



**2020 MEMBERSHIP**

# Guidelines



DIAMOND



EMERALD



SAPPHIRE



RUBY

## A message from the CEO

Dear Member,

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

Altrua HealthShare is part of Altrua Ministries, a 501(c)(3) nonprofit organization, as a nationally recognized faith-based Health Care Sharing Ministry of individuals and families, we are a collaborative community of health-conscious people, providers, nurses, staff and members dedicated to a single purpose: improving your health by "Caring for One Another."

We care for one another through health care sharing by heeding scripture to bear the burdens of individuals and families from all around the world. Altrua HealthShare is inclusive, membership developed, and based on Biblical principles established for living a healthy and honorable lifestyle. We deliver skilled and member centered health care sharing services, and we strive to shape the future of health care by always asking:

*"How can we care for one another?"*

By each member of Altrua HealthShare following this example, we're able to serve the entire membership through a unique member-to-member sharing method through an escrow account. It's that simple. You don't have to worry about waiting for checks

from other members or wait for other members' bank accounts to distribute share amounts to your individual bank account once your medical bill becomes an eligible medical need. Altrua HealthShare takes care of the member-to-member sharing through the escrow account so each member doesn't have to worry or wait for their eligible needs to be shared.

We want you to be involved in your own health. It's 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 us at 1.833.3-Altrua (258782), Monday to Friday, 8:00 a.m. to 6:00 p.m. Central Time.

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

We look forward to helping you lead a healthier life.



**Randall L. Sluder**  
CHIEF EXECUTIVE OFFICER

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## Frequently Asked Questions

### Q How long has Altrua HealthShare been in operation?

Altrua HealthShare, including its predecessor, Blessed Assurance Bulletin, has been sharing the 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

Affordable Care Act on our website at [www.altruahealthshare.org](http://www.altruahealthshare.org) for more information.

### Q Why did Altrua HealthShare membership names change from Gold, Silver, Bronze and Copper?

We have always been very transparent that Altrua HealthShare is not insurance. Altrua HealthShare is a Health Care Sharing Ministry with a letter of recognition from Centers for Medicaid and Medicare Services (CMS). When the Affordable Care Act (ACA) was enacted, the marketplace adopted metals as the designation for available insurance plans. Altrua HealthShare had been using those same names for membership options prior to the ACA. We have chosen to take this opportunity to further distinguish ourselves from insurance.

### 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 plan you choose. See the specific membership

plans on our website at [www.altruahealthshare.org](http://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 is the deductible amount?**

Altrua HealthShare members do not have deductibles. Members have Member Responsibility Amounts (MRAs) that vary according to the specific membership plan chosen. The MRA 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 1<sup>st</sup> MRA is \$500, then the first \$500 of all eligible medical needs will not be eligible for sharing; it is your responsibility.

#### **Q What guarantee do I have that my contributions will be used correctly?**

Financial integrity and accountability of the Altrua HealthShare membership is very important. We operate according to biblical standards for maintaining the highest level of accountability through independent auditing procedures, which are overseen by the Board of Directors.

#### **Q How does an Escrow Account apply to my membership?**

An Escrow Account is a concept in which a financial instrument of asset is held by a third party (Altrua HealthShare) on behalf of the other parties (members of the membership) that are in the process of completing a transaction i.e. member-to-member sharing of eligible medical needs.

#### **Q How do claims get processed?**

Members do not file claims, nor does Altrua HealthShare handle claims. A “claim” suggests there exists an entitlement to others money. Altrua HealthShare processes medical needs for sharing among the membership. Your medical provider may submit your medical needs by using the instructions on the back of the member ID card. Once the medical need is received and determined eligible for sharing, the medical need is adjudicated, and MRAs are applied. The membership will send your provider a check for the shareable amount. These funds are issued from the members’ monthly contributions held in 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 member of Altrua HealthShare, have access to the PHCS network, and can be seen by any provider or at any facility listed under the PHCS network or any other affiliated provider. Show them the Altrua HealthShare member ID card from the Altrua HealthShare

App and explain that the medical need should be sent either electronically or by mail as directed on the back of the member ID card.

**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.



## Getting Started

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

### 1 Download the Altrua HealthShare App.

With the [Altrua HealthShare App](#), you can earn rewards, import medical records, manage appointments, compare prescription prices, and so much more. Upon logging in for the first time you will also be promoted to complete the Membership Commitment Form which is required to have medical needs processed by Altrua HealthShare.

### 2 Get to know your membership plan.

Review the Membership Guidelines of your new membership plan 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.altruahealthshare.org](http://www.altruahealthshare.org) or log in to your [Member Portal](#).

### 3 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.

### 4 Login and navigate your member portal.

Visit the [altruahealthshare.org](http://altruahealthshare.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.





# 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 is contrary to the teachings of the Bible and that marriage should be held in honor.
- › I believe abortion is wrong, except in a life-threatening situation to the mother.
- › I believe it is my obligation to care for my family, and that physical, mental, or emotional abuse of any kind to a family member, or to anyone else, is morally wrong.

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 timely, all of your medical needs resulting from or related to those actions found contrary to a Statement of Standards belief, 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. 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:

- a. Altrua HealthShare membership
- b. Statement of Standards
- c. Acknowledgements section of the Membership Enrollment Application
- d. Escrow Instructions for sharing of member contributions

The Membership Commitment Form may be signed electronically through the Altrua HealthShare App. 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.

