



Membership Guidelines

PRIME MEMBERSHIP

EFFECTIVE APRIL 01, 2021

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Dear Valued Member,

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

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

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

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

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

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

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

For any questions or concerns, please call:

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

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



Randall L. Sluder
CHIEF EXECUTIVE OFFICER

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

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Getting Started

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

1

Get to know your membership.

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

2

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

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

3

Login and navigate your Member Portal.

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

Frequently Asked Questions

Q How long has Altrua HealthShare been in operation?

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

Q Is Altrua HealthShare insurance?

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

Q Is Altrua HealthShare exempt from the Affordable Care Act?

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

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

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

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

Q What makes a medical need eligible for sharing?

It has to meet a status indicating that you have met the conditions that qualify for sharing as described in the Membership Guidelines, and your medical needs fall within the sharing limits. See Eligible Medical Needs in the Glossary.

Q What is the monthly premium amount?

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

Q Who can take part in the Membership?

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

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

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

Q What is the deductible amount?

Altrua HealthShare Members do not have deductibles. Members have 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 \$500 as **PRIME COMPLETE** Mem-

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

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

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

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

whether a medical need is eligible, please call for an Advance Opinion for Eligibility.

Q What is a membership escrow?

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

Q How do claims get processed?

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

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

Members can explain to any medical provider or facility that they are a participant in 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 and explain that the medical need should be sent by the provider either electronically or by mail as outlined by the instructions in the Member Portal.

Q What is 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 savings. 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.

Q 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 than their allotted office visits. That is why we now offer the Pooled Office Visits feature. 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. For **PRIME** memberships, there are six visits per Member. This means, for example, a family of four would have a total of 24 office visits that can be ‘pooled’ for the family’s use. (Please note: Routine mammograms are treated as an office visit and the member-

ship will share or allow up to \$500 for this one visit for female Members age 40 and over.)

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

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

Membership Qualifications



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

1 Qualifying for Membership

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

1.1 Alignment With Beliefs and Standards

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

1.2 Statement of Standards

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

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

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

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

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

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

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

1.3

Annual Membership Commitment

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

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

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

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

1.4

Application and Upper Age Limit

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

1.5

Contributions and Membership Effective Date

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

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

Complete and Accurate Membership Enrollment Application

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

Qualified Dependents

Spouse and Dependent Children

Spouse

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

Dependent Children

Additionally, your unmarried dependent child(ren) up to the age of 23 may participate in Altrua HealthShare under a combined membership provided they also meet the qualification criteria. Newborns who are born into the membership via an eligible maternity need are automatically added to your membership without having to meet any criteria in the Membership Enrollment Application. You may choose not to add your newborn by logging into your [Member Portal](#) and completing the Maternity Form.

As the Head of Household, it's your responsibility to ensure that each person participating in your combined membership meets and follows the Statement of Standards and the Membership Guidelines. All dependents over the age of 18 are required to sign the Membership Commitment Form at the start of each new year or within 60 days of receiving the notification.

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 must complete a Roll Off Membership Enrollment Application for their own membership based on the qualification criteria stated in the Membership Enrollment Application.

1.8

Criteria for Dependents without Parent Participation

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

1.9

Financial Participation

To maintain active membership, you must be up-to-date with your financial commitments:

FINANCIAL COMMITMENT	REQUESTED DUE DATE
Monthly Membership Contribution	1 st of each month

\$25 Annual Donation to Altrua Ministries	Upon initial enrollment the \$25 donation is required. Thereafter, the donations are voluntary on the month and day of your membership effective date.
\$50 Membership Renewal Fee	Each Year on the month and day of your membership effective date.

- Submit your annual \$50 renewal fee to Altrua HealthShare (due on the 1st day of your membership anniversary month).
- Make your monthly contribution to Altrua HealthShare for member-to-member sharing (due on the 1st day of each month).
- Give a \$25 annual voluntary donation to Altrua Ministries (due on the 1st day of your membership anniversary month).

