



Membership Guidelines

PEOPLE ORIENTED HEALTHCARE

EFFECTIVE JANUARY 01, 2021

Dear Valued Member,

Thank you for choosing Altrua HealthShare for your Health Care Sharing needs!

Altrua HealthShare dba Altrua Ministries is a nationally recognized faith-based Health Care Sharing Ministry through CMS* that consists of individuals and families across the nation. Our Membership is a collaborative community of health-conscious people, providers and members dedicated to honoring God while improving healthcare by “Caring for One Another.

Members care for one another through heeding the scriptures that instruct us to bear the burdens of one another. Altrua HealthShare is inclusive, a membership developed based on Biblical principles that are established for living a clean, healthy, and honorable lifestyle. We deliver outstanding state of the art member-centered health care sharing solutions which allows us to shape the future of healthcare through our unique membership.

As a Member of Altrua HealthShare, you never have to worry about waiting for checks from other Members or waiting for other Member’s bank accounts to distribute share amounts; the unique Altrua HealthShare platform

and escrow account provides an efficient and timely experience for member-to-member sharing.

We want you to be involved in your own healthcare and encourage you to utilize our member App and portal that is designed especially for you. It is very important that you read the Membership Guidelines carefully. Your understanding of them will lead to greater success with your Altrua HealthShare Membership. The Membership Guidelines are available through the Altrua HealthShare App.

Again, thank you for joining the thousands of individuals and families across the nation who have made the same decision as you to join the Altrua HealthShare Membership.

For any questions or concerns, please call:

[1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA)

On behalf of the entire Altrua HealthShare family,
I welcome you.



Randall L. Sluder
CHIEF EXECUTIVE OFFICER

*CMS (The Centers for Medicare & Medicaid Services), is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children’s Health Insurance Program (CHIP), and health insurance portability standards

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Getting Started

In order that you may quickly have the greatest success with your health care sharing membership, start with these three easy steps:

1

Get to know your Membership.

Review the Membership Guidelines of your new Membership to gain a full understanding of Membership offerings available to you, and be sure to review them regularly. You may access the Membership Guidelines online at any time at www.pohealthcare.com or log in to your [Member Portal](#).

2

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

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

3

Login and navigate your Member Portal.

Visit the altruhealthshare.org website and select the "Sign In" tab. Username and password credentials are needed to enter your portal. For first time users, the username is the email associated with your membership. A Member Services Representative can send your login credentials to you by email following confirmation of your identity.

Frequently Asked Questions

Q How long has Altrua HealthShare been in operation?

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

Q Is Altrua HealthShare insurance?

Altrua HealthShare is not insurance and Altrua Ministries is not an insurance company. The Membership is a health care sharing ministry that facilitates member-to-member sharing. All Members' monthly contributions are deposited into an Escrow Account from which all eligible medical needs are shared on a member-to-member basis.

Q Is Altrua HealthShare exempt from the Affordable Care Act?

We are recognized by Centers for Medicaid and Medicare Services (CMS) as a Health Care Sharing Ministry and all active Members are eligible for

exemption from the tax penalty. See the Affordable Care Act on our website for more information.

Q How will Altrua HealthShare handle my private personal and medical information?

Although Altrua HealthShare is NOT an insurance company we require all our employees to be HIPAA certified and adopt all the basic tenets of the HIPAA Privacy Standards.

Q What makes a medical need eligible for sharing?

It has to meet 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. See Eligible Medical Needs in the Glossary.

Q What is the monthly premium amount?

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

Q Who can take part in the Membership?

Our Membership is for anyone who believes in living a healthy lifestyle and can agree to our Statement of Standards.

Q What if I become a Member and then decide that a health care sharing ministry is not right for me and/or my family?

At Altrua HealthShare we understand that this may be your first time considering a healthcare sharing ministry as an affordable healthcare option. That's why we offer a 30-day trial experience, so if during your first 30 days of membership, you decide that a healthshare is not the right fit for you, we will refund your first month's contribution. We want you to feel confident as you make the right choice for your family. However, please note that the initial application fee and ministry donation are not refundable. Should you choose to discontinue your membership during the initial 30-day trial experience, the Membership will not share in medical needs that arise within the initial 30-day time period.

Q What is the deductible amount?

Altrua HealthShare Members do not have deductibles. Members have Per Incident Member Responsibility Amounts (piMRAs) that vary according to the specific Membership chosen. The piMRA is the dollar amount that a Member must pay toward eligible medical needs before any bill may be shared among Members. For example, if your piMRA is \$500 as POH

Platinum Member, then the first \$500 of all eligible medical needs will not be eligible for sharing; it is your responsibility.

Q How are my contributions kept by Altrua HealthShare and what assurance do I have that they will be properly shared for medical needs?

At Altrua HealthShare, we pride ourselves on honesty and integrity. We operate our healthshare according to biblical standards. We keep your Member contributions in an escrow account. Altrua HealthShare engages an independent certified public accountant to audit its financial statements annually in accordance with generally accepted accounting principles (GAAP). The governing board communicates regularly with management and, when appropriate, with the Altrua HealthShare independent certified public accountant, regarding any material deficiencies or risks in the financial management or operations of Altrua HealthShare. Altrua HealthShare has instituted separation of duties practices in the receipt and disbursement of all administrative funds and funds used for sharing medical expenses as established by GAAP and GAAS (generally accepted auditing standards).

When you give a monthly contribution, those contributions are placed in the escrow account and held in trust for sharing of medical needs. A small amount of your contribution is set aside for daily operations and your eligible medical needs are processed as they are submitted. Once deemed eligible, those eligible medical needs are paid directly to your provider to pay your eligible medical bills or, if you have already made payment, you

are reimbursed for your eligible medical need. If you have any doubt about whether a medical need is eligible, please call for an Advance Opinion for Eligibility.

Q What is a membership escrow?

An escrow account is a financial instrument in which assets are held by a third party (Altrua HealthShare) on behalf of our Members.

Q How do claims get processed?

Altrua HealthShare is not an insurance company and our Members do not file 'claims.' Altrua HealthShare Members share in eligible medical needs. Altrua HealthShare processes eligible medical needs for sharing among the Membership. Your medical provider may submit your medical needs by using the instructions within the [Member Portal](#). Once the medical need is received and determined eligible for sharing, the medical need is assessed, and piMRAs are applied. The Membership will send your provider payment for the shareable amount from the membership escrow account.

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

Members can explain to any medical provider or facility that they are a participant in the MultiPlan/PHCS Network. Show your provider the Altrua HealthShare Member ID card and explain that the medical need should be sent by the provider either electronically or by mail as outlined by the instructions in the [Member Portal](#).

Q What is the PHCS Network through MultiPlan? How does it help me?