#### THE APPLICANT(S) MUST QUALIFY ACCORDING TO THE FOLLOWING

##### AGE RANGE

30 Days–64 Years



##### MEMBERSHIP TYPE

Individual/Combined Membership

Non U.S. citizens may qualify for membership as determined by Altrua HealthShare on a case-by-case basis.

## 1.5 Contributions and Membership Effective Date

You must apply by the 25<sup>th</sup> of the month in order for your membership to be effective on the 1<sup>st</sup> 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 or applied. Your membership will become active on the 1<sup>st</sup> day of the month you selected on your Membership Enrollment Application. However your 1<sup>st</sup> monthly contribution and the Membership Commitment Form must be received for your medical needs to become eligible for [member-to-member sharing](#).

## 1.6 Complete and Accurate Medical History

When you apply for membership, you affirm that you (and any qualified dependents on your Membership Enrollment Application) have met all medical history criteria. If at any time it's discovered that you did not submit a complete and accurate medical history on your Membership Enrollment Application, the assessment 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.

## 1.7 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) through the age of 22 (up to age 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

Newborns who are born into the membership via an eligible maternity need are automatically added to your membership without having to meet any criteria in the Membership Enrollment Application.

Newborns of an ineligible maternity may be added to the membership by following the Add-On Membership Enrollment process. The member may apply for membership on behalf of the infant or child once the child is over 30 days old. All provisions of the Membership Enrollment Application process will apply.

## 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
<b>MONTHLY MEMBERSHIP CONTRIBUTION</b>	1 <sup>st</sup> of each month
<b>\$25 ANNUAL DONATION TO ALTRUA MINISTRIES</b>	Upon initial enrollment the \$25 donation is required. Thereafter, the donations are voluntary on the month and day of your membership effective date.
<b>\$100 MEMBERSHIP RENEWAL FEE</b>	Each year on the month and day of your membership effective date

## 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.

IF THE RECURRING MONTHLY CONTRIBUTION IS NOT RECEIVED	
<b>NOT RECEIVED BY THE 15TH OF A PARTICIPATING MONTH</b>	<p>\$35 administrative fee is assessed</p> <p>Medical needs remain eligible for sharing (assuming they meet eligibility criteria) until the end of that month or until the contribution is received for that month</p>
<b>NOT RECEIVED BY THE END OF A PARTICIPATING MONTH</b>	<p>Medical needs become ineligible for sharing until the past due contribution is received</p>
<b>NOT RECEIVED BY THE END OF THE FOLLOWING MONTH (60 CONSECUTIVE DATES FROM THE CONTRIBUTION REQUEST DATE)</b>	<p>The membership is withdrawn effective the last day of the month in which the last monthly contribution was applied</p> <p>Once the membership is withdrawn, the member may reapply under the terms defined in the Membership Enrollment Application.</p>

As a participating member of a health care 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:

- › Receive considerate, courteous service with respect for your dignity and personal privacy
- › Have your medical records and your personal information handled in a confidential manner
- › Receive accurate information in your Membership Guidelines
- › Have your medical needs processed accurately once your associated documentation has been received
- › Make decisions regarding your health care, whether or not your treatment is eligible for sharing by the membership

- › Be informed about eligibility guidelines so that you may make educated choices about your treatment
- › Be informed about available affiliated providers and facilities
- › File an appeal
- › File a grievance for any reason which caused the member to be dissatisfied or regarding a notice of action
- › 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) 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

## 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 25<sup>th</sup> 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, the changes will go into effect on the first day of the following month. If you change your membership plan, any accumulations towards your previous MRA will not carry over to your new membership plan.

### 3.2 Voluntary Membership Cancellation

If you'd like to discontinue your membership, please contact a Member Services Representative at 1.833.3-Altrua (258782). To assist us in improving the Altrua HealthShare membership, please provide your reason for membership cancellation.

In order to withdraw participation effective the last day of the current month, the cancellation request must be received by the 25<sup>th</sup>. 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 rejoin the membership at a later date, please complete a re-enrollment Membership Application by logging into your [Member Portal](#) or contact Member Services for assistance.



# How to Use Your Membership

## 4 Using Your Membership

Monthly contributions from members are used for member-to-member sharing of 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.

### 4.2 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 PHCS (Private Health Care Service) MultiPlan network contracted providers assists you in obtaining the maximum value of your membership. PHCS MultiPlan 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.altruhealthshare.org/resources/affiliated-providers](http://www.altruhealthshare.org/resources/affiliated-providers). You must present your member ID card to the provider at the time of services for discounts to apply.

If you use a non-affiliated provider or facility that does not accept Altru HealthShare memberships standard reimbursement option, then once the 1<sup>st</sup> MRA 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 1<sup>st</sup> MRA varies depending on your membership. As charges are incurred the membership shares simultaneously.

