



Membership Guidelines

MyShare

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A Message from the CEO

Dear Valued Member,

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

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

Members care for one another through heeding the scriptures that instruct us to bear the burdens of one another. Altrua HealthShare is inclusive, a membership developed based on Biblical principles that are established for living a clean, healthy, and honorable lifestyle.

As a Member of Altrua HealthShare, you never have to worry about waiting for checks from other Members or waiting for other Member’s bank accounts to distribute share amounts; the unique Altrua HealthShare platform and escrow account provides an efficient and timely experience for member-to-member sharing.

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

Again, thank you for joining the Altrua HealthShare Membership.

For any questions or concerns, please call: 1.833.3-ALTRUA (258782)

Randall L. Sluder

CHIEF EXECUTIVE OFFICER

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

DISCLAIMER

Altrua HealthShare is not insurance. Altrua HealthShare is a Health Care Sharing Ministry (HCSM) , in which all Members agree to a Statement of Standards, based on a shared set of beliefs. Altrua HealthShare Members share in each other's eligible medical needs through a member escrow account.

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Quick Start Guide

Start with these four easy steps:

Download the Altrua HealthShare App.

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

Login and navigate your Member Portal.

Visit the altruahealthshare.org website and select the "Sign In" tab. Your username and password are needed to enter your portal. Your 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. You may contact a Member Services Representative at 1.833.3-ALTRUA.

Get to know your membership.

It's important to review the Membership Guidelines of your new membership. Altrua HealthShare is not insurance, and because it is not insurance, it works differently than what you may be used to. Being part of a health share membership means that you will need to be actively involved in using your membership and in understanding the policies that are part of your membership. Review the [Membership Guidelines](#) of your new membership by [going to the Membership Guidelines](#) online at

any time at www.altruahealthshare.org or log in to your [Member Portal](#).

Familiarize yourself with health care sharing membership terms and definitions.

Check out the Glossary of Terms here in the Membership Guidelines. It's a great way to understand the terminology we use as a health care sharing membership and how it applies to your health.

How Does My Membership Work?

- 1. Download and log into the Altrua HealthShare App. It's available for download through the Apple Store and Google Play. You can also go to <https://myaccount.altruahealthshare.org/AltruaLogin>**

if you choose not to use the App.

- 2. When you are in need of medical care:**

- If you have a life-threatening medical emergency, dial 911.
- For medical non-emergencies and issues like a common cold or a stomach bug, check out our telemedicine option, a telehealth service that gives you access to medical professionals online. Beginning the first day of your Membership, you can video chat with a doctor from the comfort of your own home anytime you need to, 24 hours a day, 7 days a week. All the information that you need to use our telemedicine feature is located in the App.
- When you need to see a doctor in person, for your annual check-up, other issues, or for minor emergency or urgent care, you can find a provider your area by calling our new healthcare concierge service that you can call to find out whether your new provider or future

provider is on our preferred provider list! Just call 833-3-ALTRUA and follow the prompts.

- You must present your Member ID card on the Altrua HealthShare App (or, if you prefer to print the card, you may use that) to the provider at the time of services for discounts to apply.

3. As an Altrua HealthShare MyShare Member, you are able to customize a health care strategy that is best for you, your family, your budget, your needs, and your season of life. At enrollment, you are asked to choose:

- The Number of Office Visits you would like to have
- The Lifetime Maximum Amount:
 - \$100,000, \$250,000, \$500,000, \$1 million, or \$2 million
- Your MRA (Member Responsibility Amount): \$0, \$1000, \$2000, \$3000, \$4000, \$5000, \$6000, \$7000, \$8000, \$9000, or \$10,000

You may also choose whether you wish to have the Membership share in Maternity and/or Adoption related medical needs.

Another option that is available is Cancer sharing. You may choose whether or not you wish to include Cancer sharing in your membership. There are several options for cancer sharing to choose from:

- A \$0 Cancer MRA with no Maximum Sharing Limit (subject to your chosen lifetime maximum amount)
- A \$5,000 Cancer MRA with no Maximum Sharing Limit (subject to your chosen lifetime maximum amount)
- A \$0 Cancer MRA with a \$25,000 Maximum Sharing Limit (subject to your chosen lifetime maximum amount) or
- A \$0 Cancer MRA with a \$50,000 Maximum Sharing Limit (subject to your chosen lifetime maximum amount)

You may also choose to include our Healthy Living Bundle in your membership.

Your selections in these areas determine your monthly contribution amounts and your out-of-pocket expenses for the year for eligible medical needs. These selections also determine what the Membership will share in or not.

The Altrua HealthShare Membership helps you and your family pay for medical care. The Membership may reimburse a specified percentage for eligible medical needs. For certain medical needs, there are specific waiting periods.

As part of your membership, you have MRAs and co-share amounts. The MRA your (Member Responsibility Amount) is the amount you are responsible to pay before Altrua HealthShare can begin to share in your medical needs; you chose this amount when you signed up for your membership. The co-share amount is the amount that you are responsible for paying the provider or facility at the time of service.

You are eligible to participate in the Membership if you meet the eligibility requirements described in these Altrua HealthShare Membership Guidelines. You have the option to

include your family members who meet the eligibility requirements that are described in these Membership Guidelines.

I Have Some Questions...

1. Who can join the Altrua HealthShare Membership?

Our Membership is for anyone who believes in living a healthy lifestyle and can agree to our Statement of Standards. You and any qualified dependents who you include on a Membership Enrollment Application must each agree to align with the beliefs and standards of Altrua HealthShare as stated in the Statement of Standards. If you have medical needs that result from actions contrary to the Statement of Standards, those needs may be deemed ineligible for sharing and may result in that individual's termination from the Membership.

When you apply for membership, you affirm that you (and any qualified dependents on your Membership Enrollment Application) have met all criteria and acknowledge that you have reviewed and disclosed any pre-existing conditions that may exist and that may be subject to a **two-year, five-year and lifetime limitations**. If at any time it is discovered that you did not submit a complete and accurate Membership Enrollment Application, this may result in a retroactive limitation or termination of your membership. Any medical needs resulting from or related to the **Retroactive Limitation** will not be eligible for sharing and your membership can be terminated effective the last day of the month in which the **Retroactive Limitation** was discovered.

The Primary Contact's signature on the Membership Enrollment Application represents the continued commitment by each member in the household. Upon

enrollment a Membership Commitment form must be submitted on behalf of all members of the household acknowledging their continued commitment to:

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

The Membership Commitment Form may be signed electronically. Failure to submit the signed Membership Commitment Form may result in sharing of medical needs being placed on hold until it is received.

2. What is the Statement of Standards?

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

- I believe in caring for one another.
- I believe in keeping my body clean and healthy with proper nutrition.
- I believe that excessive alcohol consumption, as well as the use of tobacco or illicit drugs, is harmful to the body and soul.
- I believe sexual relations outside the bond of marriage are contrary to the teachings of the Bible and that marriage should be held in honor.