The PHCS (Preferred Health Care System) and MultiPlan are networks of medical doctors and facilities that Altrua HealthShare utilizes in order to provide you with a broader choice of healthcare providers and facilities which offer discounted services to our Members. You now have access to the largest Primary PPO (Preferred Provider Organization) in the nation, which offers you broad access to thousands of hospitals, healthcare professionals and other ancillary services.

Altrua HealthShare encourages you to contact your provider to verify any new patient status, location and network participation. We also encourage you to contact Altrua HealthShare directly with any questions you may have regarding verification of your medical needs before you receive care.

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

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

Membership Services at a Glance

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

Here Is A Brief Overview

Large Affiliated Provider Network

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

Primary Care / Specialist / Urgent Care

Depending on the membership plan chosen, Primary Care, Specialist, or Urgent Care Facility visits may qualify for sharing subject to the piMRA, or may be applied toward any accumulated Healthcare Credit (HC). Your Primary Care doctor is who you will most likely see the most for your health care needs. This includes checkups, treatment for colds and flu,

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

Telemedicine

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

Prescription Discounts

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

Hospital Services and Surgery

For Hospital services for incidents and surgery, we encourage an Advanced Opinion for Eligibility be obtained unless it is an Emergency Room visit, Emergency Room admission or direct hospital admission from a Primary Care Physician.* Hospital services are subject to the Per Incident Member Responsibility Amount.

Laboratory Services

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

Well-Child Visits

Well-child visits and immunizations may qualify to be applied towards the HC.

Maternity Care

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

Membership Qualifications



This section describes your qualification requirements for an Altrua HealthShare Membership, your rights and responsibilities, your commitments (including your financial commitments), and important details regarding your membership.

1 Qualifying for Membership

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

1.1 Alignment With Beliefs and Standards

All Members acknowledge that they share a common set of ethical and religious beliefs as outlined in the Statement of Standards. Medical needs resulting from actions contrary to the Statement of Standards may be deemed ineligible for sharing and may result in termination from the Membership.

1.2 Statement of Standards

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

- I believe in caring for one another.
- I believe in keeping my body clean and healthy with proper nutrition.

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

If a need is denied as ineligible according to the previous paragraph, you will have 30 days to submit documentation correcting the issue. If you do not provide such documentation in a timely manner, all of your medical needs resulting from or related to those actions found contrary to the Statement of Standards will be ineligible for sharing.

If the need is related to tobacco, nicotine or illicit drug use, Altrua HealthShare may require a drug screening or nicotine test be administered within 48 hours from the time you have been notified by Altrua HealthShare. You will be notified by a letter in the mail, a phone call, and an email that testing will be required and that the requested test results must be received by Altrua HealthShare within seven days. If you do not provide the results, or if the results are positive, your membership will be withdrawn.

PLEASE NOTE that contributions paid prior to the date of withdrawal are “non-refundable”, as your contributions are already submitted for member-to-member sharing.

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

1.3

Annual Membership Commitment

Every year, within thirty days of the start of the year, all members of the household age 18 and older must sign the Membership Commitment Form. The Primary Contact's signature represents continued commitment by each member in the household under the age of 18.

Each year, all members of the household age 18 and over must submit a Membership Commitment Form acknowledging their continued commitment to:

- Altrua HealthShare Membership
- Statement of Standards
- Acknowledgements section of the Membership Enrollment Application
- Escrow Instructions for sharing of Member contributions

Failure to submit the signed Membership Commitment Form by the date required will result in sharing of medical needs being placed on hold until it is received.

1.4

Application and Upper Age Limit

All qualifications for membership with Altrua HealthShare must be met on the date of application for membership enrollment.

1.5

Contributions and Membership Effective Date

You must apply by the last day of the month in order for your membership to be effective on the 1st day of the next month. You also have the option to select the following month or any month after for your membership to become effective.

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

Complete and Accurate Membership Enrollment Application

When you apply for membership, you affirm that you (and any qualified dependents on your Membership Enrollment Application) have met all criteria and acknowledge that you have reviewed conditions subject to a two-year, five-year and lifetime limitations. If at any time it's discovered that you did not submit a complete and accurate Membership Enrollment Application, the assessment results from the Membership Enrollment Application will be applied. This may result in a retroactive limitation or denial of your membership. Any medical needs resulting from or related to the auto denial will not be eligible for sharing and your membership will be withdrawn on the last day of the month in which the auto denial was discovered.

Spouse and Dependent Children

Spouse

A dependent spouse may participate in a combined membership with the Head of Household, provided they meet the qualification criteria described in the Membership Enrollment Application and the Membership Guidelines.

Dependent Children

Additionally, your unmarried dependent child(ren) up to the age of 23 may participate in Altrua HealthShare under a combined membership provided they also meet the qualification criteria.

If your unmarried dependent child(ren) wishes to continue participating in the Membership once they no longer qualify to participate under a combined membership, they may contact a Member Services Representative for further assistance.

Newborns

The Member may apply for membership on behalf of the infant once the infant is over 30 days old. The infant is subject to the add-on membership enrollment process and membership limitations for any pre-existing conditions applies.

1.8 Criteria for Dependents without Parent Participation

Children between 30 days old and 17 years of age may qualify for membership without their parent's participation. If so, the child's parent or guardian must complete and sign the Membership Enrollment Application and any associated materials on the child's behalf, and is responsible to ensure

that all application requirements, Membership Guidelines, and Statement of Standards are met.

1.9

Financial Participation

To maintain active membership, you must be in good standing with the following financial membership commitments:

FINANCIAL COMMITMENT	REQUESTED DUE DATE
Monthly Membership Contribution	Make your monthly contribution to Altrua HealthShare for member-to-member sharing (due on the 1 st day of each month).
\$25 Annual Donation to Altrua Ministries	Give a \$25 annual voluntary donation to Altrua Ministries (due on the 1 st day of your membership anniversary month).
\$50 Membership Renewal Fee	Submit your annual \$50 renewal fee to Altrua HealthShare (due on the 1 st day of your membership anniversary month).

1.10

Monthly Contributions

Your monthly contributions are voluntary contributions that are non-refundable. For any amounts that are returned by a financial institution, a \$35 administrative fee is assessed. Members may designate what day of the month they would like their contributions to be paid. Members have

until the end of the month for the contribution to be submitted in order for their membership to remain effective for the following month. Membership is on a month-to-month basis and may be cancelled on or before the last day of the month in order for the cancellation to become effective the 1st of the following month; however, any contribution made previous to the cancellation date is non-refundable. The goal of Altrua HealthShare is to have administrative costs associated with member needs at or near 20%.

Requested Due Date

Any day, on or before the 15th of each month, the Member specifies payment of contribution to be made.

If the recurring monthly contribution is NOT received

As a participating Member of a healthcare sharing ministry, you remain responsible for all your medical needs. Altrua HealthShare Members are not responsible for any part of your medical needs.

If eligible medical needs for any particular month exceeds the escrow account balances then you (and the other participating Members) may be asked to share in these medical needs with an additional voluntary contribution. To date, Altrua HealthShare has never requested additional contributions from the Membership to provide for sharing in eligible medical needs.