1.10

Monthly Contributions

Your monthly contributions are voluntary contributions that are non-refundable. Any day, on or before the last day of each month, the Member specifies payment of contribution to be made. For any amounts that are returned by a financial institution, a \$35 administrative fee is assessed.

Members may designate what day of the month they would like their contributions to be paid. Members have until the end of the month for the contribution to be submitted in order for their membership to remain effective for the following month. Membership is on a month-to-month basis and may be canceled on or before the last day of the month in order for the

cancellation to become effective the 1st of the following month; however, any contribution made previous to the cancellation date is non-refundable. The goal of Altrua HealthShare is to have administrative costs associated with member needs at or near 20%.

1.11 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	
<p>Not received by the 15th of a Participating Month</p>	<p>\$35.00 administrative fee is assessed</p> <p>Medical needs remain eligible for sharing (assuming they meet eligibility criteria) until the end of that month or until the contribution is received for that month.</p>
<p>Not Received by the End of a Participating Month</p>	<p>Medical needs become ineligible for sharing until the past due contribution is received.</p>
<p>Not Received by the End of the Following Month (60 Consecutive Days from the Contribution Request Date)</p>	<p>The membership is <u>withdrawn</u> effective the last date of the month in which the last monthly contribution was applied.</p> <p>Once the membership is <u>withdrawn</u>, the member may reapply under the terms defined in the Membership Enrollment application.</p>

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

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

2 Your Rights, Responsibilities & Commitments

2.1

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

- Try our Membership for 30 days. If within that time you find that you are not satisfied that Altrua HealthShare is the right healthcare option for you, let us know and your first month's contribution will be returned to you.
- Receive considerate, courteous service with respect for your dignity and personal privacy

- Have your medical records and your personal information handled in a confidential manner.
- Receive accurate information in your Membership Guidelines
- Have your medical needs processed accurately once your associated documentation has been received
- Make decisions regarding your health care, whether or not your treatment is eligible for sharing by the Membership
- Be informed about eligibility guidelines so that you may make educated choices about your treatment
- Be informed about available 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 or deferral of a medical need.
- Participate in surveys generated by Altrua HealthShare to help make recommendations for changes to the Membership Guidelines
- Suggest changes to the Membership Guidelines in written form or through a phone call to a Member Services Representative

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.

(PLEASE NOTE that the application fee and ministry donation are not refundable. Additionally, any member needs that occurred during that 30-day period would be ineligible for sharing)

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

- Treat all licensed medical professionals and personnel in a courteous manner
- Maintain respectful and courteous communication with all Altrua HealthShare employees
- Constructively express your opinions, concerns, or complaints to the appropriate people
- Take charge of your own health, make positive choices, seek appropriate care, and follow your licensed medical professional's instructions
- Communicate openly with your licensed medical professional and develop a collaborative relationship based on trust and cooperation
- Participate in understanding your health problems, and develop goals both you and your licensed medical professional can support
- Provide accurate and pertinent information to your licensed medical professionals so they may assess your condition and recommend treatment
- Ask questions, and be certain that you understand the explanations and instructions you are given
- Ask questions, and understand the consequences of refusing a recommended medical treatment
- Understand that refusing treatment may mean that your future medical needs will be ineligible for sharing
- Read and understand the Membership Guidelines, the membership limitations, and which medical needs are eligible or ineligible for sharing.
- Follow the Membership Guidelines, and honor the Statement of Standards
- Participate fully in negotiation processes, cost reduction programs, any paperwork required to be provided, needed in order to reduce medical needs costs
- Contact Altrua HealthShare at [1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA) if you have questions or need assistance

As a Member of Altrua HealthShare, you commit to:

- Behave in accordance with the Membership Statement of Standards
- Submit a Membership Enrollment Application, providing accurate and truthful information
- Submit a Membership Commitment Form
- 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

Educational resources such as to "How to Use the Membership", "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. are provided on the Altrua HealthShare App.

