

# How it works is simple.

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



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

# Office Visit MRAs for Gold and Silver Memberships

A \$35 office visit MRA for up to six office visits per person per calendar year. The office visit MRA applies to all services received at the time of the office visit. Each visit is allowed up to \$300.00 for Gold and Silver plans. It does not include any services contracted out to other providers or facilities. Maternity office visits are considered part of maternity sharing limit for your membership.

All Membership Guidelines regarding eligibility are still applicable. Be sure to refer to the most current Membership Guidelines before receiving medical services to be aware of any possible exclusion that may apply.

Any amount that exceeds the maximum sharing limit of \$300.00 will not be applied to the 1st or 2nd MRA(s) but will remain the responsibility of the member.



📞 1.888.244.3839 🌐 [altruhealthshare.org](https://altruhealthshare.org) ✉️ P.O. Box 90849, Austin, TX 78709

ALTRUA MINISTRIES (DBA ALTRUA HEALTHSHARE) IS NOT AN INSURANCE COMPANY NOR IS THE MEMBERSHIP OFFERED THROUGH AN INSURANCE COMPANY, AND THE ORGANIZATION IS NOT SUBJECT TO THE REGULATORY REQUIREMENTS OR CONSUMER PROTECTIONS OF ANY STATE INSURANCE CODE. ALTRUA MINISTRIES IS A 501(C)(3) NONPROFIT CORPORATION. CONTENT REVISED: AUGUST 26, 2018.

*Caring for One Another*

# Membership Information

MEMBERSHIP PLANS	GOLD	SILVER	BRONZE	COPPER
<b>1<sup>st</sup> MRA*</b>	\$500 per person per calendar year	\$1,000 per person per calendar year	\$1,500 per person per calendar year	\$7,500 per person per calendar year
<b>2<sup>nd</sup> MRA*</b>	OR 25% of the next \$10,000	25% of the next \$10,000	25% of the next \$10,000	Not Applicable
<b>2<sup>nd</sup> MRA*</b> Non-Affiliated Provider only		50% of the next \$10,000	50% of the next \$10,000	50% of the next \$10,000
<b>Application Fee/Ministry Donation</b>	\$100 Application Fee (required) \$25 Ministry Donation (required)	\$100 Application Fee (required) \$25 Ministry Donation (required)	\$100 Application Fee (required) \$25 Ministry Donation (required)	No Application Fee \$25 Ministry Donation (required)
<b>Monthly Contribution Amount</b>	Monthly contribution amount is based on the Head of Household's age, and the number of members in the household			\$100 for a single membership + \$50 for each additional dependent
<b>Annual Renewal Fee \$100</b>	Yes	Yes	Yes	Yes
<b>Ministry Donation (voluntary) \$25</b>				
<b>Office Visits MRA*</b> 6 visits per calendar year	Included up to \$300 per visit with a \$35 MRA	Included up to \$300 per visit with a \$35 MRA	Applied up to \$300 towards MRA	Applied up to \$300 per visit Towards your MRA
<b>Telemedicine</b>	Unlimited utilization, with no consultation fee	Unlimited utilization, with no consultation fee	Unlimited utilization, with no consultation fee	Unlimited utilization, with no consultation fee
<b>Maternity</b>	\$7,000 max. combined membership, \$3,500 individual membership (with proof of marriage)	\$5,000 max. combined membership, \$2,500 individual membership (with proof of marriage)	N/A	N/A
<b>Flu Shot</b>	Yes	Yes	Yes (Applied towards MRA)	Yes (Applied towards MRA)
<b>Recreational Share</b>	\$25,000 maximum share amount per household per calendar year	\$15,000 maximum share amount per household per calendar year	N/A	N/A
<b>Occupational Share</b>	\$15,000 maximum share amount per household per calendar year	\$10,000 maximum share amount per household per calendar year	N/A	N/A
<b>Magellan RX</b>	Yes	Yes	Yes	Yes
<b>Prescriptions - Generic &amp; Brand</b>	Discount Program	Discount Program	Discount Program	Discount Program
<b>Annual Maximum Limit</b>	Unlimited up to the lifetime maximum limit	Unlimited up to the lifetime maximum limit	\$250,000	\$150,000
<b>Lifetime Maximum Limit</b>	\$2,000,000 per member	\$1,000,000 per member	\$1,000,000 per member	\$1,000,000 per member