2 Your Rights, Responsibilities, and Commitments

2.1

As a Member of Altrua HealthShare, you have the right to:

Try our Membership for 30 days. If within that time you find that you are not satisfied that Altrua HealthShare is the right healthcare option for you, let us know and your first month's contribution will be returned to you. (Please note that the application fee and ministry donation are not refundable. Additionally any member needs that occurred during that 30 day period would be ineligible for sharing)

- 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

Please remember that your Altrua HealthShare Membership is not insurance, and Altrua HealthShare does not fall under the federal mandates of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, we at Altrua HealthShare have chosen to hold ourselves to the federal standards of HIPAA. We understand that the benefit and protection of our Members is our first priority, and the security and confidentiality of our Members' personal private information, and medical information is of the utmost importance. We voluntarily comply with all HIPAA requirements, and our team members annually receive HIPAA certification and training.

- Be informed about eligibility guidelines so that you may make educated choices about your treatment
- Be informed about available affiliated providers and facilities
- File an appeal
- File a grievance for any reason which causes you as the Member to be dissatisfied or you can file a grievance in response to a notice of action, such as a denial or deferral of a medical need.
- Participate in surveys generated by Altrua HealthShare to help make recommendations for changes to the Membership Guidelines
- Suggest changes to the Membership Guidelines in written form or through a phone call to a Member Services Representative

2.2

As a Member of Altrua HealthShare, you have the responsibility to:

- Treat all licensed medical professionals and personnel in a courteous manner
- Maintain respectful and courteous communication with all Altrua HealthShare employees
- 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 for sharing.
- Follow the Membership Guidelines, and honor the Statement of Standards
- Contact Altrua HealthShare at [1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA) if you have questions or need assistance

2.3

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
- 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
- Remain in good standing with your membership financial commitments
- Read the Membership Guidelines thoroughly and educate yourself with other available Member educational resources provided at www.pohealthcare.com such as to how to use the Membership, what the MultiPlan/PHCS network is and how it is utilized, how to locate a provider, how to ask for a self-pay discount, how to ask for a superbill, how to participate in the reduction of the cost of medical needs, etc.

3 Membership Changes

3.1

Changes and Upgrades

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

3.2

Voluntary Membership Cancellation

If you'd like to discontinue your membership, please log into your [Member Portal](#) to complete the Membership Cancellation Request Form along with your reason for canceling your Altrua HealthShare membership by the last day of the month in order to withdraw participation by the end of that month. Upon discontinuation of your membership, any unused HC is forfeited and is not eligible to be refunded.

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

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

3.3

Changes to the Guidelines

The Membership Guidelines are reviewed annually by a committee appointed by the Board of Directors. Suggested changes are accumulated by J.D. Power throughout the year, and are considered on an annual basis.

3.4

Changes to Contribution Amounts

The Board of Directors relies on 20 years of Altrua HealthShare historical medical data to make recommendations on contribution amounts. The changes are made by the Board at their discretion. We receive feedback by Members throughout the year through J.D. Power regarding contribution levels.

How to Use Your Membership



4 Using Your Membership

Monthly contributions from Members are used for sharing in eligible medical needs.

4.1

How To Submit Eligible Medical Needs

To request eligibility for sharing of your eligible medical needs, you or your provider must send industry standard billing forms (CMS 1500 and/or the most recent UB-04 form) in accordance with the medical needs submission instructions on the back of your current Member ID card. These forms can be obtained from your provider.

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

What Should I Do When I Need Medical Care?

In case of an emergency contact 911.

To help you get the most out of your membership, Altrua HealthShare uses an affiliated network of providers and facilities whenever possible. Using the MultiPlan/PHCS network, contracted providers assist you in obtaining the maximum value of your membership. MultiPlan/PHCS network contracted providers generally offer significant savings, thereby lowering individual Member Responsibility Amounts. It's best to identify an affiliated provider and/or facility in your region before you seek care. To do so, simply go to www.altruahealthshare.org/resources/affiliated-providers. You must present your Member ID card on the to the provider at the time of services for discounts to apply.

If you choose to use a non-MultiPlan/PHCS provider or facility, once the piMRA has been met, you will be responsible for 50% of the eligible charges. The amount you are responsible for is \$5,000 of the next \$10,000 of charges. The piMRA varies depending on your membership. As charges are incurred the Membership shares simultaneously.

What To Do When Your Provider Requires Self-Payment

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

- Provider's Name
- Provider's Tax ID
- Diagnosis Code (ICD-10)
- Procedure Code (CPT, HCPCs for REV Codes)
- Date of Service (DOS)
- Billed Charges
- Itemized receipt for Proof of Payment
- A completed Reimbursement Form

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

You may submit your needs request by sending the information through secure email to memberforms@altruahealthshare.org, by fax to 1.512.382.5520, or through your [Member Portal](#).

4.4

Balance Bill

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

4.5

Timely Filing

- You or your provider must submit requests for sharing no more than six months after the date you received service
- Requested documentation you or your provider submit for sharing more than 6 months after the date it was requested (Needs Processing Form, medical records, etc.) will not be eligible for sharing

4.6

Advance Opinion for Eligibility

If at any time you are uncertain whether a medical need is eligible for sharing, we encourage Members, providers and facilities to request or call for an Advance Opinion for Eligibility. An Advanced Opinion for Eligibility can be obtained by calling [1.833.3-ALTRUA](tel:18333ALTRUA) and speaking with a member

representative. If the need is related to a pre-existing condition or limitation, it is unlikely it will be eligible for sharing.

Medical Needs Eligible For Sharing

Eligibility is an assessment based upon a number of factors:

- Member status
- Membership
- 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 piMRA 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 with a qualifying incident or applied towards any accumulated Healthcare Credit (HC), depending on your specific Membership:

- 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
- Pre Authorized procedures

Why get an Advance Opinion for Eligibility?

Obtaining an Advance Opinion for Eligibility helps protect you as the Member, by clarifying eligible and ineligible needs. We highly recommend always getting an Advance Opinion for Eligibility on any medical need that is not clearly set out in the guidelines. Additionally, an Advance Opinion for Eligibility is required for any out-of-the-country medical needs. If you choose to leave the United States specifically for the purpose of receiving health care in another country, you must first contact Altrua HealthShare.

PLEASE NOTE *An Advance Opinion for Eligibility is NOT a pre-authorization and obtaining an Advance Opinion for Eligibility does not guarantee your medical need will be eligible for sharing.*

4.7 Case Management

Case management (including both care management and cost management) is available for Members having significant medical needs. Altrua HealthShare offers this support both upon Member request and automatically for certain medical conditions. Altrua HealthShare may alter or waive normal Membership Guidelines provisions when expecting a cost-effective result, without sacrificing the quality of care. The use of case management is recommended 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.