- I believe abortion is wrong, except in a life-threatening situation to the mother.
- I believe it is my obligation to care for my family, and that physical, mental, or emotional abuse of any kind to a family member, or to anyone else, is morally wrong.

3. Can I use any medical provider?

Yes, and you now have access to a new healthcare concierge service that you can call to find out whether your new provider or future provider is on our preferred provider list! Just call 833-3-ALTRUA and follow the prompts.

4. Does the Membership share in medical services or treatment outside the United States?

If you need medical care while you are traveling outside the United States, or its territories you will need to have your entire medical needs details translated into English and the dollar amounts converted into U.S. dollars. Your medical needs will then be evaluated for eligibility requirements. At the time you receive medical services, you must review your medical need 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 on “What to do when your provider requires self-payment.”

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

5. What if I become a Member and then decide that a Health Care Sharing Ministry is not right for me and/or my family?

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

6. Can I be a Member of Altrua HealthShare and still have medical insurance?

Yes, a Member can have traditional medical insurance through work or another source. You can utilize the Altrua HealthShare Membership to share in the portion of eligible medical needs that the medical 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.

7. What is the upper age limit?

Your effective date of membership must be prior to your 65th birthday.

What Else Should I Know?

1. How long has Altrua Ministries been in operation?

Altrua HealthShare, including its predecessor, Blessed Assurance Bulletin, has been sharing medical needs among Members since 1996 and are now sharing in dental needs as of 2022 with the launch of Altrua SmileShare. Altrua HealthShare has saved or shared more than \$100,000,000 to date. Altrua HealthShare is a DBA of Altrua Ministries, Inc., a 501(c)(3) organization. However, this is not a promise of future performance.

2. 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 through an escrow account. All Members' monthly contributions are deposited into the escrow account from which all eligible medical needs are shared among our Members.

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

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

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

When you give a monthly contribution, those contributions are placed in the escrow account and held in trust for sharing of medical needs. A small amount of your contribution is set aside for daily operations and your eligible medical needs are processed as they are submitted. Once deemed eligible, those eligible medical needs are paid directly to your provider to pay your eligible medical bills or, if you have already made payment, you are reimbursed for your eligible medical need. If you have any doubt about whether a medical need is eligible, please call Member Services (1.833.3-ALTRUA) to determine if your

level of membership shares in the requested service. Additionally, you can request an Advance Opinion for Eligibility by calling 1-833-325-8782 and speaking with a Member Representative. If the need is related to a pre-existing condition or limitation, it is unlikely it will be eligible for sharing.

4. What is an Advance Opinion for Eligibility and why should I get one?

Obtaining an Advance Opinion for Eligibility helps protect you as the Member, by clarifying eligible and ineligible needs. We highly recommend always getting an Advance Opinion for Eligibility.

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

5. What is a membership escrow?

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

6. How do claims get processed?

The Altrua HealthShare Membership is NOT an insurance company and our Members do not file 'claims.' Altrua HealthShare Members share in eligible medical needs. Altrua HealthShare processes eligible medical

needs for sharing among the Membership. Your medical provider may submit your medical needs by using the instructions within the Member Portal. Once the medical need is received, determined eligible for sharing, the medical need is assessed, and MRAs are applied, the Membership will share in the amount directly with your provider from the membership escrow account.

7. 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 any federal tax penalty. While the federal tax penalty is currently zero, there are some states that have enacted their own requirements. See the Affordable Care Act on our website for more information.

8. How will Altrua HealthShare handle my private, personal, and medical information?

Although Altrua HealthShare is not an insurance company, we require all our employees and necessary service providers to be HIPAA certified and adopt all the basic tenets of the HIPAA Privacy Standards. You can learn more about HIPAA standards at the U.S. Department of Health & Human Services website.

9. When does my membership become effective?

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

Contributions

1. 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 which membership level you have chosen and the number of eligible members included in your family membership.

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

FINANCIAL CONTRIBUTIONS	REQUESTED DUE DATE
Monthly Membership Contribution	By the 15th st of each month
Donations to Altrua Ministries	\$3 of your monthly contribution goes to Altrua Ministries.
Membership Renewal Fee	Each year on the month and day of your membership effective date.

2. When should I make my monthly contribution?

Your monthly contributions are voluntary contributions that are non-refundable. You may designate what day of the month you would like your contributions to be paid prior to the end of the month or a late fee will be assessed. However, Members do have until the end of the month for the contribution to be submitted in order for their membership to remain effective for the following month. Membership is on a month-to-month basis and may be cancelled on or before the 15th of the month in order for the cancellation to become effective the 1st of the following month; however, any contribution made previous to the cancellation date is non-refundable.

For any amounts that are returned by a financial institution, a \$35 administrative fee is assessed and due prior to further sharing.

3. Requested Due Date

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

IF THE RECURRING MONTHLY CONTRIBUTION IS NOT RECEIVED

Not received by the 15th of a Participating Month

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. No needs occurring in a specific month will be

Not Received by the End of a Participating Month

shared until the monthly contribution is paid for that month.

Not Received by the End of the Following Month
(60 Consecutive Days from your designated Contribution Date)

Medical needs become held for sharing until the past due contribution is received.

The membership is terminated effective the last date of the month in which the last monthly contribution was applied.

Upon termination, the member may reapply under the terms defined in the Membership Enrollment application.

As a participating Member of a healthcare sharing ministry, you are a self-pay patient and 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.

1. MRAs and Co-Shares

1. 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 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 MRA is \$1000, then the first \$1000 of all eligible medical needs will not be eligible for sharing; it is your responsibility.

2. What expenses are not applied to the MRAs?

If you receive medical services that are not shared in by the Membership, those costs will not apply to your MRA. Additionally, any expenses that are in excess of reasonable and customary charges will not apply to the MRA.

3. Can I carry over any medical expenses from one year to the next to meet my MRAs?

No, expenses that apply toward your MRAs in one calendar year can't be applied toward the next calendar year MRAs.

Understanding Your 1st and 2nd MRAs

MEMBERSHIP MRA SELECTION	1ST MRA	2ND MRA	FAMILY MRA
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0	The Member is responsible for \$0 per person per calendar year before the 2 nd MRA applies		
1000	The member is responsible for \$1,000 per person per calendar year before the 2 nd MRA applies	The Member is responsible for a maximum of \$2,500 to the licensed medical professional/facility	Once the amount of \$7,500 has been reached by a family, there will be no additional member responsibility amount due during the membership year
2000	The member is responsible for \$2,000 per person per calendar year before the 2 nd MRA applies		
3000	The member is responsible for \$3,000 per person per calendar year before the 2 nd MRA applies	The member is responsible for a maximum of \$2,500 to the licensed medical professional/facility	\$7,500
4000	The member is responsible for \$4,000 per person per	The member is responsible for a maximum of \$2,500 to the	\$7,500

	calendar year before the 2 nd MRA applies	licensed medical professional/facility	
5000	The member is responsible for \$5,000 per person per calendar year before the 2 nd MRA applies	The member is responsible for a maximum of \$2,500 to the licensed medical professional/facility	\$7,500
6000	The member is responsible for \$6,000 per person per calendar year before the 2 nd MRA applies	The member is responsible for a maximum of \$2,500 to the licensed medical professional/facility	\$7,500
7000	The member is responsible for \$7,000 per person per calendar year before the 2 nd MRA applies	The member is responsible for a maximum of \$2,500 to the licensed medical professional/facility	\$7,500
8000	The member is responsible for \$8,000 per person per calendar year	The member is responsible for a maximum of \$2,500 to the licensed	\$7,500

	before the 2 nd MRA applies	medical professional/fa cility	
9000	The member is responsible for \$9,000 per person per calendar year before the 2 nd MRA applies	The member is responsible for a maximum of \$2,500 to the licensed medical professional/fa cility	\$7,500
10,000	The member is responsible for \$10,000 per person per calendar year before the 2 nd MRA applies	The member is responsible for a maximum of \$2,500 to the licensed medical professional/fa cility	\$7,500