### 4.3 What To Do When Your Provider Requires Self-Payment

If your provider will not accept the Altru 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 of eligibility may be requested, but is not required. Itemized statements must include the following information (at a minimum) for Altru HealthShare to accept them for review:

- › Provider's Name
- › Provider's Tax ID
- › Diagnosis Code (ICD-10)
- › Procedure Code (CPT, HCPCs or 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@altruhealthshare.org](mailto:memberforms@altruhealthshare.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 MRA 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

If at any time you are unsure if a medical need is eligible for sharing, we welcome members, providers and facilities to submit a request or call for an advance opinion of eligibility. If the need is related to a pre-existing condition or limitation, it is unlikely it will be eligible for sharing. This is not a pre-authorization and this advance opinion does not guarantee eligibility 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 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 voluntary for you and qualified dependents; however, non-compliance of the case management's recommendation could result in the medical need, or related medical needs, to be ineligible for sharing.

## 4.8 Waiting Period

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 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)

## 4.9 Eligible For Sharing

Eligibility is an assessment based upon a number of factors:

- › Member status
- › Membership plan
- › 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 1<sup>st</sup>, then 2<sup>nd</sup> MRA to be satisfied first
- › Whether or not you have exceeded sharing limits

#### 4.10 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."

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

#### 4.11 In the Event of a Member Passing

If an Altrua HealthShare member with a **DIAMOND** or **EMERALD** membership passes away, there is help to ease the burden for you and your family in your time of grief. Sharing of funeral expenses is one more way those in the membership can help care for one another.

If the deceased's membership was active for 12 consecutive months prior to death, and the official cause of death is deemed eligible under Membership Guidelines, up to \$5,000 of these final expenses are eligible for sharing, per household, per calendar year:

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

The deceased's legal representative must submit the original proof of payment and a certified copy of the member's death certificate with the official cause of death within 90 days of the member's death to Altrua HealthShare via fax at 512.382.5520, via email at [eligibility@altruahealthshare.org](mailto:eligibility@altruahealthshare.org), or via U.S. mail at PO Box 90849, Austin, TX 78709.

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.

## 5 Sharing Limits

This section lays out various types of eligible medical needs and the associated limitations for sharing them. If your personal situation requires it, you may receive additional instructions in writing from Altrua HealthShare about other limitations that may apply for your membership.

### 5.1 Primary Care, Specialist Visits and Urgent Care Facilities

Primary care, urgent care and specialist visits are eligible for sharing under the office visit MRA. Members are allowed six (combined) office, specialist, or urgent care visits each calendar year. If you exceed six office visits in a calendar year, you will be responsible for any charges you incur for the additional visits. These additional visits will not be applied to satisfy your 1<sup>st</sup> then 2<sup>nd</sup> MRA, and these charges are ineligible for sharing.

**DIAMOND** and **EMERALD** (formerly Gold and Silver) membership plan members submit a \$35 MRA to the licensed medical professional, and the membership will share up to \$300 per eligible visit on the member's behalf. Office visit MRAs are not applied to the 1<sup>st</sup> or 2<sup>nd</sup> MRA.

**SAPPHIRE** and **RUBY** (formerly Bronze and Copper) membership plan members submit the full or discounted charges of the eligible medical need to the licensed medical professional, and the membership will allow up to \$300 per visit to be applied to the 1<sup>st</sup>, then 2<sup>nd</sup> MRA.

The office visit MRA only applies if the CPT (Current Procedural Terminology) code associated with an office visit is applied with an E/M (Evaluation and Management) code. If an office visit CPT code is not documented, charges will be applied to the 1<sup>st</sup>, then 2<sup>nd</sup> MRA.

Membership limitations and pre-existing conditions do not apply to office visits.

### 5.2 Emergency Room Visits Eligibility 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 by utilizing telemedicine, at a primary care physician's office or urgent care facility. When you use the emergency room for routine medical needs, the cost is typically exorbitant, and will not be shared by the membership.

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.

### 5.3 Cancer Treatment and Screening Requirements

Medical needs related to cancer treatment may be eligible for sharing after a waiting period (subject to membership plan) from the membership effective date, and upon satisfying any applicable Cancer MRA (applicable to **DIAMOND** and **EMERALD** membership plans only), or the 1<sup>st</sup>, then 2<sup>nd</sup> MRA (applicable to **SAPPHIRE** and **RUBY** membership plans).

WAITING PERIOD	
<b>DIAMOND</b>	90 days from the membership effective date*
<b>EMERALD</b>	
<b>SAPPHIRE</b>	12 months from the membership effective date*
<b>RUBY</b>	

\*SUBJECT TO ADDITIONAL RESTRICTIONS BASED ON CANCER SCREENING REQUIREMENTS

#### Cancer MRA

**DIAMOND** and **EMERALD** membership plans only

Sharing for medical needs related to cancer treatment are subject to the following Cancer MRA:

MEMBERSHIP YEAR	CANCER MRA*	MAXIMUM AMOUNT THE MEMBERSHIP WILL SHARE
YEAR 1	\$4,000	\$10,000
YEAR 2	\$3,000	Subject to the annual and lifetime maximum limits
YEAR 3+	\$2,000	

\*THE CANCER MRA AND MAXIMUM SHARING LIMITS ARE PER YEAR BASED ON THE MEMBERSHIP EFFECTIVE DATE.