3 Membership Changes

3.1

Changes and Upgrades

If you would like to change or upgrade your membership, please log into your [Member Portal](#) or [Altrua HealthShare App](#) to complete this change or upgrade. You will need to make these changes or upgrade on or before the 25th day of the month prior to the month you would like these changes to become effective. 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.*

3.2

Changes to the Guidelines

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

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.

Voluntary Membership Cancellation

If you would like to discontinue your membership, please contact a Member Services Representative at [1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA). To assist us in improving the Altrua HealthShare membership, please provide your reason for membership cancellation

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 25th. 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 re-enrollment Membership Application by logging into your [Member Portal](#) or contact Member Services for assistance.

How to Use Your Membership



4 Using Your Membership

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

4.1

How To Submit Eligible Medical Needs

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

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

Sharing and Communication Process for Having Medical Needs Shared

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

4.2

What Should I Do When I Need Medical Care?

In case of an emergency contact 911.

To help you get the most out of your membership, Altrua HealthShare uses an Established Provider Reimbursement Solution (ERS) which means that all Members can freely choose between providers and facilities rather than being restricted by a network. Using ERS , assists you in obtaining the maximum value of your membership. Using ERS preferred providers can offer significant savings, thereby lowering individual Member Responsibility Amounts. It is best to identify a preferred provider and/or facility in your region before you seek care. To do so, simply call 833-3-ALTRUA and speak to our healthcare concierge to ask about preferred providers in your area.

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

The 1st MRA varies depending on your membership. As charges are incurred the Membership shares simultaneously.

4.3

What To Do When Your Provider Requires Self-Payment

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

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

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

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

4.4

Balance Bill

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

4.5

Timely Filing

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

Advance Opinion for Eligibility

If at any time you are uncertain whether a medical need is eligible for sharing, we encourage Members, providers and facilities to request or call for an Advance Opinion for Eligibility. An Advanced Opinion for Eligibility can be obtained by calling [1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA) and speaking with a member representative. If the need is related to a pre-existing condition or limitation, it is unlikely it will be eligible for sharing.

Why get an Advance Opinion for Eligibility?

Obtaining an Advance Opinion for Eligibility helps protect you as the Member, by clarifying eligible and ineligible needs. We highly recommend always getting an Advance Opinion for Eligibility on any medical need that is not clearly set out in the guidelines.

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.*

Case management

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

4.9

Eligible for Sharing

Eligibility is an assessment based upon a number of factors:

- Member status
- Membership
- Nature of the need
- Membership limitations
- Pre-existing conditions
- Circumstances causing a medical need to arise
- Whether or not you 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

Medical Treatment Received Outside of the US

All your medical needs received outside of the country (for example, while you are on vacation), and that are not related to medical tourism, will be subject to the usual eligibility requirements.

If you are treated outside the United States, your entire itemized medical needs details must be translated into English and converted into U.S. dollars based on the date that services were rendered. You must review your medical needs details and assume responsibility for all medical needs as a self-pay patient, then submit your medical needs for reimbursement as described in the section above on “What to do when your provider requires self-payment.”

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

In the Event of a Member Passing

If an Altrua HealthShare Member with a **PRIME COMPLETE** or **PRIME SUPER** 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 eligibility@altruahealthshare.org, or via U.S. mail at PO Box 90849, Austin, TX 78709.