4.8

Eligible For Sharing

Eligibility is an assessment based upon a number of factors:

- Member status
- Membership
- 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 piMRA to be satisfied first
- Whether or not you have exceeded sharing limits

Medical Treatment Received Outside of the US

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 based on the date that services were rendered. You must review your medical needs details and assume responsibility for all medical needs as a self-pay patient, then submit your medical needs for reimbursement as described in the section above on “What to do when your provider requires self-payment.”

If you choose to leave the United States specifically for the purpose of receiving health care in another country, you must first contact Altrua HealthShare. All medical procedures performed outside the United States must have an Advance Opinion for Eligibility by Altrua HealthShare, in order for that need to be considered eligible for sharing.

PLEASE NOTE that finance charges and currency exchange fees are not eligible for sharing.

4.10

In the Event of a Member Passing

As an Altrua HealthShare Member, you also have access to additional funeral services through strategic alliances that we have across the country. For further information, please contact a Member Services Representative.

4.11

Limitations for Pre-existing Conditions

A pre-existing condition is an illness or medical condition for which you have received medical advice or treatment at any time during the ten-year look back period preceding your membership effective date that would result in a two-year, five-year or lifetime limitation.

Lifetime Limitations

- ALS
- Alzheimer's Disease
- Aneurysm
- Autism Spectrum Disorders
- Cerebral Palsy
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Dementia
- Diabetes Type I
- Down's Syndrome
- Ectasia
- Emphysema
- Fragile X Syndrome
- Fibromyalgia
- Hepatitis (Chronic Viral B & C)
- HIV/AIDS
- Lupus
- Lyme's Disease
- Macular Degeneration (wet or dry)
- Morbid Obesity (pending weight loss)
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease
- Sickle-Cell Disease
- Spina Bifida
- Typhoid

Five-year Limitations

- Barrett's Esophagus
- Bell's Palsy
- Cancer
- Cerebral Ataxia
- Celiac Disease
- Crohn's Disease
- Cirrhosis
- Congestive Heart Failure (CHF)
- Deep Vein Thrombosis (DVT)
- Degenerative Disc Disease
- Diverticulitis and Diverticulosis
- Dysphagia
- Embolism
- GERD (Gastroesophageal Reflux Disease)
- Heart Murmur
- Heart Palpitations
- Heart Valve Disease
- IBS (Inflammatory Bowel Disease)
- Marfan's Syndrome
- Meningitis
- Mitral Valve Prolapse
- Multiple Sclerosis
- Pancreatitis
- Peripheral Vascular Disease (PVD)
- Psoriasis
- Sjogren Syndrome
- Surgery
- Systemic Lupus Erythematosus
- Ulcerative Colitis
- Vitiligo

Two-year Limitations

- Addison's Disease
- Angina Pectoris (stable or unstable)
- Asthma
- Benign Prostate Hyperplasia
- Calcium Deficiency
- Calculus of Kidney (Kidney Stones)
- Cardiac Dysrhythmias
- Carpal Tunnel Syndrome
- Cataract
- Chronic Kidney Disease
- Coronary Artery Disease
- Cushing's Disease
- Endometriosis
- Epilepsy
- Gallstones
- Glaucoma
- Grave's Disease
- Hashimoto's Disease
- Hemorrhoids
- Hyperglycemia
- Hyperlipidemia

- Hypertension
- Hyperthyroidism
- Hypothyroidism
- Iodine Deficiency
- Malaria
- Migraines
- MRSA
- Osteoarthritis
- Osteoporosis
- Ovarian Cysts
- Pelvic Inflammatory Disease
- Polycystic Ovary Syndrome
- Prolapsed Bladder
- Pulmonary Hypertension
- Radiculopathy
- Rectal Prolapse
- Rheumatoid Arthritis
- Scoliosis
- Shingles
- Sleep Apnea
- Spinal Stenosis
- Spondylosis
- Tendinitis
- Tuberculosis
- Type II diabetes
- Uterine Fibroids
- Uterine Prolapse
- Vitamin A Deficiency
- Vitamin B 12 Deficiency
- Vitamin D Deficiency

Records Review

Medical expenses incurred for which sharing is requested are subject to pre-existing condition review, including but not limited to, request for medical notes/records, hospital records, surgical records and other relevant medical history information.

Any prior sharing that has occurred for a given condition shall not serve as evidence that the condition is other than pre-existing.

Interruption to Membership

Any break in Membership of 60 days or more, for any reason, with later re-enrollment is considered a new membership and is subject to pre-ex-

isting condition limitations. Credit will not be given for satisfying any period of time during previous active membership. If you find yourself in an extenuating circumstance financially, please contact Member Services for more information.

A condition that developed while on previous active Membership will be considered a pre-existing condition before Membership and subject to limitations.

5 Sharing Limits

5.1

When Emergency Room Visits Are Eligible For Sharing

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

Depending on your specific Membership, eligible Emergency Room visits are subject to the piMRA. Once the piMRA has been met, the Membership will share at 100% up to the incident maximum amount allowed.

The POH Bronze Membership does not allow for sharing on Emergency Room visits.

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

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

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

5.2

Cancer Treatment and Screening Requirements

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

FOR FEMALE MEMBERS

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

Routine mammograms are treated as a preventative office visit and may be applied towards any accumulated Healthcare Credit (HC).^{*} Eligible diagnostic mammograms may be treated as an incident and are subject to the piMRA.^{*} If the diagnostic mammogram comes back with a pre-cancerous or cancer diagnosis, then any future medical needs related to that diagnosis would not be eligible until your one-year anniversary.

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

FOR MALE MEMBERS

Male Members age 50 and over are required to get a PSA (Prostate Specific Antigen) blood test every two years from the date of the 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 only after your first year anniversary of membership, providing that Altrua HealthShare receives clean test results dated no earlier than 6 months prior to the membership effective date, or, if test results are not available, then only after one year from the date of clean test results from a medical provider.

Please notify Altrua HealthShare within 30 days of each and any cancer diagnosis by contacting the Member Services department at [1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA) or log into your [Member Portal](#) and complete a Needs Processing Form. If you fail to notify Altrua HealthShare within 30 days of each diagnosis, you will be responsible for 50% of the total allowed charges that remain after your piMRA has been satisfied.

What To Expect When You're Expecting

Maternity Eligibility

A female Member of Altrua HealthShare is eligible for maternity sharing when she is married and has been on a POH Platinum or POH Gold Membership (married individual member or combined with her spouse or child/children) beginning with the 11th month of membership. Sharing for maternity starts at the time of conception and continues through delivery for both the mother and the newborn.

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

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

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

Complications that arise for a mother and infant during an ineligible pregnancy will make all related medical needs ineligible for sharing.

Maternity benefits do not apply to adoption.

Maternity Sharing Limits

The membership share amounts do not apply to the mother or the newborn's piMRA.

For an eligible vaginal or cesarean delivery, the Membership will share based on the Membership per pregnancy.