**EXAMPLE:** EFFECTIVE DATE–JUNE 1<sup>ST</sup>, 2020

September 1 <sup>st</sup> , 2020 ↓ May 31 <sup>st</sup> , 2021	<ul style="list-style-type: none"> <li>Cancer MRA is \$4,000</li> <li>Maximum Sharing Limit is \$10,000</li> </ul>
June 1 <sup>st</sup> , 2021 ↓ May 31 <sup>st</sup> , 2022	<ul style="list-style-type: none"> <li>Cancer MRA is \$3,000</li> <li>Maximum Sharing Limit is subject to the annual and lifetime maximum limits</li> </ul>

## Cancer Screening Requirements

For female members age 40 and over, and male members age 50 and over, in order for your medical needs related to prostate, cervical, endometrial, ovarian and breast cancer to become eligible for sharing after the membership plan applicable waiting period, specific screenings are required.

### FEMALE MEMBERS

#### MAMMOGRAM OR BREAST ULTRASOUND

*Screening requirement is applicable to females age 40 and over only*

##### MEDICAL NEEDS RELATED TO BREAST CANCER TREATMENT WILL BECOME ELIGIBLE FOR SHARING THE LATER OF:

The required waiting period by the membership plan with clean mammogram (or breast ultrasound) results dated no earlier than six months prior to the membership effective date

or

Upon obtaining clean mammogram (or breast ultrasound results)

Female members age 40 and over that fail to obtain clean results of the test listed above will render future medical needs for breast cancer ineligible for sharing until an initial clean result has been submitted. A mammogram or breast ultrasound are the only screening options that qualify to meet the membership requirements for eligibility.

To maintain ongoing eligibility for sharing of medical needs related to breast cancer treatment, female members age 40 and over are required to continue getting a recurring mammogram (or breast ultrasound) every two years from the date of the last clean result. The biennial tests must be performed within 24 months of your last clean test result and you must have submitted those results to Altrua HealthShare.

If the recurring biennial test is not performed within 24 months of the date of the last test, then you will be responsible for 50% of the total allowed charges for breast cancer treatment after the applicable MRA (Cancer MRA or 1<sup>st</sup>, then 2<sup>nd</sup> MRAs depending on the membership plan) has been satisfied.

Once routine mammograms are required by the membership, female members are allowed one additional office visit for up to \$500 that is eligible for sharing by the membership.

Eligible diagnostic mammograms will be applied to the 1<sup>st</sup>, then 2<sup>nd</sup> MRAs.

#### PAP SMEAR WITH PELVIC EXAM

*Screening requirement is applicable to females age 40 and over only*

##### MEDICAL NEEDS RELATED TO CERVICAL, ENDOMETRIAL AND OVARIAN CANCER TREATMENT WILL BECOME ELIGIBLE FOR SHARING THE LATER OF:

The required waiting period by the membership plan with clean pap smear with pelvic exam results dated no earlier than six months prior to the membership effective date

or

Upon obtaining clean pap smear with pelvic exam results

Female members age 40 and over that fail to obtain clean results of the tests listed above will render future medical needs for cervical, endometrial and ovarian cancer treatment ineligible for sharing until an initial clean result has been submitted. Female members that have had a full hysterectomy, only the pelvic exam is required (the pap smear is not).

To maintain ongoing eligibility for sharing of medical needs related to cervical, endometrial and ovarian cancer treatment, female members age 40 and over are required to continue getting a recurring pap smear with pelvic exam every two years from the date of the last clean result. The biennial tests must be performed within 24 months of your last clean test result and you must have submitted those results to Altru HealthShare.

If the recurring biennial test is not performed within 24 months of the date of the last test, then you will be responsible for 50% of the total allowed charges for cervical, endometrial and ovarian cancer treatment after the applicable MRA (Cancer MRA or 1<sup>st</sup>, then 2<sup>nd</sup> MRAs depending on the membership plan) has been satisfied.

## MALE MEMBERS

### PROSTATE SPECIFIC ANTIGEN (PSA) TEST

*Screening requirement is applicable to males age 50 and over only*

### MEDICAL NEEDS RELATED TO PROSTATE CANCER TREATMENT WILL BECOME ELIGIBLE FOR SHARING THE LATER OF:

The required waiting period by the membership plan with clean PSA test results dated no earlier than six months prior to the membership effective date



Upon obtaining clean PSA test results

Male members age 50 and over that fail to obtain clean results of the test listed above will render future medical needs for prostate cancer treatment ineligible for sharing until an initial clean result has been submitted.

To maintain ongoing eligibility for sharing of medical needs related to prostate cancer treatment, male members age 50 and over are required to continue getting a recurring PSA test every two years from the date of the last clean result. The biennial tests must be performed within 24 months of your last clean test result and you must have submitted those results to Altru HealthShare.

If the recurring biennial test is not performed within 24 months of the date of the last test, then you will be responsible for 50% of the total allowed charges for prostate cancer treatment after the applicable MRA (Cancer MRA or 1<sup>st</sup>, then 2<sup>nd</sup> MRAs depending on the membership plan) has been satisfied.

### HOW TO SUBMIT RESULTS

Results may be submitted to Altru HealthShare by email to: [member-forms@altruhealthshare.org](mailto:member-forms@altruhealthshare.org) or by fax to 1.512.382.7923.

## 5.4 What To Expect When You're Expecting

Female members of the Altrua HealthShare membership may be eligible for sharing of medical needs related to maternity expenses when she meets the following qualifications:

### ✓ Is Married

(If the expecting mother has an individual membership, proof of marriage must be provided)



Has been actively participating in a **DIAMOND** or **EMERALD** membership plan prior to conception

When a member's pregnancy has been confirmed by a licensed medical professional, the member may contact Altrua HealthShare for an advance opinion regarding sharing eligibility.