## Monthly Contribution Requests for Memberships

GOLD				SILVER				BRONZE				COPPER			
Age	Single	Member +1	Family	Age	Single	Member +1	Family	Age	Single	Member +1	Family	Age	Single	Member +1	Family**
0-39	\$269.00	\$403.00	\$538.00	0-39	\$242.00	\$376.00	\$504.00	0-39	\$135.00	\$269.00	\$370.00	0-39	\$100.00	\$150.00	\$200.00
40-49	\$296.00	\$444.00	\$605.00	40-49	\$269.00	\$417.00	\$551.00	40-49	\$202.00	\$302.00	\$403.00	40-49	\$100.00	\$150.00	\$200.00
50-59	\$363.00	\$625.00	\$740.00	50-59	\$336.00	\$578.00	\$672.00	50-59	\$269.00	\$470.00	\$504.00	50-59	\$100.00	\$150.00	\$200.00
60-64	\$470.00	\$820.00	\$874.00	60-64	\$403.00	\$740.00	\$806.00	60-64	\$336.00	\$605.00	\$672.00	60-64	\$100.00	\$150.00	\$200.00

Please visit us online at [altruhealthshare.org](http://altruhealthshare.org) for more information about membership plans, MRAs and contribution amounts.

\*MEMBER RESPONSIBILITY AMOUNT (OUT OF POCKET) AFFILIATED PROVIDER ONLY: PHCS NETWORK WWW.MULTIPLAN.COM. 50% WHEN USING NON-AFFILIATED PROVIDER. MRAS ARE SUBJECT TO REVIEW AND ADJUSTMENTS—SEE OUR WEBSITE FOR CURRENT AMOUNTS.

➤ If a membership has more than five dependents, an additional monthly contribution of \$50 is required for each additional dependent. \*\*\$50 for each additional Copper member.

➤ The Head of Household is the oldest member on the membership.

## What is Altrua HealthShare?

We are a recognized Health Care Sharing Ministry under the Affordable Care Act. We consist of a national, faith-based membership of individuals and families who share the same ethical or Biblical beliefs and abide by the Altrua HealthShare Statement of Standards.

Our members share each other's medical needs by voluntarily sending monthly contributions to be placed in an escrow account from which members' eligible medical needs are shared according to our Membership Guidelines and Escrow Instructions.\* All medical needs are processed according to our Membership Guidelines.

To date, all eligible medical needs have been shared on behalf of members by Altrua HealthShare.

### Becoming a Member is Easy

**STEP 1** Start your membership enrollment by visiting our website and clicking "Become a Member".

**STEP 2** Submit your application. You will receive acknowledgement immediately if successfully approved.

**STEP 3** Start caring for one another.



## Frequently Asked Questions

### WHO IS THIS MEMBERSHIP FOR?

**ANYONE** Altrua HealthShare is for anyone looking for health care and shares our Statement of Standards.

### ARE MATERNITY NEEDS ELIGIBLE FOR SHARING?

**YES** The Gold and Silver membership plans share in eligible maternity needs for those who have been in a combined membership for a married individual for 10 consecutive months prior to conception. If a life-threatening condition occurs, normal MRSs are applicable.

### DO MONTHLY CONTRIBUTION AMOUNTS FLUCTUATE EACH MONTH?

**NO** Our member's monthly contributions are subject to review. Periodic adjustments may be made—typically on an annual basis—to meet the needs of the membership.

### WHAT MEDICAL NEEDS ARE ELIGIBLE TO BE SHARED BY MEMBERS?

**SEE MEMBERSHIP GUIDELINES** Altrua HealthShare processes all medical needs according to the Membership Guidelines. Membership Guidelines can be downloaded from [www.altruahealthshare.org](http://www.altruahealthshare.org).

### IS THE ALTRUA HEALTHSHARE MEMBERSHIP INSURANCE?

**NO** Altrua HealthShare is not insurance, does not collect premiums, make promise of payment, or guarantee that your medical needs will be shared by the membership. Sharing of eligible medical needs is completely voluntary among the membership. Member contributions are used to share in eligible medical needs as directed in the Escrow Instructions.\* Members of Altrua HealthShare are self-pay members.

### ARE MEMBERS EXEMPT FROM THE AFFORDABLE CARE ACT?

**YES** Altrua HealthShare is a fully recognized Health Care Sharing Ministry. Our members are eligible for exemption from the federal "penalty" imposed on individuals who don't have health insurance.