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

4.12

Limitations for Pre-existing Conditions

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

Lifetime Limitations

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

Five-year Limitations

- Barrett's Esophagus
- Bell's Palsy
- Cancer
- Cerebral Ataxia
- Celiac Disease
- Crohn's Disease
- Cirrhosis
- Congestive Heart Failure (CHF)
- Deep Vein Thrombosis (DVT)
- Degenerative Disc Disease
- Diverticulitis and Diverticulosis
- Dysphagia

- Embolism
- GERD (Gastroesophageal Reflux Disease)
- Heart Murmur
- Heart Palpitations
- Heart Valve Disease
- IBS (Inflammatory Bowel Disease)
- Marfan's Syndrome
- Meningitis
- Mitral Valve Prolapse
- Pancreatitis
- Peripheral Vascular Disease (PVD)
- Psoriasis
- Sjogren Syndrome
- Surgery
- Systemic Lupus Erythematosus
- Ulcerative Colitis
- Vitiligo

Two-year Limitations

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

- Spondylosis
- Tendinitis
- Tuberculosis

- Type II diabetes
- Uterine Fibroids
- Uterine Prolapse

- Vitamin A Deficiency
- Vitamin B 12 Deficiency
- Vitamin D Deficiency

Records Review

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

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

Interruption to Membership

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

Understanding Your 1st and 2nd Member Responsibility Amounts (MRAs)

MEMBERSHIPS	1 ST MRA	2 ND MRA
PRIME COMPLETE	\$500 per member, per calendar year	<ul style="list-style-type: none"> ○ 25% of the next \$5,000 per member, per calendar year (\$1,250 maximum) ○ The membership shares simultaneously as the 2nd MRA is being met ○ The membership shares at 100% after the 1st, then 2nd MRAs are met
PRIME SUPER	\$500 per member, per calendar year	<ul style="list-style-type: none"> ○ 25% of the next \$10,000 per member, per calendar year (\$2,500 maximum) ○ The membership shares simultaneously as the 2nd MRA is being met ○ The membership shares at 100% after the 1st, then 2nd MRAs are met
PRIME ESSENTIAL	\$7,500 per member, per calendar year	Not Applicable

Healthcare Credit (HC)

The Altrua HealthShare membership provides HC to members of the **PRIME COMPLETE** and **PRIME SUPER** memberships. The HC may be

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

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

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

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

PRIME COMPLETE Membership

- \$1,000 per member, per calendar year, up to an annual maximum HC of \$3,000 per household (per calendar year).
- Unused HC up to \$1,000 per member may carry over to the following calendar year, not to exceed a maximum carry over of \$3,000 per household

PRIME SUPER Membership

- \$500 per member, per calendar year, up to an annual maximum HC of \$1,500 per household (per calendar year).
- Unused HC is forfeited at the start of the new calendar year

PRIME ESSENTIAL Membership

- Not eligible for HC

5 Sharing Limits

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



Primary Care, Specialist Visits and Urgent Care Facilities

Primary care, urgent care and specialist visits may be eligible for sharing by the membership. Each Member is allowed six pooled office, specialist, or urgent care visits each calendar year. This allotment may be pooled with other household members on a family membership. After the visit allotment is completely exhausted, the Member is responsible for 100% of charges, and these charges are ineligible for sharing. If you have HCs available, you may request reimbursement from that accumulated amount.

PRIME COMPLETE and **PRIME SUPER** membership members submit a \$35 MRA to the licensed medical professional, and the membership will share up to \$300 per eligible visit on the member's behalf. Office visit MRAs are not applied to the 1st, or 2nd MRA.

PRIME ESSENTIAL membership members submit the full or discounted charges of the eligible medical need to the licensed medical professional, and the membership will allow up to \$300 per visit to be applied to the 1st MRA.

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

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

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, and will 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.

Cancer Treatment and Screening Requirements

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

NOTE Cancer treatment is not eligible for sharing with the Prime Essential membership.

WAITING PERIOD	
PRIME COMPLETE	90 days from the membership effective date*
PRIME SUPER	
PRIME ESSENTIAL	Cancer treatment is not eligible for sharing

*Subject to additional restrictions based on cancer screening requirements

Cancer MRA

PRIME COMPLETE and **PRIME SUPER** memberships only

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

*The Cancer MRA and maximum sharing limits are per year based on the membership effective date.