### Sharing Limits

- › Sharing eligibility for needs related to maternity expenses begins 90 days after the membership effective date
- › The Maternity MRA must be met prior to sharing by the membership
- › The Maternity MRA applies per pregnancy
- › A maximum sharing limit applies per pregnancy and is based on the membership year you are in at the date of conception
- › Sharing for medical needs of an eligible pregnancy that results in a miscarriage are subject to the per pregnancy Maternity MRA and maximum sharing limit
- › Sharing by the membership under the maternity sharing limits start at the time of conception and continue through delivery for both the mother and the newborn

### Midwife

Altrua HealthShare respects member rights to make decisions regarding the delivery of their newborn, and supports that decision by allowing members to use a licensed midwife for delivery. In the event that a mother chooses to use a midwife, Altrua HealthShare requires that the expecting mother be tested 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 by the membership.

### Ineligible Pregnancy

Medical needs related to an ineligible pregnancy or complications that arise for a mother and infant during an ineligible pregnancy will result in all medical related to that pregnancy being deemed ineligible for sharing.

Maternity medical needs for newborns conceived outside of marriage are not eligible for sharing by the membership. Pregnancies resulting from rape that are reported to the law enforcement authorities are the only exception, and are still subject to the membership plan chosen.

Certain membership plans do not allow for sharing of members' maternity medical needs, and those needs are therefore ineligible for sharing. If a married member of an ineligible membership plan desires to conceive and wants maternity needs to be eligible for sharing, she must upgrade her membership to an eligible membership prior to conception, and participate in that upgraded membership for 90 days before needs are eligible for sharing.

## Ineligible Medical Needs

Ineligible medical needs relating to maternity include:

- › Circumcisions under an ineligible maternity
- › Congenital birth defects for individuals not born under an eligible maternity

## Complications During Pregnancy

Complications related to management of a difficult pregnancy (examples include false labor and occasional spotting), which are not life-threatening to the mother or child are subject to the maternity sharing limits.

## Life-Threatening Complications

Life-threatening complications for the newborn during and after delivery are subject to the eligible child's 1<sup>st</sup>, then 2<sup>nd</sup> MRAs.

Life-threatening complications for the unborn child and for the mother throughout the pregnancy and during and after delivery are subject to her 1<sup>st</sup>, then 2<sup>nd</sup> MRAs. In this case, the maternity sharing limits cease to apply.

Life-threatening complications are complications that threaten the life of the mother, unborn child or newborn that requires care or services not normally rendered during pregnancy or delivery. An internal review of medical records will be required.

## Newborn Membership Enrollment

### WITH AN ELIGIBLE PREGNANCY:

The newborn will be enrolled to the membership effective the date of birth, once Altrua HealthShare has been informed of the delivery through receipt of a medical need or notification from the member.

When requesting to not have the newborn automatically enrolled, the request must be received by Altrua HealthShare prior to the newborn reaching 30 days old. Otherwise, the member is responsible for any applicable contribution increase for the time the newborn was considered a member.

### WITH AN INELIGIBLE PREGNANCY OR AN ELIGIBLE PREGNANCY WHERE THE NEWBORN WAS NOT AUTO-ENROLLED

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.

## 5.5 Adoption

The Altrua HealthShare  **DIAMOND** and  **EMERALD** memberships allow for sharing in adoption expenses.

### Sharing Limits

Sharing by the membership for adoption expenses is subject to the following limitations:



- › A \$5,000 adoption MRA, per event, prior to the membership sharing in expenses, and
- › A \$5,000 membership sharing limit once the adoption MRA has been met
- › Up to two adoption events may be eligible for sharing per household for the lifetime of the membership
- › The adoption of multiple children at the same time is considered one event

## Eligibility

The first adoption event may be eligible for sharing:

- › After participation in an eligible membership for 12 consecutive months prior to incurring reimbursable expenses, or having expenses applied towards the adoption MRA
- › Eligibility for sharing begins when official legal adoption proceedings begins, and after the required waiting period

The second event may be eligible for sharing:

- › With continuous membership since the first shared event, and
- › After at least 12 months have passed since the date of the last adoption expense reimbursement
- › Eligibility for sharing begins when the official legal adoption proceedings begin

## Membership Enrollment of the Adopted Child

Sharing by the membership for adoption expenses does not imply a child automatically qualifies for inclusion in the Altru HealthShare

membership. Once the legal adoption process is final, adopting parents may initiate the add-on membership enrollment process.

Any physical condition of which the adopting parents had reason to be aware that the adopted child had prior to the adopting parents becoming legally responsible for the child's expenses, or prior to the adopted child's membership effective date, may be considered a condition that existed before membership and subject to pre-existing condition limitations.

## 5.6 Service-Specific Sharing Limits

### Alternative Medicine

Acupuncture, homeopathic treatments, holistic treatments, naturopathic treatments, biofeedback and neurofeedback are subject to the following:

- › 12-month initial waiting period (from the membership effective date)
- › Maximum of a combined 12 visits per member, per calendar year
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply

### Ambulance

Ground transport is subject to the following:

- › Maximum of \$3,000 per incident
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply

Air transport is subject to the following:

- › Maximum of \$10,000 per incident

- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply

### Cataracts and/or Glaucoma Diagnostic Testing or Surgery

Eligible medical needs are subject to:

- › An initial 12-month waiting period (from the membership effective date)
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply

### Laboratory Services

Members of all Altru HealthShare memberships have access to pre-negotiated rates and discounts for laboratory services through ARC Point, Grassroots and Any Lab Test Now or any provider affiliated with the PHCS Network that accepts HealthShare.