Maternity sharing for miscarriages are limited to the same sharing amount per Member per calendar year based on the Membership.

Congenital birth defects for a newborn under an eligible maternity has a maximum sharing limit of \$50,000 per calendar year subject to the piMRA.

POH Bronze Members' medical needs relating to maternity are ineligible for sharing. If a POH Bronze member desires to conceive and wants maternity to be eligible, she must upgrade her membership to a married individual member or combined membership on a POH Platinum or POH Gold Membership. Once the membership has been upgraded, maternity medical needs may be eligible for sharing, beginning with the 11th month on the POH Platinum or POH Gold Membership.

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 piMRA.

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.

Complications During Delivery

Any life-threatening complications for the newborn during and after the delivery will be subject to the eligible child's piMRA. Any life-threatening complication for the mother will be reviewed under her piMRA, and the maternity sharing limit will cease to apply. An internal review of medical records will be required.

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 hos-

pital and not under life-threatening circumstances, the maternity sharing limits apply.

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

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

If the Member chooses not to have the newborn auto-enrolled, but at a later date, desires for the infant or child to be added to their membership, the infant or child will be subject to the Add-On Membership Enrollment Application process, and the member may apply on behalf of the infant or child once the infant or child is over 30 days old. All provisions of the Membership Enrollment Application process will apply.

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

6 HealthCare Credit (HC)

The Altrua HealthShare Membership provides HC to Members of POH. The HC may be used for any healthcare needs including office and specialist visits, laboratory services, preventative visits, radiology services, alternative medicine, chiropractic treatment, dental check-ups and cleanings, vision exams, and other services that the Member feels necessary to maintain good health and that is in agreement with the Membership Guidelines. HCs are reimbursable to the Member only, and may not be used towards the piMRA. Requests for reimbursement using HCs must be submitted to healthcarecredit@altruahealthshare.org within six months of the date of service. Eligibility for reimbursement is based on the balance of the HC as of the date of submission of the request to Altrua HealthShare.

For HC to be applied toward medical needs, the Member is first responsible for payment of 25% of expenses incurred for services. After the 25% payment by the Member and application of the HC, if there is a remaining balance, it is the Member's responsibility.

The HC begins to accumulate upon the membership effective date, however, there is a 90-day waiting period to utilize them. The HC is credited at the start of each new calendar quarter and is prorated to include only months of active membership.

If you change your Membership, any unused accumulations towards your previous HC will not carry over to your new Membership. Upon membership termination, any unused HC is forfeited and is not eligible to be refunded.

POH Platinum Membership

\$1,000 PER UNIT, PER CALENDAR YEAR

- Unused HC up to \$1,000 per unit may carry over to the following calendar year, not to exceed \$2,000 per household
- May apply HC towards fees incurred and paid for a precision comprehensive examination performed in Korea

POH Gold Membership

\$500 PER UNIT, PER CALENDAR YEAR

- Unused HC is forfeited at the start of the new calendar year

POH Bronze Membership

\$150 PER UNIT, PER CALENDAR YEAR

- Unused HC is forfeited at the start of the new calendar year

7 Qualifying Incidents

POH Platinum Members are responsible for payment of the first \$500 of eligible medical needs for each qualifying incident, per Member, before

the medical needs are shared by the Membership. A qualifying incident is an illness or injury or condition incurring cumulative medical needs over \$500 including medical needs incurred for inpatient or outpatient hospital services and procedures or for surgery (including surgeries performed at one-day surgical centers). Medical bills as a result of continued treatment of the same qualifying incident may also be submitted for sharing and will be treated as one incident. These medical needs must meet all other criteria, including the piMRA. For needs to remain eligible for sharing, no more than 90 consecutive days may elapse between hospital or office visits or testing ordered by a licensed medical provider, for that specific incident.

Medical needs for treatment or services not related to the qualifying incident (i.e. preventative care, services not related to an illness or injury), are not eligible for sharing by the Membership, but may be applied to the HC.

POH Gold Members are responsible for payment of the first \$1,000 of eligible medical needs for each qualifying incident, per Member, before the medical needs are shared by the Membership. A qualifying incident is an illness or injury or condition incurring cumulative medical needs over \$1000 including medical needs incurred for inpatient or outpatient hospital services and procedures or for surgery (including surgeries performed at one-day surgical centers). Medical bills as a result of continued treatment of the same qualifying incident may also be submitted for sharing and will be treated as one incident. These medical needs must meet all other criteria, including the piMRA. For needs to remain eligible for sharing, no more than 90 consecutive days may elapse between hospital or office visits or testing ordered by a licensed medical provider, for that specific incident.

Medical needs for treatment or services not related to the qualifying incident (i.e. preventative care, services not related to an illness or injury), are not eligible for sharing by the Membership, but may be applied to the HC.

POH Bronze Members are responsible for payment of the first \$5,000 of eligible medical needs for each qualifying incident, per Member, before the medical needs are shared by the Membership. Only medical needs incurred for inpatient or outpatient hospital services and procedures or for surgery (including surgeries performed at one-day surgical centers) may be submitted as qualifying incidents. Medical bills as a result of continued treatment of the same qualifying incident may also be submitted for sharing and will be treated as one incident. These medical needs must meet all other criteria, including the piMRA. For needs to remain eligible for sharing, no more than 90 consecutive days may elapse between hospital visits or testing ordered by a licensed medical provider, for that specific incident.

Fees for Emergency Room visits or testing or treatment performed outside of the hospital environment do not qualify for sharing but may be applied toward the HC.

Medical needs for treatment or services not related to the qualifying incident (i.e. preventative care, services not related to an illness or injury) are not eligible for sharing by the Membership but may be applied to the HC.

8 Service-Specific Sharing Limits

The following are only eligible for sharing by the Membership when associated with a qualifying incident. Otherwise, charges may be applied to the HC.

8.1 Alternative Medicine

After the initial 12-month waiting period, acupuncture, homeopathic treatments, holistic treatments, naturopathic treatments, biofeedback, and neurofeedback are limited to a combined 12 visits per calendar year per Member. The piMRA applies.

8.2 Ambulance

After the initial 90-day waiting period, 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.



8.3 Laboratory Services

After the initial 90-day waiting period (unless it is a required part of a wellness or preventative care visit), all eligible laboratory services will be allowed up to \$4,000 per Member, per calendar year. The piMRA applies.

8.4 Organ Transplants

After the initial 90-day waiting period, 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.

8.5 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. The piMRA applies. Services must be rendered by a licensed medical professional.

Overnight Sleep Testing

After the initial 90-day waiting period, sleep studies are eligible for sharing but are limited to a single one-night study done in either a facility or at home. If the home study is done but requires additional testing in a facility, it must be due to medical necessity and the request will be subject to review by a licensed medical professional.

Recreational Vehicles

After the initial 90-day waiting period, 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 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. The piMRA applies. You can log into your [Member Portal](#) to complete a Needs Processing Form.