EXAMPLE EFFECTIVE DATE - JUNE 1, 2021	
<p>September 1st, 2021</p> <p>↓</p> <p>May 31st, 2022</p>	<p>Cancer MRA is \$4,000</p> <p>Maximum Sharing Limit is \$10,000</p>

EXAMPLE EFFECTIVE DATE - JUNE 1, 2021

June 1st, 2022



May 31st, 2023

Cancer MRA is \$3,000

Maximum Sharing Limit is subject to the annual and lifetime maximum limits

Cancer Screening Requirements

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

FEMALE MEMBERS

Mammogram or Breast Ultrasound

Screening requirement is applicable to females age 40 and over only

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

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

or

90 days after obtaining clean mammogram (or breast ultrasound results)

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

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

If the recurring biennial test is not performed within 24 months of the date of the last test, then you will be responsible for 50% of the total allowed charges for breast cancer treatment after the Cancer MRA has been satisfied.


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

Eligible diagnostic mammograms will be applied to the 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 with clean pap smear with pelvic exam results dated no earlier than six months prior to the membership effective date		90 days after obtaining clean pap smear with pelvic exam results
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Female members age 40 and over that fail to obtain clean results of the test listed will render future medical needs for cervical, endometrial and ovarian cancer treatment ineligible for sharing until an initial clean result has been submitted. Female members that have had a full hysterectomy, only the pelvic exam is required (the pap smear is not).

To maintain ongoing eligibility for sharing of medical needs related to cervical, endometrial and ovarian cancer treatment, female members age 40 and over are required to continue getting a recurring pap smear with

pelvic exam every two years from the date of the last clean result. The biennial tests must be performed within 24 months of your last clean test result and you must have submitted those results to 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 Cancer MRA 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 with clean PSA test results dated no earlier than six months prior to the membership effective date.

or

90 days after obtaining clean PSA test results

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

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

What to Expect When You're Expecting

Maternity Eligibility

Female members of the **PRIME COMPLETE** and **PRIME SUPER** memberships may be eligible for reimbursement of medical needs related to maternity when they meet the following qualifications:

MATERNITY QUALIFICATIONS		
<p> Is Married</p> <p>(If the expecting mother has an individual membership, proof of marriage must be provided)</p>		<p>Has been actively participating in a PRIME COMPLETE or PRIME SUPER membership for a full ten consecutive months prior to conception.</p>

Once the Member discovers they are pregnant, the Member needs to contact Altrua HealthShare to make sure it is noted on the Member's record. At that time, Member Services will also need to know the name of the licensed medical professional who will be providing prenatal care. The Member may contact Altrua HealthShare for an Advance Opinion for Eligibility regarding sharing eligibility. Sharing for maternity medical needs is based on the Membership Guidelines in place at the date of conception and continue throughout the term of that pregnancy.

When the member submits requests for eligible maternity reimbursements, the following must be included:

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

Maternity Sharing Limits

- Maternity sharing is through self-pay reimbursement only
- Eligibility only after completion of 10 months of uninterrupted membership in a **PRIME COMPLETE** or **PRIME SUPER** membership
- Maximum sharing limit with an individual membership and proof of marriage is \$3,500, and \$7,000 with a combined membership
- Maternity sharing limits start at the time of conception and continue through delivery for both the mother and newborn
- The maternity maximum sharing limit applies per pregnancy and is based on the membership year you are in at the date of conception
- Congenital birth defects for a newborn under an eligible maternity has a maximum sharing limit of \$50,000 per calendar year subject to the 1st, then 2nd MRAs

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 may make those medical needs ineligible for sharing by the Membership.

Midwife

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

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

Ineligible Pregnancy

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

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

The **PRIME ESSENTIAL** membership does not allow for sharing of members' maternity medical needs, and those needs are therefore ineligible for sharing (reimbursement). If a married member of the **PRIME ESSENTIAL** membership desires to conceive and wants maternity needs to be eligible, she must upgrade her membership to an eligible membership

prior to conception, and participate in that upgraded membership for 10 full, consecutive months before needs are eligible for sharing.