#### DIAMOND & EMERALD MEMBERSHIPS

Eligible laboratory services are subject to the following:

- › An initial 90-day waiting period (from the membership effective date) (unless it is a required part of a wellness or preventative care visit)
- › A \$500 Laboratory MRA applies
- › Subject to a maximum sharing limit of \$1,000 for Diamond memberships and \$500 for Emerald memberships, per member, per calendar year
- › Laboratory services must be obtained through an in-network facility to be eligible for sharing

#### SAPPHIRE & RUBY MEMBERSHIPS

Eligible laboratory services are subject to the following:

- › Allowed up to \$4,000 per member, per calendar year, to be applied to the MRA
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply
- › An initial 90-day waiting period (from the membership effective date) (unless it is a required part of a wellness or preventative care visit)

### Medical needs regarding the female reproductive system resulting from post-menopausal symptoms or complications:

Eligible medical needs are subject to the following:

- › An initial 12-month waiting period (from the membership effective date)
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply

### Organ Transplants

Eligible medical needs for an organ transplant are subject to the following:

- › An initial 90-day waiting period (from the membership effective date)
- › Maximum sharing limit of \$150,000 per member, per lifetime, not to exceed the maximum sharing limit of the membership plan
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply
- › Eligible medical needs includes all costs related to the actual transplant procedure
- › Medical needs requiring multiple organ transplants will be considered on a case-by-case basis

## Outpatient Therapy

Occupational therapy, speech therapy, physical therapy, home health care and chiropractic care are subject to the following:

- › An initial 12-month waiting period (from the membership effective date)
- › Limited to a combined 20 visits in a calendar year, per member
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply
- › Services must be rendered by a licensed medical professional

## Overnight Sleep Testing

Overnight sleep studies are subject to the following:

- › An initial 90-day waiting period (from the membership effective date)
- › Limited to a single one-night study performed in either a facility or at home
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply
- › If a 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

Injuries resulting from using a recreational vehicle are subject to the following:

- › An initial 90-day waiting period (from the membership effective date)
- › Maximum sharing limit of \$10,000 per member, per incident
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply

- › A Needs Processing Form is required before Altru HealthShare will share on your behalf (the Needs Processing Form is available through the [Member Portal](#))
- › The recreational vehicle must be insured by a third party for any medical needs to be eligible for sharing
- › Medical needs will only be considered for sharing once they have been processed by a liable third party (such as your automobile insurance provider)

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, 5<sup>th</sup> wheels, and bumper-pull RVs).

## Colonoscopy

Colonoscopy procedures for members age 50 and over are subject to the following:

- › An initial 12-month waiting period (from the membership effective date)
- › Limited to one colonoscopy per member, per year
- › Maximum of three colonoscopies, per member, during the membership lifetime
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply

Pre-existing conditions and limitations do not apply to colonoscopy screenings.

Exceptions may be made for members under age 50 with a family history of colon cancer. In this case, you must provide documentation from the referring medical doctor.

## Temporary Long-Term Care Services

Long term care, hospice care or skilled nursing facility use is eligible for sharing if treating an injury or illness, and is subject to the following:

- › An initial 90-day waiting period (from the membership effective date)
- › All services must be rendered by a skilled or licensed medical professional
- › Limited to a maximum of 40 visits or days per calendar year
- › 1<sup>st</sup>, then 2<sup>nd</sup> MRAs apply

## Wellness/Preventative Visits

Wellness/Preventative visits are subject to the following:

- › Available to female members age 40 and over and male members age 50 and over
- › Members who qualify according to one of the above, are eligible for one additional office visit each calendar year to address required screening tests without it counting towards their six annual office visits
- › Membership Guidelines apply
- › Office visit MRA applies

## 5.7 Medical Needs that are Not Eligible for Sharing

All medical needs described in this section are ineligible for sharing under the Escrow Instructions. Escrow Instructions can be viewed on the [Membership Commitment Form](#).

### Needs related to information provided on the 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

### Conflict of interest exists

Medical needs will be ineligible for sharing if the provider or ordering provider is related to the member by blood, marriage, or adoption or if the member has a financial interest in the provider

### 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
- Emergency room visits resulting from your failure to follow medical advice or treatment

### **Experimental treatments or procedures 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.)

- Use of the 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 medication
- 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

### **Non-essential medical needs**



### **Questions About Determining the Eligibility of Medical Needs**

If you have questions regarding the eligibility of medical needs, please contact a Member Services Representative.



1.833.3-Altrua (258782)

### 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 rape or threat to the mother's life as supported by medical documentation
- Illnesses arising from tobacco use or that are vaping related
- 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. Excessive is defined as the use of the substance resulting in a medical need.
- Illness or injury due to illegal or recreational drug use
- Use of any illicit drug that results in a medical need, regardless of whether it has been prescribed by a medical professional
- Maternity resulting from 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)



### Questions About Determining the Eligibility of Medical Needs

If you have questions regarding the eligibility of medical needs, please contact a Member Services Representative.



