8"	200 - 209	210 - 219	220 - 229	230 - 239	5'8"	210 - 219	220 - 229	230 - 239	240 - 249
5'9"	205 - 214	215 - 224	225 - 234	235 - 244	5'9"	215 - 224	225 - 234	235 - 244	245 - 254
5'10"	210 - 219	220 - 229	230 - 239	240 - 249	5'10"	220 - 229	230 - 239	240 - 249	250 - 259
5'11"	215 - 224	225 - 234	235 - 244	245 - 254	5'11"	225 - 234	235 - 244	245 - 254	255 - 264
6'0"	220 - 229	230 - 239	240 - 249	250 - 259	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

How It Works

Member Shares

7
Check is issued to provider from escrow account or Explanation Sharing**

1
Member receives monthly contribution request

6
Member receives Explanation of Sharing**

2
Altrua HealthShare receives member contribution

5
Provider sends claim to Altrua HealthShare

3
Member may submit additional contribution to help other members in need**

4
Member or provider notifies Altrua HealthShare of any ER visit, emergency surgery or hospital admission

4
Altrua HealthShare deposits member contributions into an escrow account

3
Provider calls for pre-authorization on any non-emergency testing, procedure or surgery

5
Monthly operating expenses are transferred from the escrow account to an operating account

2
Member presents Altrua HealthShare ID Card

6
All eligible medical needs are processed according to Member Guidelines*

1
Member has medical need and selects provider or facility

7
Altrua HealthShare issues check to provider from escrow account or Explanation of Sharing*

Member Needs

Altrua HealthShare

Altrua Standard Membership Types

Membership Type	Gold Standard	Silver Standard	Bronze Standard
1 st MRA*	\$500 per person per calendar year	\$1,000 per person per calendar year	\$1,500 per person per calendar year
2 nd 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 Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee
Maternity	\$4,000 max. normal delivery; \$6,000 max medically necessary C-section	\$4,000 max. normal delivery; \$6,000 max medically necessary C-section	Not Available
Prescriptions- Generic and Brand	Prescription Program Service Magellan RX	Prescription Program Service Magellan RX	Prescription Program Service Magellan RX
Annual Maximum Limit	Not Applicable	Not Applicable	\$50,000
Lifetime Maximum Limit	\$1,000,000	\$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.multipian.com
(Limitations & Pre-X do not apply to office visits)

Monthly Contribution Request for Altrua Standard

GOLD STANDARD

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 STANDARD

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 STANDARD

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. If head of household is 65 or over, contribution is based on younger spouse's age. Office Visit MRA does not apply to 65+ Medicare plans.

Altrua Advantage Membership Types

Membership Type	Gold Advantage	Silver Advantage	Bronze Advantage
1 st MRA*	\$3,000 per person per calendar year	\$3,500 per person per calendar year	\$4,000 per person per calendar year
2 nd MRA* Affiliated Provider	N/A	N/A	N/A
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 Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee
Maternity	\$4,000 max. normal delivery; \$6,000 max medically necessary C-section	\$4,000 max. normal delivery; \$6,000 max medically necessary C-section	Not Available
Prescriptions – Generic and Brand	Prescription Program Service Discount Magellan RX	Prescription Program Service Discount Magellan RX	Prescription Program Service Discount Magellan RX
Annual Maximum Limit	Not Applicable	Not Applicable	\$50,000
Lifetime Maximum Limit	\$1,000,000	\$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
(Limitations & Pre-X do not apply to office visits)

Monthly Contribution Request for Altrua Advantage

GOLD ADVANTAGE

Age	Single	Member+1	Family
0-39	\$224.00	\$336.00	\$448.00
40-49	\$246.00	\$370.00	\$504.00
50-59	\$302.00	\$521.00	\$616.00
60-64	\$392.00	\$683.00	\$728.00
65+	N/A	N/A	N/A

SILVER ADVANTAGE

Age	Single	Member+1	Family
0-39	\$202.00	\$314.00	\$420.00
40-49	\$224.00	\$347.00	\$459.00
50-59	\$280.00	\$482.00	\$560.00
60-64	\$336.00	\$616.00	\$672.00
65+	N/A	N/A	N/A

BRONZE ADVANTAGE

Age	Single	Member+1	Family
0-39	\$112.00	\$224.00	\$308.00
40-49	\$168.00	\$252.00	\$336.00
50-59	\$224.00	\$392.00	\$420.00
60-64	\$280.00	\$504.00	\$560.00
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. If head of household is 65 or over, contribution is based on younger spouse's age.

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.
- * **Maternity** – For a mother who has been a member for 10 consecutive months in a combined membership with a gold or silver membership type prior to conception, needs for maternity are limited to \$4,000 per pregnancy (whether for a single or multiple birth or for any type of miscarriage) with no MRA applicable.
- * **Occupational Sharing Limits (available 2018)**

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

 - Members may choose to submit an additional one-time annual contribution of \$1,500.00 to increase the shared amount for income producing activities to a maximum of \$50,000.00 per *eligible* member, for 365 days. The member 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 the household. The contribution must be submitted for each member. The *Occupational Share Increase Form* may be submitted 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 which 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 MRA's required by the member under their regular membership type. www.altruahealthshare.org

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 Increase- Members may choose to submit an additional contribution of \$500.00 to increase the shared amount to a maximum of \$25,000.00 per 365 days. The share increase does not apply to the household. The contribution must be submitted for each member needing the share increase. The Recreational Activities Share Increase may be submitted 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 which it applies. The share increase will be effective for 365 days up to a maximum of \$25,000 and will not auto renew
 - 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, 5th 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

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.

Georgia Residents

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.