Sharing

1. How do I submit my eligible medical needs?

To determine eligibility for sharing of your medical needs, you or your provider may send medical care frequently used or standard billing forms in accordance with the medical needs submission instructions on the Altrua HealthShare App or on the back of your current Member ID card. 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 find submission instructions on the App and on the website.

2. What is the sharing and communication process for having medical needs shared?

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

3. Does the Membership share in treatment that started before my membership effective date?

No. The Membership doesn't share in any treatment performed before you or your included family member was enrolled in Altrua HealthShare.

4. Does the Membership continue to share in any other treatments in progress after my membership ends?

No, the Membership won't continue to share in treatment in progress after your membership ends.

5. What happens if my medical need is found to be ineligible for sharing?

If a need is determined to be ineligible for sharing, you will have 30 days to submit documentation correcting the issue.

If you do not provide such documentation in a timely manner, all of your medical needs resulting from or related to those actions found contrary to the Statement of Standards may be determined ineligible for sharing.

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

Providers

1. What do I tell my provider when I need medical attention?

Members can explain to any medical provider or facility that they are a participant in a Health Care Sharing Ministry called Altrua HealthShare and that you are a self-pay patient. Show your provider the Altrua HealthShare Member ID card either from the Altrua HealthShare App or the physical card printed from the App or the Member Portal and explain that the medical need should be sent by the provider either electronically or by mail as outlined by the instructions in the Member Portal.

2. What is ERS? How does it help me?

The Established Reimbursement Solution (ERS) is a pricing mechanism that eliminates the need to use a traditional “network” or “affiliated providers” while driving down costs. This allows our Members to go to any provider or facility they choose regardless of the provider’s “network” affiliation, and by doing this Members can now skip the extra costs that used to be associated with visiting a non-affiliated provider. You now have access to virtually any provider in the nation. Members now have access to a new healthcare concierge service that you can call to find out whether your new provider or future provider is on our preferred provider list! Just call 833-3-ALTRUA and follow the prompts.

Altrua HealthShare encourages you to contact your provider to verify any new patient status. We also

encourage you to contact our healthcare concierge service to find our preferred providers before you receive care.

3. What happens if my provider will not accept Altrua HealthShare?

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

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

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

Submit your medical needs request through secure email to memberforms@altruahealthshare.org, by fax to 1.512.382.5520, or through your [Member Portal](#).

4. What is a balance bill?

If your provider or facility bills you for an amount exceeding the determined allowed amount for an eligible medical need, you may submit a revised bill you receive from your provider which reflects the balance for the remaining amount along with proof of payment for any applicable MRA amounts to Altrua. The Membership will reprocess the eligible medical need according to the Membership Guidelines.

5. What are the timeframes for timely filing?

- You or your provider must submit requests for sharing no more than 180 days after the date you received service
- Requested documentation you or your provider submit for sharing more than 180 days after the date it was requested (Needs Processing Form, medical records, etc.) will not be eligible for sharing

6. What are “Pooled” Office Visits?

At Altrua HealthShare, we understand that sometimes you may have one family member who over the course of a year uses only a few of their allotted office visits, while another family member may need to use more office visits. Households may now combine their individual office visit allotment so that unused office visits of one household

member can be used by another household member. We call this feature Pooled Office Visits. For example, if you are a family of five (5), and you have selected six (6) office visits per family member during your enrollment, under the Pooled Office Visits feature, you would now have a combined family office visit allotment of 30 visits for the year. This allows you greater flexibility to utilize office visits for family members who may require more office visits during any particular year. The Membership will share up to \$300 per eligible office visit.

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 1st, then 2nd MRA.

(Please note: Members should use one of their office visits for any required or recommended testing for females over 40 and males over 50. Additionally, the Membership will share up to \$500 for an additional office visit for female Members over 40 for routine mammograms or breast ultrasounds.

7. What happens if I pay my medical needs amounts directly to the provider?

Many providers will give you a discount if you are willing to pay the bill up front. This is called a self-pay discount.

If you have paid medical need amounts directly to your provider, we ask that you request a copy of your itemized statement or a “Superbill”. The itemized statement or Superbill should contain an itemized list of treatments received their respective CPT codes, the amount billed,

and the amount you paid. Once you have received a copy of the statement and payment receipt, showing what you paid towards your medical needs, you must submit a Request for Reimbursement form to memberforms@altruahealthshare.org.

8. What is a Superbill?

When you visit a provider who isn't familiar with Altrua HealthShare or who has chosen not to work with healthshares, you will want to ask for a Superbill so you can submit for reimbursement for Altrua HealthShare. A Superbill is a document used by healthcare providers that provide important information used by Altrua Healthshare for processing your reimbursement request for an eligible medical need.

A Superbill is a specific list of all services a patient received from the healthcare provider during their visit. It includes things like provider information, various medical codes like CPT codes, HCPCS and REV Codes and ICD-10 codes, referral information, and other important items.

The following is required information:

Provider Name

Patient First Name and Last Name

Patient date of birth (DOB)

Date of visit / Date of Service

Procedure Codes and Description (CPT / HCPC / REV)**

Diagnosis Codes and Description (ICD-10)*

Fees Charged

Optional but helpful information includes:

Altru Member ID

Patient address

Patient phone number

Modifiers**

Units or Minutes

9. How Do I File A Reimbursement Request?

Each reimbursement is based on the provider and date of service. In order to efficiently and quickly process your reimbursement, each date of service must be entered as its own reimbursement request. Each reimbursement submission must contain the required documentation to be processed. As an example, if you saw your primary care doctor on March 3rd and again on April 8th, you need to submit two reimbursements, one for March 3rd and one for April 8th. Hospital stays that span multiple days do not require separate submissions. If you submit multiple services in the same submission, your submission may be declined or require a corrected submission. You can download a reimbursement form on our website altruhealthshare.org.

Keep in mind:

We will only reimburse for eligible medical needs that are submitted within 6 months of the date of service.

Reimbursement may take up to an average of 30–45 business days to process once all required documentation has been received.