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

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

With an Ineligible Pregnancy or an Eligible Pregnancy Where the Newborn was not Auto-enrolled

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

5.5

Adoption

Adoption fees are not eligible for reimbursement or sharing with the **PRIME COMPLETE**, **PRIME SUPER** and **PRIME ESSENTIAL** membership options.

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

- Reimbursable to member with any accumulated HC

NOTE *Flu shots do not need to be administered during an office visit, they may be obtained at a local pharmacy, where available.*

COVID-19 Testing

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

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

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

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

Laboratory Services

Eligible laboratory services are subject to the following:

- Allowed up to \$1,500 per member, per calendar year, to be applied to the MRA
- 1st, then 2nd MRAs apply
- An initial 90-day waiting period (from the membership effective date) (unless it is a required part of a wellness or preventative care visit with a **PRIME COMPLETE** or **PRIME SUPER** membership)

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 your membership
- 1st, then 2nd MRAs apply

Eligible medical needs include all costs related to the actual transplant procedure. If you have medical needs requiring multiple organ transplants, they will be considered on a case-by-case basis.

Outpatient Therapy

- After the initial 12-month waiting period, occupational therapy, speech therapy, physical therapy, home health care, and chiropractic care are limited to a combined 20 visits in a calendar year per Member
- 1st, then 2nd MRAs apply

Services must be rendered by a licensed medical professional.

Overnight Sleep Testing

- After the initial 90-day waiting period, sleep studies and are eligible for sharing but are limited to a single one-night study done 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

After the initial 90-day waiting period, injuries resulting from using a recreational vehicle will be shared up to a maximum of \$10,000 per incident.

- A recreational vehicle is a licensed or unlicensed motor vehicle operated on land or water (including ATVs, snowmobiles, motorized scooters, boats, and jet skis), or a licensed motor vehicle with less than four wheels (including motorcycles, excluding motor homes, 5th wheels, and bumper-pull RVs). The vehicle must be insured by a third party for any medical needs to be eligible for sharing.
- Altrua HealthShare will only consider the medical needs eligible for sharing once they have already been processed by the liable third party (such as your automobile insurance provider).

You must submit a Needs Processing Form before Altrua HealthShare will share on your behalf. The MRA applies. You can log into your [Member Portal](#) to complete a Needs Processing Form.

Colonoscopy

If you are age 50 or over, you may have your colonoscopy testing shared one time per year, not to exceed three for your membership lifetime. Exceptions may be made if you are under 50 with a family history of colon cancer, and in this case, you must provide documentation from the referring medical doctor.

Colonoscopy screening is ineligible for sharing within the first 12 months of your membership effective date. Pre-existing and limitations do not apply to screening colonoscopy.

Temporary Long-Term Care

- After the initial 90-day waiting period, long term care or skilled nursing facility use is eligible for sharing if treating an injury or illness. All services must be rendered by a skilled or licensed medical professional. Care may not exceed 40 visits or days per calendar year
- 1st, then 2nd MRAs apply

Wellness/Preventative Visits

PRIME COMPLETE and **PRIME SUPER** memberships only

Wellness/Preventative visits are subject to the following:

- Available to female members age 40 and over and male members age 50 and over
- Membership Guidelines apply
- Office Visit MRA applies

Members who qualify according to one of the above, are eligible for one additional office visit each calendar year to address required screening tests without it counting towards their six annual office visits.