# Altrua Membership Plans

Plans and Benefits

## Altrua Standard Membership Types

Membership Type	Gold Standard	Silver Standard	Bronze Standard
1 <sup>st</sup> MRA*	\$500 per person per calendar year	\$1,000 per person per calendar year	\$1,500 per person per calendar year
2 <sup>nd</sup> MRA* Affiliated Provider and Hospitals	25% of the next \$10,000	25% of the next \$10,000	25% of the next \$10,000
Office Visits MRA* <u>Includes Urgent Care</u> 6 visits per Calendar year**	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Not Available
Telemedicine	Unlimited Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee
Maternity	\$4,000 max. normal delivery; \$6,000 max medically necessary C-section	\$4,000 max. normal delivery; \$6,000 max medically necessary C-section	Not Available
Prescriptions_Generic and Name Brand	Prescription Program Service Magellan RX	Prescription Program Service Magellan RX	Prescription Program Service Magellan RX
Annual Maximum Limit	Not Applicable	Not Applicable	\$50,000
Lifetime Maximum Limit	\$1,000,000	\$1,000,000	\$1,000,000

\*Member Responsibility Amount (Out of Pocket)

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

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

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

## Monthly Contribution Request for Altrua Standard

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

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

## Altrua Advantage Membership Types

Membership Type	Gold Advantage	Silver Advantage	Bronze Advantage
1 <sup>st</sup> MRA*	\$3,000 per person per calendar year	\$3,500 per person per calendar year	\$4,000 per person per calendar year
2 <sup>nd</sup> MRA* Affiliated Provider	N/A	N/A	N/A
Office Visits MRA* <u>Includes Urgent Care</u> 6 visits per Calendar year**	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Not Available
Telemedicine	Unlimited Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee
Maternity	\$4,000 max. normal delivery; \$6,000 max medically necessary C-section	\$4,000 max. normal delivery; \$6,000 max medically necessary C-section	Not Available
Prescriptions – Generic and Name Brand	Prescription Program Service Discount Magellan RX	Prescription Program Service Discount Magellan RX	Prescription Program Service Discount Magellan RX
Annual Maximum Limit	Not Applicable	Not Applicable	\$50,000
Lifetime Maximum Limit	\$1,000,000	\$1,000,000	\$1,000,000

\*Member Responsibility Amount (Out of Pocket)

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

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

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

## Monthly Contribution Request for Altrua Advantage

### GOLD ADVANTAGE

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

### SILVER ADVANTAGE

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

### BRONZE ADVANTAGE

Age	Single	Member+1	Family
0-39	\$112.00	\$224.00	\$308.00
40-49	\$168.00	\$252.00	\$336.00
50-59	\$224.00	\$392.00	\$420.00
60-64	\$280.00	\$504.00	\$560.00
65+	N/A	N/A	N/A

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



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

	Single	Member + 1	Family (up to 3)
<b>Monthly Contribution</b>	\$100.00	\$150.00	\$200.00
<b>1<sup>st</sup> MRA</b>	\$7,500 per member per calendar year	\$7,500 per member per calendar year	\$7,500 per member per calendar year
<b>Annual Maximum Limit</b>	\$150,000 per member	\$150,000 per member	\$150,000 per member
<b>Office visit/Urgent Care</b>	Maximum \$300 counts toward MRA or Shared	Maximum \$300 counts toward MRA or Shared	Maximum \$300 counts toward MRA or Shared
<b>Telemedicine</b>	Unlimited Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee
<b>Maternity</b>	n/a	n/a	n/a
<b>Lifetime Maximum Limit</b>	\$1,000,000	\$1,000,000	\$1,000,000
<b>Prescription discount plan Magellan RX</b>	Name Brand and Generic	Name Brand and Generic	Name Brand and Generic

**Altrua Copper Plan (\$10,000 MRA)**

	Single	Member + 1	Family (up to 3)
<b>Monthly Contribution</b>	\$90.00	\$140.00	\$190.00
<b>1<sup>st</sup> MRA</b>	\$10,000 per person per calendar year	\$10,000 per person per calendar year	\$10,000 per person per calendar year
<b>Annual Maximum Limit</b>	\$150,000 per member	\$150,000 per member	\$150,000 per member
<b>Office visit/Urgent Care</b>	Maximum \$300 counts toward MRA or Shared	Maximum \$300 counts toward MRA or Shared	Maximum \$300 counts toward MRA or Shared
<b>Telemedicine</b>	Unlimited Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee	Unlimited Utilization, with no consultation fee
<b>Maternity</b>	n/a	n/a	n/a
<b>Lifetime Maximum Limit</b>	\$1,000,000	\$1,000,000	\$1,000,000
<b>Prescription Magellan RX</b>	Name Brand and Generic	Name Brand and Generic	Name Brand and Generic

- **No age banding for Copper Membership**