10. Spouse and Dependent Children

Spouse

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

Dependent Children

Additionally, your unmarried dependent child(ren) 22 years of age or younger 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 can be added to your membership without having to meet any criteria in the Membership Enrollment Application. However, you will need to add your newborn as a dependent. In this instance the newborn's membership will be effective from the date of birth as long as the applicable contributions have been received. Contact Member Services to include your new baby on your membership.

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 including applicable pre-existing sharing limitations.

11. 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.

2. Your Rights, Responsibilities, and Commitments

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

- Try our Membership for 30 days. If within that time you find that you are not satisfied that Altrua HealthShare is the right healthcare option for you, let us know and your first month's contribution will be returned to you. (Please note that the application fee and ministry donation are not refundable. Additionally, any medical needs that occurred during that 30-day period would be ineligible for sharing)
- Receive considerate, courteous service with respect for your dignity and personal privacy
- Have your medical records and your personal information handled in a confidential manner. Please remember that your Altrua HealthShare Membership is not insurance, and Altrua HealthShare does not fall under the federal mandates of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, we at Altrua HealthShare have chosen to hold ourselves to the federal standards of HIPAA. We understand that the benefit and protection of our Members is our first priority, and the security and confidentiality of our Members' personal private information, and medical information is of the utmost importance. We voluntarily comply with all HIPAA requirements, and our team members annually receive HIPAA certification and training.

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

2. 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 health 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
- Participate fully in negotiation processes, cost reduction programs, any paperwork required in order to reduce medical needs costs
- Contact Altrua HealthShare at 1-833-3-Altrua (258782) if you have questions or need assistance
- Behave in accordance with the Membership Statement of Standards
- Submit a Membership Enrollment Application, providing accurate and truthful information
- Submit a Membership Commitment Form
Acknowledge that Altrua HealthShare has no financial gain or loss in determining if a medical need is eligible or ineligible, and therefore is the final authority for the interpretation of the Membership Guidelines (including determining whether medical needs are eligible or ineligible for sharing), and that these conditions are enforceable and binding
- Remain in good standing with your membership financial commitments
- Read the Membership Guidelines thoroughly and educate yourself with other available Member educational resources provided on the Altrua HealthShare App, such as to how to use the

Membership, and how it is utilized, how to locate a provider, how to ask for a self-pay discount, how to ask for a superbill, how to participate in the reduction of the cost of medical needs, etc.

Membership Changes

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. You will need to make these changes or upgrade before the end of the month prior to the month the changes are to take effect. 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.

PLEASE NOTE: If you change your membership, any accumulations towards your previous MRA will **NOT** carry over to your new membership.

2. Changes to the Guidelines

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

3. Changes to Contribution Amounts

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

4. Voluntary Membership Cancellation

If you would like to discontinue your membership, please contact a Member Services Representative at 1.833.3-Altrua (258782). In order to allow sufficient time to process your cancellation effective the last day of the current month, we suggest that you submit your cancellation request by the 15th. However, cancellation requests may be received and processed through the last day of the current month. Your cancellation will become effective on the last day of the month you requested. Your contributions and medical needs will continue to be processed until your requested cancellation date.

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

3. Membership Specifics

1. Primary Care, Specialist Visits and Urgent Care Facilities

Primary care, urgent care and specialist visits are eligible for sharing under the office visit co-share. A Member household is allowed any combination of office, specialist, or urgent care visits, per family member or dependent, in a group whose members have been accepted to a combined Membership, each calendar year. Members select the number of visits they want per family member per year, between 1-10 visits. And remember, these allotted visits can be pooled and shared for use by the entire household. If your household exceeds the allotted visits in the calendar year, the Member will be responsible for any charges incurred for any additional office visits. Further, these additional office visits will not be applied towards your 1st or 2nd MRAs, and any such charges are ineligible for sharing.

MyShare Members submit a \$35 office visit co-share to the licensed medical professional, and the Membership will share up to \$300 per eligible visit on the Member's behalf. Office visit co-shares are not applied to the 1st or 2nd MRA.

The office visit co-share 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 1st, then 2nd MRA. For example, if you visit your primary physician for a cold, and your doctor sends you to a radiologist down the hall for a chest x-ray, it is possible that the visit to the radiologist may not be

considered an office visit because of the way that exam is coded.

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

2. Emergency Room Visits Eligibility for Sharing

For the benefit of all the Members, the use of the emergency room at the hospital is for serious, emergent medical issues only. Treat non-emergency medical needs such as sick office visits or wellness visits by utilizing telemedicine, as a primary care physician's office, or urgent care facility. When you use the emergency room for routine medical needs or non-emergency needs, the cost is typically exorbitant, interrupts continuity of care with your regular provider, and may not be shared by the Membership.

An emergency is when treatment 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.

3. Cancer Treatment and Screening Requirements

If you selected Cancer Sharing as part of your MyShare membership, the following applies:

Medical needs related to cancer treatment may be eligible for sharing after a waiting period (subject to your membership plan) from the Membership effective date, and upon satisfying any applicable Cancer MRA . Sharing for cancer treatment needs is based on the Membership Guidelines in effect as of the date of service.

WAITING PERIOD

If you selected the MyShare Cancer option: 90 days from the membership effective date

If you did not select the MyShare Cancer option, the Membership does not share in any cancer medical needs.

*Subject to additional restrictions based on cancer screening requirements.

Cancer MRA

4. MyShare Cancer option only

Sharing for medical needs and labs directly related to cancer treatment are subject to the following Cancer MRAs:

MYSHARE CANCER SHARING OPTION ONLY

\$0 MRA	\$5,000 MRA	\$0 MRA	\$0 MRA
No Maximum Sharing Limit**	No Maximum Sharing Limit**	\$25,000 Maximum Sharing Limit	\$50,000 Maximum Sharing Limit

****Subject to your chosen lifetime maximum**

The Cancer MRA and Maximum Sharing limits are per year based on the membership effective date.

*Cancer Screening Requirements

If you have selected sharing for Cancer as part of your MyShare membership, the following screening requirements must be fulfilled in order for the Membership to share in cancer treatment. If you have not chosen Cancer as part of your MyShare membership, we still encourage you to have annual wellness visits and screening. The Membership will share in eligible wellness/prevention office visits, whether you have selected Cancer as part of your membership or not.

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

(PLEASE NOTE: Members should use one of their office visits for any required or recommended testing for females over 40 and males over 50.) Additionally, the Membership will share up to \$500 for an additional office visit for female Members over 40 for routine mammograms or breast ultrasounds.

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 negative mammogram (or breast ultrasound) results dated no earlier than six months prior to the membership effective date

or

Upon obtaining negative mammogram (or breast ultrasound results) * attaining negative mammogram/breast ultrasound and not currently receiving treatment for cancer

Female Members who have been with the Membership for at least one year and who will turn 40 years old in the next 12 months are eligible to have the Membership share up to \$500 on a routine mammogram or breast ultrasound visit for fulfillment of the screening requirement.