8.8

Colonoscopy

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

8.9

Temporary Long-Term Care

After the initial 90-day waiting period, long term care or skilled nursing facility use is eligible for sharing if treating an injury or illness. All services must be rendered by a skilled or licensed medical professional. Care may not exceed 40 visits or days per calendar year. It is recommended that an Advance Opinion for Eligibility be obtained.

8.10

Wellness/Preventative Visits

Fees for wellness/preventative visits may be applied to the HC only. The Membership Guidelines apply.

Flu Shot

- Reimbursement only
- Maximum reimbursement of \$25 per Member, per calendar year

NOTE *A flu shot does not need to be administered during an office visit. It may be obtained at a local pharmacy, where available.*

COVID-19 Testing

For COVID-19 testing, the Membership will share up to \$50 for a test. Testing may be obtained at an office visit or at local pharmacies and testing centers where available. All reimbursement requirements remain the same. When a COVID-19 vaccine becomes available, the Membership will share up to \$150 for the vaccine. All reimbursement requirements remain the same.

In order to receive reimbursement for COVID-19 testing and vaccines, the following information must be included in the receipt:

- Provider's Name
- Provider's Tax ID
- Diagnosis Code (ICD-10)

- Procedure Code (CPT, HCPCs for REV Codes)
- Date of Service (DOS)
- Billed Charges
- Itemized receipt for Proof of Payment
- A completed Reimbursement Form

NOTE *If you have concerns that you or someone in your household is exhibiting symptoms of COVID-19, please call your designated telemedicine provider for additional information and direction.*

9 Medical Needs That Are Not Eligible for Sharing

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

9.1

Ineligible Medical Needs Related to Your Membership Enrollment Application

- 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

9.2

Ineligible Medical Needs Due to a Possible Conflict of Interest

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

Ineligible Medical Needs Due to Carelessness or Failure to Plan

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

9.4

Ineligible Medical Needs Relating to Maternity

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

9.5

Ineligible Experimental Treatments or Not Approved by an Accepted Authority

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

Ineligible Non-essential Medical Needs

- *Use of emergency room for non-urgent medical needs (unless treatment at an emergency room is the only legitimate option because of the severity of the condition and lack of availability of treatment at an alternative facility)
- Treatment that is not medically necessary or appropriate (as determined by a licensed medical professional)
- Over the counter medications
- Inpatient hospital stays exceeding 60 consecutive days per calendar year
- Long term care or other care that does not treat an illness or injury (e.g., custodial care)
- Transportation (such as by ambulance) for conditions that are non-life threatening

Ineligible Medical Needs Arising from Lifestyle or Choices

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

- Abortion or abortion counseling, except in the case of a threat to the mother's life
- Illnesses arising from tobacco use

- Drug screening and nicotine testing, in the event results come back positive
- Sexually transmitted diseases (STDs) including HIV. Exceptions include innocent transmission via transfusion, rape (reported to law enforcement) or work-related needle stick
- Birth control consultation, as well as any birth control measures to prevent conception (e.g., IUD, injectables, patch)
- Illness or injury due to excessive use of alcohol, including intentional excessive consumption of alcohol
- Illness or injury due to illegal or recreational drug use
- Use of any form of cannabis, including CBD, regardless of whether it has been prescribed by a medical professional
- Maternity resulting from adultery or sexual relations outside of marriage
- Illness or injury due to any medication (over-the-counter or prescription) intentionally taken in excess of the instructions.
- Self-inflicted or intentional injuries
- Illness or injury caused by illegal activities
- Diseases caused by tattoos, body piercing, or lifestyle choices. (This includes HIV/AIDs and STDs)

9.8

Other Ineligible Discretionary Medical Needs Include

- Elective cosmetic surgery
- Breast implants (placement, replacement or removal) and complications related to breast implants (except as an eligible cancer treatment plan)
- Infertility testing or treatment
- Risk assessment testing, including but not limited to genetic testing and counseling
- Sterilizations or reversals, even if life-threatening (e.g., vasectomy, tubal ligation)
- Sexual dysfunction services
- Hormone therapy for both men and women
- Hysterectomy (unless deemed medically necessary by a licensed physician).

- Obesity (as defined as exceeding the Altrua HealthShare height/weight requirements) and any complication relating to that diagnosis
- Weight control and management (including nutritional counseling for weight loss, weight gain or health maintenance), even if related to a medical condition
- Allergy testing and immunotherapy treatment
- Chelation therapy
- Drug testing (unless required by Membership)
- Injuries arising from use of personal aircraft, and any other aircraft not operated by a commercially licensed public carrier

9.9

Ineligible Psychological Medical Needs

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

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

9.10

Other ineligible Medical Needs

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

Ineligible Equipment Medical Needs

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

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

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

Ineligible Dental Medical Needs

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

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

Ineligible Vision Medical Needs

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

- Optometry
- Glasses
- Contacts
- Supplies
- Vision therapy
- Refraction services
- Optometrist office visits

Ineligible Hearing Medical Needs

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

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

Medical Needs that Require a Waiting Period for Eligibility

Not Eligible within the First 90 Days

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

- Advanced imaging (for example, MRI, MRA, CT, or PET scans. Advanced imaging does not apply to routine mammogram or breast ultrasound screening)
- Bone density scans
- Cardiac testing, procedures and treatments
- EGD (upper endoscopy) procedures
- EMG/EEG tests
- Infusion therapy
- In-office procedures (e.g., joint injection, skin biopsy)

- Inpatient hospital admission (unless admitted through the ER or a direct admission from a Physician)
- Long term care—any and all treatments involved
- Nuclide studies
- Ophthalmic surgical procedures
- Outpatient surgery, testing, and procedures (including pre-admission testing)
- Sleep studies
- Ultrasound scans (does not apply to maternity or routine mammograms or breast ultrasounds)

Not Eligible in the First 12 Months

- Any cancer diagnosis, pre-cancerous testing (except for mammograms, pap smears, and PSA tests), or cancer treatment within the first 12 months of your membership effective date
- Chiropractic care within the first 12 months of your membership effective date
- Occupational, physical therapy and speech therapy (unless it's associated with an eligible surgery or eligible accidental injury) within the first 12 months of your membership effective date
- Cataracts and/or glaucoma diagnostic testing or surgery within the first 12 months of your membership effective date
- Any medical needs regarding the female reproductive system, resulting from post-menopausal symptoms or complications will not be eligible within the first 12 months of your membership effective date
- Alternative medicine within the first 12 months of your membership effective date

Maternity

Maternity needs are eligible for sharing, beginning with the 11th month of membership and are subject to the Membership.

10 Coordination of Sharing

If your medical needs are covered by other resources such as health insurance, Medicare, Medicaid, Veteran Affairs benefits, Tricare, private grants, or by a liable third party such as employer liability, workers compensation, auto insurance or homeowners insurance (with a minimum Personal Injury Protection of \$10,000), your piMRA and member sharing will apply after any discounts or third-party payments are made.