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### Other ineligible discretionary medical needs

- 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 (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)
- Medical tourism
- Injuries arising from the use of personal aircraft, and any other aircraft not operated by a commercially licensed public carrier



### Questions About Determining the Eligibility of Medical Needs

If you have questions regarding the eligibility of medical needs, please contact a Member Services Representative.



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## Psychological medical needs

Ineligible psychological 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

(Members have access to counseling services available through LifeWorks at no additional cost up to the terms of the agreement.)

## Other

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



## Questions About Determining the Eligibility of Medical Needs

If you have questions regarding the eligibility of medical needs, please contact a Member Services Representative.



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## Medical equipment

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

## Miscellaneous charges

- Fees for medical record retrieval
- 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



## Questions About Determining the Eligibility of Medical Needs

If you have questions regarding the eligibility of medical needs, please contact a Member Services Representative.



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## Extreme sports

Injuries resulting from participating in extreme sports will not be eligible for sharing. This includes, but is not limited to:

- Parkour
- Abseiling
- Hang gliding
- Paragliding
- Ice climbing
- Highlining
- Free climbing
- Skydiving
- Canyon swinging
- Bungee jumping
- Base jumping
- Running of the bulls
- Wingsuit flying
- Solo climbing



## Questions About Determining the Eligibility of Medical Needs

If you have questions regarding the eligibility of medical needs, please contact a Member Services Representative.



1.833.3-Altrua (258782)

## Dental

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

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

## Vision

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

## Hearing

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



## Questions About Determining the Eligibility of Medical Needs

If you have questions regarding the eligibility of medical needs, please contact a Member Services Representative.



1.833.3-Altrua (258782)

## 6 Coordination of Sharing

Altrua HealthShare membership only shares in eligible needs after all other resources have been exhausted. If your medical needs are covered by other resources such as insurance, Medicare, Medicaid, Veteran Affairs benefits, Tricare, private grants, or by any liable party such as employer liability, workers compensation, auto insurance or homeowners insurance (with a minimum Personal Injury Protection of \$10,000), your MRAs and member sharing will apply after any discounts or payments are made to the service provider.

If it is later discovered that your medical need has been 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.

### 6.1 Medicare

If you become eligible for Medicare Part A and/or Part B (whether due to disability or age) please notify Altrua HealthShare via phone

at 1.833.3-Altrua (258782), via fax at 1.512.382.5520, or via email at [medicalneeds@altruahealthshare.org](mailto:medicalneeds@altruahealthshare.org) and provide a copy of your Medicare Certificate of Coverage before your coverage begins.

When members of the **DIAMOND**, **EMERALD** and **SAPPHIRE** membership plans qualify for Medicare Part A and/or B, the monthly contribution amount for that individual will be decreased to that of the 0–39 age band. When a member of the **RUBY** membership plan qualifies for Medicare Part A and/or B that member's membership remains unaffected. Please log into your [Member Portal](#) to see the current monthly contribution amounts.

Only existing members who turn 65 on the membership will be eligible for this membership sharing option. The Membership Guidelines still apply with an Explanation of Benefits (EOB) from Medicare.

### 6.2 Health Coverage

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

## 7 Appeals and Grievances

### 7.1 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.

- 01** Call Altrua HealthShare at 1.833.3-Altrua (258782) 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.
- 02** If this 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?

- 03** Your appeal request will be reviewed by an Eligibility Committee and a determination will be given within 30 days.
- 04** If you are not satisfied with that determination, you may appeal to an additional committee appointed by the Board of Directors.

### 7.2 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 secure email. The email address to submit grievances is [memberconcern@altruahealthshare.org](mailto:memberconcern@altruahealthshare.org). You should receive a return acknowledgment of your grievance within 48 business hours. Appropriate action as necessary will be taken.

### 7.3 Arbitration/Mediation

Members agree as a condition of membership, that in the event of any dispute that cannot be resolved between the member and Altrua HealthShare acting on behalf of the entire membership, that the member will seek to resolve such disputes through mediation in Austin, Texas, and if that fails, that all disputes will be subject to binding arbitration in Austin, Texas with arbitrators to be agreed upon by the member and Altrua HealthShare acting on behalf of the entire membership, and if no agreement is reached, then arbitrated by the American Arbitration Association (AAA). Each, the member and Altrua HealthShare acting on behalf of the entire membership, shall bear its own costs in such mediation and/or arbitration. To reduce time and expenses, and as a condition of membership, the member specifically agrees to waive any right to litigate or initiate any judicial action against the membership and Altrua HealthShare arising from or regarding the subject matters of and in any way related to the Altrua HealthShare membership, and instead has chosen binding arbitration. All claims or disputes will be governed by Texas law.



## Privacy Practices

Visit us online for information on our Privacy Practices.

[www.altruahealthshare.org/privacy](http://www.altruahealthshare.org/privacy)



# 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.

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

**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.

### C

**CALENDAR YEAR** A calendar year is January 1<sup>st</sup> through December 31<sup>st</sup> of each year.

**CASE MANAGEMENT** A collaborative process available by Altrua HealthShare to help you assess your eligibility, and to assist you with

planning, choosing, and coordinating your best possible care.