Female Members age 40 and over who fail to obtain negative results of the test listed above will render future medical needs for breast cancer ineligible for sharing until an initial negative 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 [negative](#) result. You may submit results that are within 12 months of your 40th birthday; for example, if you had negative results from your Pap smear and mammogram while you were 39, these can be submitted as part of the required testing for turning 40. The biennial tests must be performed within 24 months of your last negative test result and you must have submitted those results to Altrua HealthShare and you must not be currently being treated for cancer..

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 1st, then 2nd MRAs depending on the membership plan) has been satisfied.

Once routine mammograms or breast ultrasounds 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 or breast ultrasounds will be applied to the 1st, then 2nd 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 negative pap smear with PAP smear results dated no earlier than six months prior to the membership effective date

or

Upon obtaining negative Pap smear test results
*attaining negative Pap and not currently receiving treatment for cancer

Female Members age 40 and over who fail to obtain negative results of the tests listed above will render future medical needs for cervical, endometrial, and ovarian cancer treatment ineligible for sharing until an initial negative result has been submitted. For female Members who 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 negative result. The biennial tests must be performed within 24 months of your last negative 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 cervical, endometrial and ovarian cancer treatment after the applicable MRA (Cancer MRA or 1st, then 2nd 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 negative PSA results dated no earlier than six months prior to the membership effective date

or

Upon obtaining negative PSA results *attaining negative PSA results and not currently receiving treatment for cancer

Male Members age 50 and over who fail to obtain negative results of the test listed above will render future medical needs for prostate cancer treatment ineligible for sharing until an initial negative 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 negative result. The biennial tests must be performed within 24 months of your last negative 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 prostate cancer treatment after the applicable MRA (Cancer MRA or 1st, then 2nd MRAs depending on the membership) has been satisfied.

How to Submit Results

Results may be submitted to Altrua HealthShare by email to:

memberforms@altruahealthshare.org or by fax to
1.512.382.7923.

Maternity/Adoption

If you have selected Maternity as part of your MyShare membership, the following details apply:

A female Member of the Altrua HealthShare Membership may be eligible for sharing of medical needs related to maternity expenses when she meets the following qualifications:

MATERNITY QUALIFICATIONS

✓ Is Married

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

+

Has selected Maternity as part of her MyShare membership.

If you have not selected Maternity/Adoption sharing as part of your membership at the time of enrollment, the Membership will not share in those medical needs.

Once the Member discovers they are pregnant, the Member needs to contact Altrua HealthShare Member Services to make sure it is noted on the Member's record. The Member may contact Altrua HealthShare for an Advance Opinion for Eligibility, which is a **determination regarding eligibility of sharing . Sharing for maternity medical needs is based on the Membership Guidelines that are in place at the date of conception and continues throughout the term of that pregnancy.**

Sharing Limits

- **In order for a pregnancy to be eligible, your membership must be effective on or before your date of conception.**
- Sharing eligibility for needs related to maternity expenses begins 90 days after the Membership effective date
- \$5000 MRA per pregnancy
- Maximum sharing limit per pregnancy applies: Year 1 - \$12,000 and Year 2+ - \$25,000 (90 day wait)
- The Maternity MRA must be met prior to sharing by the Membership
- The Maternity MRA applies per pregnancy
- Charges for labs directly related to an established maternity diagnosis will be applied towards the Maternity MRA
- 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

**Altrua HealthShare recommends that the expecting mother be tested for group B strep (GBS) prior to delivery. Any complications to the mother or newborn due to the failure to test for group B strep (GBS) will make those medical needs ineligible for sharing by the Membership.

Midwife

Altrua HealthShare respects the Member's rights to make decisions regarding the delivery of their newborn and supports that decision by allowing Members to use a licensed midwife for delivery. Altrua HealthShare requires that the expecting mother be tested for group B strep (GBS) prior to delivery.

Any complications to the mother or newborn due to the failure to test for group B strep (GBS) will make those medical needs ineligible for sharing by the Membership.

Ineligible Pregnancy

Even if you have selected Maternity as part of your MyShare membership, if you have 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. If there are situations about pregnancies that do not meet this standard, please contact Altrua Ministries at 800-597-1183 or email [Prayer](#) to confidentially discuss the matter further.

Certain memberships 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 Memberships 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 Related to Maternity

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 1st, then 2nd MRAs.

Life-threatening complications for the unborn child and for the mother throughout the pregnancy and during and after delivery are subject to her 1st, then 2nd 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 notification from the member

Upon the addition of the newborn to your membership, the Member is responsible for any applicable contribution increase from the date of birth forward.

WITH AN INELIGIBLE PREGNANCY:

The member may apply for the 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 that apply

Adoption

If you selected Maternity/Adoption at the time of your enrollment, the Altrua HealthShare Membership allows for sharing in adoption expenses. We believe that in order to assist in the spiritual health of our Members who have not been able to conceive or who have felt a spiritual responsibility to adopt, we will help meet the needs of those seeking to adopt.

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
- Eligible expenses are at the discretion of Altrua HealthShare

Eligibility

The first adoption event may be eligible for sharing:

- After participation in an eligible Membership for 12 consecutive months (the waiting period) prior to incurring reimbursable expenses, or having expenses applied towards the Adoption MRA,

- Once official adoption process begin

The second event may be eligible for sharing:

- With continuous membership since the first shared event
- After at least 12 consecutive months have passed since the date of the last adoption expense reimbursement
- Once official adoption process 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 Altrua 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.

Telemedicine

Telemedicine through DialCare is included on all MyShare memberships. We encourage you to use our telemedicine option for your non-emergency medical needs, for things like colds, UTIs, stomach viruses, allergies, and more.

DialCare: DialCare is a 24/7, easy-to-use telemedicine solution for non-emergency illnesses and general care. Members have

direct access to state-licensed, fully credentialed doctors to receive treatment and advice for common ailments, including colds, the flu, rashes and more. Doctors are available 24 hours a day, 365 days a year, allowing members and their families convenient access to quality care from home, work or on the go.

To access DialCare telemedicine, call 1.833.3–ALTRUA (258782) then press #1.

Healthy Living Bundle

If you selected the Healthy Living Bundle at the time of your enrollment, LifeWorks counseling services, the Careington Chiropractic Discount Program, the Careington Vision Discount Program, and a pharmaceutical discount program.

LIFEWORKS: Professionally trained advisors are available to help with family problems, marital concerns, financial and legal matters, stress, depression, and other issues affecting personal or work life.

With LifeWorks, members of the Altrua HealthShare MyShare membership who have selected the HealthyLiving Bundle, their dependents and immediate family members (spouse, parent, sibling, or child) are eligible to utilize free & confidential help with personal and work-related issues. Advisors are available to help 24 hours a day, 7 days a week, 365 days a year.

Dial 1.833.3–ALTRUA (258782), listen for and press the menu item for Counseling to access LifeWorks.

PRESCRIPTION DISCOUNTS: Altrua HealthShare partners with preferred pricing Rx to offer discount services for both named-brand partners and generic prescriptions. Again, this is a

discount program, and the out-of-pocket Member costs are not applied towards the Member's MRA.