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

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

10.1

Medicare

If you become eligible for Medicare Part A and/or Part B (whether due to disability or age) please notify Altrua HealthShare immediately and provide us with a copy of your Medicare Certificate of Coverage as soon as it is received. You will also need to provide us with a copy of your Explanation of Benefits (EOB) from Medicare. You may contact Altrua HealthShare via

phone at [1.833.3-ALTRUA \(258782\)](tel:1.833.3-ALTRUA), via fax at 1.512.382.5520, or via email at medicalneeds@altruhealthshare.org.

When a Member under the age of 65 Qualifies for Medicare Part A and/or Part B that member's membership remains unaffected. All Membership Guidelines still apply.

When a Member reaches the age of 65, their membership will end on the last day of the month of their 65th birthday. The monthly contribution amount will be recalculated based on the number of family members remaining on the Membership. Please log into your Member Portal or the Altru HealthShare App to see the current monthly contribution amounts.

10.2

Other Health Coverage (OHC)

Altru HealthShare will only share on eligible medical needs after they have been addressed by your other health coverage. If you cancel or begin other health coverage, you must notify Altru HealthShare via phone at [1.833.3-ALTRUA \(258782\)](tel:1.833.3-ALTRUA), via fax at 1.512.382.5520, or via email at medicalneeds@altruhealthshare.org. Proof of coverage and the Explanation of Benefits (EOB) from your other carrier is required before the Membership will share your eligible medical need.

11 Appeals and Grievances

11.1

How to File an Appeal if a Medical Need is Denied

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

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

- 1** Call Altrua HealthShare at [1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA) 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.
- 2** If the 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.
 - a** What information does Altrua HealthShare have that is either incomplete or incorrect?

- b** In your opinion, how has Altrua HealthShare misinterpreted the information that they have about your request?
- c** Which provision of the Altrua HealthShare Membership Guidelines do you believe is being applied incorrectly?

3 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) will review your appeal and make a final determination. A formal appeal may take up to 30 days from the time five willing participants have been determined.

11.2

Grievances

Altrua HealthShare is committed to providing the highest level of service by collaborating with its Members and creating an open environment of communication in which members or their representatives feel comfortable expressing a grievance related to the quality of service provided to them. These issues will be addressed in a timely, fair, and thorough manner. Altrua HealthShare strives to ensure that quality services are given to our Members. If a Member, family member, or visitor believes that they did not receive quality services, Altrua HealthShare will address those concerns and take appropriate action as necessary.

How to File a Grievance

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

Members may file a written grievance, including supporting documentation, if any, with the Member Services department by mail, fax or email.

You should receive acknowledgment of your grievance from Member Services. Appropriate action as necessary will be taken and you will be informed.

11.3 Sharing and Communication Process for Having Medical Needs Shared

Once needed documentation has been received from the Member and their Provider, it is the goal to have eligible needs shared within 30 to 45 days. However, there are times medical records requests take longer, and there are some medical needs that require a more extensive timeline in order to procure all needed information and documentation.

Glossary of Terms

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



Definitions

A

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.

AFFILIATED PROVIDER Any medical provider that is within the MultiPlan/PHCS Network or that works in conjunction with your Altrua HealthShare Membership to provide services to you.

ALLOWED AMOUNT The maximum amount the Membership will share for an eligible medical need. This may also be referred to as the negotiated amount.

APPLIED TO This is when your MRA is reduced by an amount charged for an eligible medical need, but you are responsible for payment of it.

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

B

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

CPT/HCPCS FOR REV CODES A CPT (Current Procedural Terminology) Code is a code set to describe medical, surgical, and diagnostic services; HCPCS (Healthcare Common Procedure Coding System) are codes based on the CPT to provide standardized coding when healthcare is delivered. UB-04 claims must be billed with both a revenue code and a CPT or HCPCS code. Revenue (REV) codes are descriptions and dollar amounts charged for hospital services provided to a patient. The revenue code describes whether the procedure was performed in the emergency room, operating room or another department. If multiple CPT or HCPCS are necessary to reflect multiple, distinct, or independent visits with the same revenue code, repeat the revenue code as required.

CALENDAR YEAR A calendar year is January 1st through December 31st of each year.

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

COMBINED MEMBERSHIP A Member plus one or more qualified dependents participating in Altru HealthShare under the same membership.

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

COMPLAINANT Also referred to as a grievant, a complainant is the person who filed the grievance, including the Member, a representative

designated by the Member, or other individual with authority to act on behalf of the Member.

D

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

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

E

EFFECTIVE DATE The date your membership begins.

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

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

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

EOS (EXPLANATION OF SHARING) A statement sent to you and your providers once your sharing of medical needs have been processed, are pending, or are denied. This statement specifies the amount

you owe—your Per Incident Member Responsibility Amount (piMRA)—and the amounts that were shared by the Membership.

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

EXCESSIVE Defined as the use of a substance resulting in a medical need.

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

G

GAAP Generally accepted accounting principles, or GAAP, are a set of rules that encompass the details, complexities, and legalities of business and corporate accounting. The Financial Accounting Standards Board (FASB) uses GAAP as the foundation for its comprehensive set of approved accounting methods and practices. (www.accounting.com/resources/gaap)

GAAS Generally accepted auditing standards (GAAS) are a set of systematic guidelines used by auditors when conducting audits on companies' financial records. GAAS helps to ensure the accuracy, consistency, and verifiability of auditors' actions and reports. (<https://tinyurl.com/yxdgoqo9>)

GRIEVANCE A written or oral expression of dissatisfaction regarding the Membership or the individual's membership and may include a com-

plaint, dispute, request for reconsideration or appeal made by a member or the member's representative to Altrua HealthShare.

GRIEVANCE INTAKE FORM A form used to handle a Member's written or oral expression of dissatisfaction regarding the Membership or their individual membership.

H

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

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

I

ILLICIT DRUGS Drugs which are classified as Class 1 in Title 21 United States Code Controlled Substances Act.

INCIDENT Illness or accident under which treatment qualifies for sharing by the Membership, subject to the piMRA. An incident includes signs, symptoms, medical treatment or testing that lasts until one of the following events occurs: 1) a certain medical condition is cured according to medical records 2) treatment is at a routine maintenance level; or 3) you experience 90 days without testing or treatment for that particular condition. The medical bills incurred from the first test to the last treatment before the licensed medical provider releases you to a regular, routine maintenance regimen are considered a single incident. If

90 days pass and you receive no further testing or treatment, any future bills you incur will be considered a separate incident.

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.

INELIGIBLE MEDICAL NEEDS 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.

LEGAL REPRESENTATIVE Any adult who has decision-making capacity and who is willing to act on behalf of a Member. A legal representative would include an individual who has authority, by law or by agreement from the individual receiving treatment, to act in the place of the individual. This includes parents, legal guardians or properly appointed agents, such as those identified in Power of Attorney documents, or individuals designated by state law.