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

**COMMITMENTS** The requirements you acknowledge you must follow in order to maintain an active membership in Altrua 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 rendered for 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 a Membership Enrollment Application.

**E** **EFFECTIVE DATE** The date your membership and limitations begin.

**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 Member Responsibility Amount (MRA)—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** **GRIEVANCE** A written or oral expression of dissatisfaction regarding the membership or the membership plan and may include a complaint, dispute, request for reconsideration or appeal made by a member or the member's representative to Altrua HealthShare.

**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.

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

**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.

**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.

- › **AFFILIATED** An indication that your health care facility or licensed medical professional has been approved by Altrua HealthShare to receive shared contributions for your eligible medical needs.
- › **NON-AFFILIATED** A health care provider that is not part of the Altrua HealthShare network, is not an affiliated provider, or does not accept Medicare plus 50% reimbursement.

## M

**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.

**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 a 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 request to reconsider an initial denial decision of clinical services that were requested but had not yet occurred.

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

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

- › **ADOPTION MRA** With Diamond and Emerald memberships, the portion of charges for an eligible adoption that is

the members obligation to pay before the membership shares in medical needs.

- › **CANCER MRA** With Diamond and Emerald memberships, the portion of charges for eligible cancer treatment services that is the members obligation to pay before the membership shares in medical needs.
- › **FIRST MEMBER RESPONSIBILITY AMOUNT (1<sup>ST</sup> MRA)** The amount you are responsible for payment to the physician or facility before the membership shares in eligible medical needs.
- › **LABORATORY MRA** With Diamond and Emerald memberships, the portion of charges for eligible laboratory services that is the members obligation to pay before the membership shares in medical needs.
- › **MATERNITY MRA** With Diamond and Emerald memberships, the portion of charges for an eligible maternity that is the members obligation to pay before the membership shares in medical needs.
- › **SECOND MEMBER RESPONSIBILITY AMOUNT (2<sup>ND</sup> MRA)** The percentage you are responsible for paying after the First Member Responsibility Amount (1<sup>ST</sup> MRA) is met. The membership shares

simultaneously in your eligible medical needs as your 2<sup>nd</sup> MRA is being met.

- › **OFFICE VISIT MRA/URGENT CARE MRA** A contribution of \$35 that is applicable for Diamond and Emerald membership plans, before membership sharing takes place.

## **MEMBERSHIP ENROLLMENT**

**APPLICATION** An electronic application that you must complete to enroll in Altrua HealthShare for membership. This electronic form requests for you to provide 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 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 Altrua HealthShare to request eligibility for sharing of your medical needs.

› **MEMBERSHIP UPDATE FORM** An electronic form you must complete and provide to Altrua 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 can be issued during the application process based on the

information you provide 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 PLAN** Diamond, Emerald, Sapphire and Ruby sharing options that are available with different Member Responsibility Amount (MRAs) 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.

## N

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**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

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**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

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**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.

## 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 1<sup>st</sup> and continues through December 31<sup>st</sup>.
- › **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 24/7/365 to access remote medical services via real-time, two-way communication with a contracted network of third-party telemedicine providers.

## U

**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.



# 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

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## ONLINE

[www.altruahealthshare.org](http://www.altruahealthshare.org)

## FACEBOOK

[www.fb.com/altruahealthshare](http://www.fb.com/altruahealthshare)

## MAIL

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

## FAX

1.512.382.7923

## EFFECTIVE DATE

January 1<sup>st</sup>, 2020



**Altrua**  
MINISTRIES

*Loving God While  
Serving People*

### Dear Member,

Altrua Ministries wants 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.

Here is some of how we get that accomplished:

#### **PRAYER SUPPORT**

We're here to pray with you for your healing. We believe without compromise the Word of God. 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](http://www.am.family) or by email at [prayer@am.family](mailto:prayer@am.family). We'd love to have you as part of our Prayer Team, and you can join online at [www.am.family](http://www.am.family) by clicking on "Prayer" and "Join the Family"!

#### **PRAYER BLASTS**

When you call in for a prayer request regarding a medical need or support for a serious illness/procedure, Altrua Ministries will be notified, and an email blast will be sent out weekly to all the members asking them to join in prayer for healing. We keep everything confidential, but we believe in the power of prayer as a community.

#### **YOUR 60 SECOND DEVOTION**

Whether you are going through a hard day, week, month or season, we send out a weekly encouragement based on the Word to inspire

you to stay in the fight. Regardless of what you're dealing with, Altrua Ministries believes it will be a blessing to your life as you receive these each week.

#### **SUPPORT YOUR WHY**

Do you have a dream that you've always wanted to accomplish? The "Support Your Why" may be an excellent venue to accomplish that. Altrua Ministries believes in giving back and this is a great way to do that. To learn more, please visit [www.am.family](http://www.am.family) and click on "Support Your Why".

#### **SOCIAL MEDIA**

Be sure to connect with us through Instagram, Facebook, Twitter and YouTube @altruaministries for daily encouragement.

We have that and so much more on our website at [www.am.family](http://www.am.family). Be sure to check the Altrua Ministries page often and bookmark it. In the meantime, if we can help you with anything, please don't hesitate to call us at 800.597.1183.

With our warmest blessings,

**Dr. Kevin Hull**  
**DIRECTOR OF MINISTRIES**

*Caring for One Another* 

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