Access your Virtual Membership ID Card using the Altrua HealthShare App, or sign in to your Member Portal online to print your card. Simply present your Virtual Membership ID card at the pharmacy of choice and get prescriptions processed for any qualifying discount.

Not all prescriptions are eligible for a discount. Mental Health, Birth Control and other ineligible needs are not eligible for discount. See Membership Guidelines to check eligibility of discounted prescriptions.

VISION DISCOUNTS: Members save 5% to 30% off the retail price of eyewear with the Superior Vision discount program. Members are eligible for discounts on exams, eyeglasses, contact lenses, and LASIK at more than 40,000 participating provider locations. Comprehensive eye exams can help detect signs of serious health conditions like glaucoma, diabetes, high blood pressure, and high cholesterol.
<https://altruahealthshare.org/services/#vision>

CHIROPRACTIC DISCOUNTS: Save 25% on services from specialty health care providers. The ChooseHealthy program's full musculoskeletal provider network features more than 80,000 participating providers nationwide.
<https://www.careington.com/co/AltruaHealthShare>

Case management

Case management (including both care management and cost management) is available for Members having significant medical needs. Altrua HealthShare offers this support both upon Member request and automatically for certain medical conditions. Altrua HealthShare may alter or waive normal

Membership Guidelines provisions when expecting a cost-effective result, without sacrificing the quality of care. The use of case management is recommended for you and qualified dependents; however, non-compliance of the case management's recommendation could result in the medical need, or related medical needs, to be ineligible for sharing.

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 or breast ultrasound screening)
- Bone density scans
- Cardiac testing, procedures, and treatments
- EGD (upper endoscopy) procedures
- EMG/EEG tests
- Infusion therapy
- In-office procedures (e.g., joint injection, skin biopsy)
- Inpatient hospital admission (unless admitted through the ER or a direct admission from a Physician)
- Long term care—any and all treatments involved
- Nuclide studies

- Ophthalmic surgical procedures
- Outpatient surgery, testing, and procedures (including pre-admission testing)
- Sleep studies
- Ultrasound scans (does not apply to maternity or routine mammograms or breast ultrasounds)
- Eligible for Sharing

4.9 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 have had the required screening tests
- Whether or not your membership has been in effect beyond the waiting period for a particular treatment
- Timeliness, completeness, and accuracy of your request for eligibility of shared contributions
- Whether or not sharing for your request requires your 1st, then 2nd MRA to be satisfied first
- Whether or not you have exceeded sharing limits

Limitations for Pre-existing Conditions

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

Conditions Subject to Limitations

Conditions subject to limitations can be found in **APPENDIXES A, B and C**.

Records Review

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

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

Interruption to Membership

Any break in Membership of 60 days or more, for any reason, with later re-enrollment is considered a new membership and is subject to pre-existing condition limitations. Credit will not be given for satisfying any period of time during previous active membership. If you find yourself in an extenuating circumstance financially, please contact Member Services for more information.

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

In the Event of a Member Passing

If an Altrua HealthShare Member with a MyShare 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 a \$5,000 reimbursement of these final expenses are eligible for sharing, per household, per calendar year, subject to eligibility requirements:

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

For reimbursement, 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 memberformsy@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.

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
- 1st, then 2nd MRAs apply

Ambulance

Ground transport is subject to the following:

- Maximum of \$3,000 per incident
- 1st, then 2nd MRAs apply

Air/water transport is subject to the following:

- Maximum of \$10,000 per incident
- 1st, then 2nd 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)
- 1st, then 2nd MRAs apply

Flu Shot

- Maximum of \$25 per Member, per calendar year

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

COVID-19 Testing and Vaccination

For Altrua HealthShare Members who choose to get the COVID-19 vaccine, please indicate that you are “uninsured” when you make your appointments to get the vaccine. Since Altrua HealthShare is not insurance, this is an important step to make sure you are not balance billed for the vaccine. Federal government policy has stated that uninsured Americans have access to the COVID-19 vaccine at no cost because of the Provider Relief Fund. Be sure to ask your provider about this program, because, as an Altrua HealthShare Member, you are part of a healthshare, but not insured. You can also go to your local health department.

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

Laboratory Services

Members of all Altrua HealthShare Memberships have access to pre-negotiated rates and discounts for laboratory services through ARC Point, Grassroots Labs, and Any Lab Test Now or any provider that accepts Altrua HealthShare Memberships. See **APPENDIX D** Laboratory Service Examples.

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 per Member, per calendar year
- Laboratory services must be obtained through an in-network facility to be eligible for sharing

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)
- 1st, then 2nd 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 chosen
- 1st, then 2nd MRAs apply
- Eligible medical needs include 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
- 1st, then 2nd MRAs apply
- Services must be rendered by a licensed medical professional; and
- Be associated with an eligible surgery or eligible accidental injury

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
- 1st, then 2nd 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
- 1st, then 2nd MRAs apply
- A Needs Processing Form is required before Altrua 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, 5th wheels, and bumper-pull RVs).

Colonoscopy

Colonoscopy procedures for Members age 45 and over are subject to the following:

- An initial 12-month waiting period (from the Membership effective date)
- Limited to one routine colonoscopy or Cologuard equivalent tests per Member, per year
- Maximum of three colonoscopies or Cologuard equivalent tests, per Member, during the Membership lifetime
- 1st, then 2nd MRAs apply

Pre-existing conditions and limitations do not apply to colonoscopy screenings. Exceptions may be made for Members under age 45 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
- 1st, then 2nd MRAs apply

Wellness/Preventative Visits and Routine Immunizations

We encourage you to use your office visits for yearly Wellness/Preventative care.

- The Membership will share up to \$500 for an additional office visit for a routine mammogram or breast ultrasound for female Members age 40.
- Routine immunizations may occur at a pharmacy or immunization clinic and will apply to your 1st then 2nd MRAs. HPV vaccines are not shared in. For information regarding COVID-19 and flu vaccines, [click here for COVID information](#) and [click here for flu vaccine information](#).
- Membership Guidelines apply
- Office visit Co-Share applies (where applicable)

Medical Needs That Are Not Eligible for Sharing

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

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

Experimental treatments or procedures or treatments 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.)

Non-essential medical needs

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

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 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

Other ineligible
discretionary
medical needs

Diseases caused by tattoos, body piercing, or lifestyle choices. (This includes HIV/AIDs and STDs)

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 related to gender transition

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. Go to the Altrua HealthShare App for information

and help in your weight loss journey.