LICENSED MEDICAL PROFESSIONAL An individual who has successfully completed a prescribed program of study in a healthcare 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.

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

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

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

MEDICAL TOURISM The act of intentionally travelling to another country for the specific purpose of having medical care performed outside the United States.

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

MEMBER A person or persons enrolled in the Altrua HealthShare Membership (whether you are the Member or a qualified dependent)

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

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

MEMBER APPEAL A Member's request for reconsideration of a decision.

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

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

MEMBERSHIP FORMS An electronic form used by the Membership.

- **MEMBERSHIP CANCELLATION REQUEST FORM** An electronic form you must complete and provide to Altrua HealthShare in order to cancel your membership.
- **MEMBERSHIP COMMITMENT FORM** An electronic form you must complete and provide annually to Altrua HealthShare to demonstrate your commitment to the Membership, Acknowledgements, Statement of Standards, Commitments and the Escrow Instructions

- **MEMBERSHIP NEEDS PROCESSING FORM (NPF)** An electronic form you must complete and provide to Altru HealthShare to request eligibility for sharing of your medical needs.
- **MEMBERSHIP UPDATE FORM** An electronic form you must complete and provide to Altru HealthShare when details of your membership change.

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

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

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

MEMBERSHIP POH Platinum, POH Gold and POH Bronze sharing options that are available with different Per Incident Member Responsi-

bility Amount (piMRAs) and sharing limits, as selected and approved on your Membership Enrollment Application.

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

MULTIPLAN/PHCS NETWORK MultiPlan/PHCS (Primary Health Care Service) is a network of medical doctors and facilities that provides a greater range of choices of physicians and facilities at a discounted rate.

N

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

O

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

P

PER INCIDENT MEMBER RESPONSIBILITY AMOUNT (PIMRA)
The portion of an eligible medical need that does not qualify for sharing and that is your obligation to pay before the Membership shares in eligible medical needs.

PRE-EXISTING CONDITION An illness or medical condition for which you have received medical advice or treatment at any time during the time frame specified in the medical history questionnaire on your Membership Enrollment Application preceding your effective date.

R

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

REQUESTED DUE DATE The date of each month that you choose as a Member of Altrua Healthshare to make your monthly contributions.

S

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

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

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

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

T

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

U

UNITS A unit is one qualifying individual Member. Two units are two qualifying Members. Three units are three or more qualifying Members. No household's monthly contribution will exceed that of three units, regardless of the number of members in the household.

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

W

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

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

Y

YOU OR YOUR means an individual or household exercising rights under and complying with the terms of the Membership Guidelines and Commitment Statement.

Contact Information

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

PHONE

1.833.3-ALTRUA (258782)

EMAIL

memberservices@altruahealthshare.org



Privacy Practices

Visit us online for information on our Privacy Practices.

www.altruahealthshare.org/privacy

ONLINE

www.ahs.family

FACEBOOK

www.fb.com/altruahealthshare

MAIL

PO BOX 90849

AUSTIN, TX 78709-0849

FAX

1.512.382.7923



Altrua
ministries

Loving God While Serving People

Dear Member,

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

Listed below are several ways we assist you and your family in your daily lives:

Prayer Support

We are here to pray with you for your healing. We believe fervently in living life based on biblical principles and we believe in God,

and in His ability to bring healing and health to you, body, mind, and spirit. Because of that, we stand on faith with you for your healing. You can submit a prayer request at any time through our website at www.am.family or by email at prayer@am.family.

Your 60 Second Devotion

Whether you are going through a hard day, week, month, or season, we send out a weekly encouragement based on biblical principles that help you lead your best life. Regardless of what you are dealing with, Altrua Ministries believes it will be a blessing to your

life as you receive these messages of encouragement each week.

Social Media

Connect with us through Instagram, Facebook, and Twitter for daily words of encouragement.

We have so much more to offer you on our website at www.am.family. Check out the Altrua Ministries page often and be sure to bookmark it! If we can help you with anything, please do not hesitate to call us at 800.597.1183.

With our warmest blessings,

Dr. Kevin Hull | Director of Ministries

APPENDIX A State Notices and Disclosures

ALABAMA Code Title 22-6A-2

Notice: 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.

ALASKA Statute 21.03.021(k)

Notice: The organization coordinating 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. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

ARIZONA Statute 20-122

Notice: 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.

ARKANSAS Code 23-60-104.2

Notice: 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. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

FLORIDA Statute 624.1265

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is 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 payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

GEORGIA Statute 33-1-20

Notice: 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.

IDAHO Statute 41-121

Notice: 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.

ILLINOIS Statute 215-5/4-Class 1-b

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

INDIANA Code 27-1-2.1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can 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. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

KENTUCKY Revised Statute 304.1-120 (7)

NOTICE: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization or any participant shall be compelled by law to contribute toward your medical bills whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

LOUISIANA Revised Statute Title 22-318,319

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry

or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

MAINE Revised Statute Title 24-A, §704, sub-§3

Notice: 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. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

MARYLAND Article 48, Section 1-202(4)

Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

MICHIGAN Section 550.1867

Notice: Altrua HealthShare that operates this health care sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in the ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial or medical needs.

MISSISSIPPI Title 83-77-1

Notice: 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 of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

MISSOURI Section 376.1750

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

NEBRASKA Revised Statute Chapter 44-311

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

NEW HAMPSHIRE Section 126-V:1

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

NORTH CAROLINA Statute 58-49-12

Notice: The organization facilitating the sharing of medical expenses 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 voluntary. 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 liable for the payment of your own medical bills.

OKLAHOMA

This is not an insurance policy. It is a voluntary program that is neither approved, endorsed or regulated by the Oklahoma Department of Insurance and the program is not guaranteed under the Oklahoma Life and Health Guaranty Association.

PENNSYLVANIA 40 Penn. Statute Section 23(b)

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SOUTH DAKOTA Statute Title 58-1-3.3

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TEXAS Code Title 8, K, 1681.001

Notice: 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.

UTAH

This is not an insurance policy. It is a voluntary program that is neither approved, endorsed or regulated by the Utah Department of Insurance and the program is not guaranteed under the Utah Life and Health Guaranty Association.

VIRGINIA Code 38.2-6300-6301

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WASHINGTON

This is not an insurance policy. It is a voluntary program that is neither approved, endorsed or regulated by the Washington Department of Insurance and the program is not guaranteed under the Washington Life and Health Guaranty Association.

WISCONSIN Statute 600.01 (1) (b) (9)

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WYOMING 26.1.104 (a)(v)(C)

Notice: 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. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.

Altrua Ministries (dba Altrua HealthShare) is NOT an insurance company nor is the Membership offered through an insurance company. Members are self-pay patients. Altrua Ministries is a 501(c)(3) nonprofit corporation.