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

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

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 who have selected the Healthy Living Bundle 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

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	<p>Fees for medical record retrieval</p> <p>Conveyance fees</p> <p>STAT fees</p> <p>Shipping and handling fees</p> <p>Administration fees</p> <p>Missed appointment fees</p> <p>Telephone/email consultations not part of the <u>telemedicine</u> program</p> <p>After-hour fees</p> <p>Finance charges and/or currency exchange</p>
<u>Extreme sports</u>	<p>Injuries resulting from participating in <u>extreme sports</u> will not be <u>eligible</u> for <u>sharing</u>. This includes, but is not limited to:</p> <p>Parkour</p> <p>Abseiling</p> <p>Hang gliding</p> <p>Paragliding</p> <p>Ice climbing</p> <p>Highlining</p> <p>Free climbing</p>

Skydiving
Canyon swinging
Bungee jumping
Base jumping
Running of the bulls
Wingsuit flying
Solo climbing

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

Please note: If you would like a dental sharing option for you and your family, please consider Altrua SmileShare. The Altrua SmileShare Membership helps

you and your family pay for dental care. Under your membership, you may receive treatment from any dentist affiliated with Bento's network. The Membership will reimburse a specified percentage for eligible services. There is no waiting period once you become a Member: you can begin to use your membership immediately upon your membership effective date. Contact us at smileshare.org.

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

Note: Altrua HealthShare partners with Careington to

provide discounts on vision costs. See the Altrua HealthShare App for information.

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

NOTE: Altrua HealthShare partners with a leading prescription discount service to enable access to preferred Rx pricing for both brand name and generic prescriptions at leading retail pharmacies across the nation. Again, this is a discount program, and the out-of-pocket member costs are not applied towards the Member's MRA.

6. Coordination of Sharing

The 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, age of your MRAs and Member sharing will apply after any discounts or payments are made to the service provider. If you have a philosophical objection to the usage of governmental programs for the payment of your medical needs, you need to file a grievance that will be forwarded to the Eligibility Committee for consideration.

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

Altrua HealthShare requires 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 memberforms@altruahealthshare.org and provide a copy of your Medicare Certificate of Coverage before your coverage begins.

When Members of the MyShare membership qualify for Medicare Part A and/or B, the monthly contribution amount for that individual will be decreased to that of the 65 plus age band. Please log into your Member Portal to see the current monthly contribution amounts.

Only existing Members who turn 65 while 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 in 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 memberforms@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 is 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. Your representative will try to resolve your matter as expediently as possible.
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 elevated to the Eligibility Committee for review by Altrua HealthShare's Eligibility Committee and a final determination will be given upon completion of the review.
- 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 can 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: Complaints@altruahealthshare.org. You should receive a return acknowledgment of your [grievance](#) within 48 business hours. Appropriate action as necessary will be taken.

Privacy Practices

Visit us online for information on our Privacy Practices.

www.altruahealthshare.org/privacy

Appendix A

Lifetime Limitations

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

Appendix B

Five-year Limitations

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

Appendix C

Two-year Limitations

Addison's Disease	Grave's Disease	Pulmonary Hypertension
Angina Pectoris (stable or unstable)	Hashimoto's Disease	Radiculopathy
Asthma	Hemorrhoids	Rectal Prolapse
Benign Prostate Hyperplasia	Hyperglycemia	Rheumatoid Arthritis
Calcium Deficiency	Hyperlipidemia	Scoliosis
Calculus of Kidney (Kidney Stones)	Hypertension	Shingles
Cardiac Dysrhythmias	Hyperthyroidism	Sleep Apnea
Carpal Tunnel Syndrome	Hypothyroidism	Spinal Stenosis
Cataract	Iodine Deficiency	Spondylosis
Chronic Kidney Disease	Malaria	Tendinitis
Coronary Artery Disease	Migraines	Tuberculosis
Cushing's Disease	MRSA	Type II diabetes
Endometriosis	Osteoarthritis	Uterine Fibroids
Epilepsy	Osteoporosis	Uterine Prolapse
Gallstones	Ovarian Cysts	Vitamin A Deficiency
Glaucoma	Pelvic Inflammatory Disease	Vitamin B 12 Deficiency
	Polycystic	Vitamin D Deficiency
	Ovary Syndrome	
	Prolapsed Bladder	

Appendix D

Laboratory Service Examples

	Lab Charges	Amount You Pay Out-of-Pocket	Amount Altruia HealthShare pays to the lab	Amount applied towards your 1st MRA	Amount applied to your 2nd MRA	Amount applied towards your Lab MRA
MyShare	\$2,000	\$1,000	\$1,000	N/A	N/A	\$500

Appendix E

State Notices and Disclosures

ALABAMA Code Title 22-6A-2

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

ALASKA Statute 21.03.021(k)

NOTICE: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

ARIZONA Statute 20-122

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

ARKANSAS Code 23-60-104.2

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

FLORIDA Statute 624.1265

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements

or consumer protections of the Florida Insurance Code. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

GEORGIA Statute 33-1-20

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

IDAHO Statute 41-121

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its

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

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

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

INDIANA Code 27-1-2.1

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

KENTUCKY Revised Statute 304.1-120 (7)

NOTICE: UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PLAN OF OPERATION, OR ANY OTHER DOCUMENT OF THE RELIGIOUS ORGANIZATION DO NOT CONSTITUTE OR CREATE AN INSURANCE POLICY. PARTICIPATION IN THE RELIGIOUS ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECEIVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION OR ANY PARTICIPANT SHALL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS WHETHER OR NOT YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES, AND WHETHER OR NOT THIS ORGANIZATION CONTINUES TO OPERATE, YOU SHALL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR MEDICAL BILLS.

LOUISIANA Revised Statute Title 22-318,319

NOTICE: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

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

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether

anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

MARYLAND Article 48, Section 1-202(4)

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

Massachusetts

NOTICE: This publication is not issued by an insurance company nor is it offered through an insurance company. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. The Membership does not meet the Minimum Creditable Coverage requirements of this state under M.G.L. c. 111M and 956 CMR 5.00.

MICHIGAN Section 550.1867

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

MISSISSIPPI Title 83-77-1

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

MONTANA Sections 33-1-102 And 33-1-201, Mca

NOTICE: The health care sharing ministry facilitating the sharing of medical expenses is not an insurance company and does not use insurance agents or pay commissions to insurance agents. the health care sharing ministry’s guidelines and plan of operation are not an insurance policy. without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to the health care sharing ministry agreement will be protected in the event of illness or emergency. regardless of whether you receive any payment for medical expenses or whether the health care sharing ministry terminates, withdraws from the faith-based agreement, or continues to operate, you are always personally responsible for the payment of your own medical bills. if your participation in the health care sharing ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage.

MISSOURI Section 376.1750

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

NEBRASKA Revised Statute Chapter 44-311

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the

terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

NEW HAMPSHIRE Section 126-V:1

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

NORTH CAROLINA Statute 58-49-12

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

OKLAHOMA

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

PENNSYLVANIA 40 Penn. Statute Section 23(b)

NOTICE: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

SOUTH DAKOTA Statute Title 58-1-3.3

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its

guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

TEXAS Code Title 8, K, 1681.001

NOTICE: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

UTAH

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

VIRGINIA Code 38.2-6300-6301

NOTICE: This publication is not insurance and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

WASHINGTON

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

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

ATTENTION: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

WYOMING 26.1.104 (a)(v)(C)

NOTICE: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No

other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.

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.

ALTRUA HEALTHSHARE APP: This is our proprietary HealthShare Application where you can find your Membership ID, information about your specific health share membership, as well as healthy activities, information and challenges .

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

AUTO DENIAL: A situation or 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

CANCELLATION -When membership is cancelled by the member.

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

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

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

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

COMMITMENTS: The requirements you acknowledge you must follow in order to maintain an active membership in 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 23, whom you have 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.

ELIGIBLE MEDICAL NEED: A medical need that meets all the conditions to qualify for sharing and falls within the sharing limits. In addition, all required documentation has been submitted by the Provider and/or the Member in order to determine eligibility.

ELIGIBILITY COMMITTEE: A committee composed of individuals that serve as your impartial advocates to review and

assess the eligibility of disputed, denied or appealed medical needs

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 has 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

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

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

GRIEVANCE: A written or oral expression of dissatisfaction regarding the Membership 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 eldest participating Member in your household, whether you are an individual Member with no dependents, a husband or father, a wife or mother, or a child.

HOUSEHOLD: If you are an individual Member with no dependents, it is you. If you are a Member or a dependent, it is the members of your family group who have been accepted to a combined Membership.

I

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

INELIGIBLE MEDICAL NEEDS: A status indicating that you have failed to meet the conditions that qualify for sharing as described in the Membership Guidelines, or that your medical needs do not fall within the sharing limits.

L

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.

LIFETIME MAXIMUM - the total dollar amount the Membership will share during your lifetime for medical needs.

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.

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

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

MEMBER: A person or persons enrolled in the Altrua HealthShare Membership (whether you are 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 on a Membership that allows it, 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:** For Members who have selected the MyShare Maternity/Adoption option, this is the portion of charges for an eligible adoption that is the Member's obligation to pay before the Membership shares in needs.
- **CANCER MRA:** For Members who have selected the MyShare Cancer option, the portion of charges for eligible cancer treatment services that is the Member's obligation to pay before the Membership shares in medical needs.
- **FIRST MEMBER RESPONSIBILITY AMOUNT (1ST 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:** For Members who have selected the MyShare Maternity/Adoption option, the portion of charges for an eligible maternity that is the Member's obligation to pay before the Membership shares in medical needs.

- **SECOND MEMBER RESPONSIBILITY AMOUNT (2ND MRA):** The percentage you are responsible for paying after the First Member Responsibility Amount (1st MRA) is met. The Membership shares simultaneously in your eligible medical needs as your 2nd MRA is being met.
- **OFFICE VISIT CO-SHARE:** A contribution of \$35 that is applicable for MyShare memberships, before Membership sharing takes place.

MEMBERSHIP ENROLLMENT APPLICATION: An electronic application that you must complete and accept all Acknowledgements to, in order to enroll in Altrua HealthShare for Membership.

MEMBERSHIP FORMS: An electronic form used by the Membership.

- **MEMBERSHIP COMMITMENT FORM:** An electronic form you must complete and submit, 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 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.

MEMBER LIMITATION: A two- or five-year waiting period or lifetime limitation 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. Membership limitations can be placed at any time based on the information you, your physician, or facility provides and may be subject to medical record review.

- **RETROACTIVE LIMITATION:** A two- or five-year waiting period or lifetime limitation 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 which was not previously disclosed on your membership application. This limitation will be retroactive to your membership effective date.

MEMBERSHIP: MyShare 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 Member-to-Member sharing among the Altrua HealthShare Members.

O

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

P

PRE-EXISTING CONDITION (also known as a Member Limitation) - An illness or medical condition for which you have received medical advice or treatment at any time during the ten-year look back period preceding your Membership effective date that would result in a two-year, five-year or lifetime limitation.

R

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

REFERENCED BASED PRICING (RBP) - a set price for each health care service. When a provider bills for the service, the Membership remits the set amount. If the provider is dissatisfied with the payment, they can bill the patient for the unpaid portion of the claim.

CONTRIBUTION DRAFT DATE: The date of each month that you have chosen as a Member of Altrua Healthshare to make your monthly contributions.

S

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

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

- **ANNUAL LIMIT:** The maximum amount shared for eligible medical needs per Member, each calendar year. The calendar year starts on January 1st and continues through December 31st.

- **LIFETIME LIMIT:** The maximum amount shared for eligible medical needs over your lifetime of membership.

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

T

TELEMEDICINE: A program that allows you 24/7/365 access to remote medical services via real-time, two-way communication with a contracted network of third-party telemedicine providers.

TERMINATION - When a membership is terminated by Altrua HealthShare

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.

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

Contact Information

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

Phone

1.833.3-Altrua (258782)

Email

memberservices@altruahealthshare.org

Online

www.altruahealthshare.org

Facebook

www.fb.com/altruahealthshare

Mail

P.O. Box 90849

Austin, TX 78709-0849

Fax

1.512.382.7923

Altrua Ministries

LOVING GOD WHILE

SERVING PEOPLE

Dear Member,

Please allow me to introduce myself. My name is Dr. Kevin Hull and I serve as the Director for Altrua Ministries, the 501 (C)3 extension of Altrua HealthShare. Please allow me to also say how honored I am along with Randy Sluder, the CEO, to have you entrust us with providing you with world class medical sharing.

By becoming part of the Altrua HealthShare family, you are now also part of Altrua Ministries. I'm excited for you to discover all that is being done on your behalf around the world.

About once a month, you'll receive an email from Altrua Ministries, with a quick video devotional to encourage and inspire you in your faith journey. If you prefer, you can also sign up to receive this via text. It is a great way to stay connected and we have heard time and time again of how timely these devotionals can be, whether you're in the midst of a hard time or are needing some encouragement. They are fast, 60 second devotionals and are there to be a blessing in your life.

Also, know that we are a praying staff, and we are honored to pray for your needs. We have tons of prayer requests that come in, and every Tuesday as a staff we pray over those requests. Should you ever need prayer, please know it is kept in confidence. You can email me directly at prayer@am.family and we will add you to the list. I can also call you directly if you should request that as well.

One of the other areas that we are so proud of is the philanthropic work that we do world-wide each and every month. This department was started a few years ago and we have seen such a dynamic blessing from it. Each non-profit that applies to be considered as a partner to the ministry goes through a twelve-step vetting process to verify everything from their non-profit status to their financials. We strive hard to make sure that we are honoring each request. One of the elements of the vetting process is to make sure that they, like you, adhere to the Statement of Standards. We live it and believe it and ask them to as well. If you know of a non-profit that is human serving and agrees with the Statement of Standards, please feel free to refer them to me at info@am.famiy and we will be sure to reach out to them to start the vetting process.

Again, thank you. There is so much more that we do, but those are the highlights. You can learn more at altruaministries.org and please know that I am here for you as well. God bless you and again thank you for joining Altrua HealthShare.

Blessings,

Dr. Kevin Hull

Altrua Ministries (DBA Altrua HealthShare) is NOT an insurance company nor is the Membership offered through an insurance company. Members are self-pay patients. Altrua Ministries is a 501(c)(3) nonprofit corporation. | DCN 0746 1221v2

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