6 Medical Needs that are *Not* Eligible for Sharing

6.1

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

6.2

Conflict of Interest Exists

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

Carelessness or Failure to Plan

Any subsequent illness or injury caused by your failure to follow a plan of treatment:

- Second surgeries on previously eligible surgical medical needs, unless you have unexpected and unprovoked complications, or your provider has established (prior to your initial surgery) that one or more follow-up surgeries will be needed to fulfill the treatment of your condition
- Adenoid removal surgery, if you have had a prior surgery to remove tonsils and your adenoids were not removed at the same time while an Altrua HealthShare Member
- Emergency room visits resulting from your failure to follow medical advice or treatment

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

6.7

Other Ineligible Discretionary Medical Needs

- Elective cosmetic surgery
- Breast implants (placement, replacement, or removal) and complications related to breast implants (except as an eligible cancer treatment plan)
- Infertility testing or treatment
- Risk assessment testing, including but not limited to genetic testing and counseling
- Sterilizations or reversals (e.g., vasectomy, tubal ligation)
- Sexual dysfunction services

- Hormone therapy for both men and women (unless deemed medically necessary by a licensed physician and not related to sexual dysfunction services)
- Hysterectomy (unless deemed medically necessary by a licensed physician)
- Obesity (as defined as exceeding the Altru HealthShare height/weight requirements) and any complication relating to that diagnosis.
- Weight control and management (including nutritional counseling for weight loss, weight gain or health maintenance), even if related to a medical condition
- Allergy testing and immunotherapy treatment
- Chelation therapy
- Drug testing (unless required by Membership)
- Medical tourism
- Injuries arising from the use of personal aircraft, and any other aircraft not operated by a commercially licensed public carrier

6.8

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

6.9

Other

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

6.10

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

6.11

Miscellaneous Charges

- Fees for medical record retrieval
- Conveyance fees
- STAT fees
- Shipping and handling fees
- Administration fees
- Missed appointment fees
- Telephone/email consultations not part of the telemedicine program
- After-hour fees
- Finance charges and/or currency exchange

6.12

Extreme Sports

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

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

6.13

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

NOTE Altrua HealthShare partners with Careington to provide discounts on dental costs.

6.14

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.

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 ManifestRx 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.

7 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 (with a minimum Personal Injury Protection of \$10,000), your MRAs and Member sharing will apply after any discounts or payments are made to the service provider. If 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 for (or found to be covered) by another institutional source, third party or subrogation, Altrua HealthShare has full rights to recover all Member contributions amounts that were shared on your behalf by the Membership.

Altrua HealthShare 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.

7.1

Medicare

If you become eligible for Medicare Part A and/or Part B (whether due to disability or age) please notify Altrua HealthShare immediately and provide us with a copy of your Medicare Certificate of Coverage as soon as it is received. You will also need to provide us with a copy of your Explanation of Benefits (EOB) from Medicare. You may contact Altrua HealthShare via phone at [1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA), via fax at 1.512.382.5520, or via email at medicalneeds@altruahealthshare.org.

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

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

7.2 Health Coverage

Altrua HealthShare will only share on eligible medical needs after they have been addressed by any available health coverage. If you cancel or begin health coverage, you must notify Altrua HealthShare via phone at [1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA), 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.

8 Appeals and Grievances

8.1

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.

- 1** Call Altrua HealthShare at [1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA) and speak with a Member Services Representative. Your representative will try to resolve your matter as expediently as possible.
- 2** 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?

3 Your appeal request will be elevated to the Eligibility Committee for review by the Altrua HealthShare Eligibility Committee and a final determination will be given upon completion of the review.

4 If you are not satisfied with that determination, you may appeal to an additional committee appointed by the Board of Directors.

8.2

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:

memberconcern@altruahealthshare.org

You should receive a return acknowledgment of your grievance within 48 business hours. Appropriate action as necessary will be taken.

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

ACKNOWLEDGMENTS Your agreement that you understand and accept all of the statements and conditions described in the Acknowledgments 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.

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

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

B

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

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

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

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

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

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

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

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

D

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

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

E

EFFECTIVE DATE The date your membership begins.

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

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

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

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

you owe—your Per Incident Member Responsibility Amount (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.

ESTABLISHED PROVIDER REIMBURSEMENT Solution (ERS) A solution developed using multiple data points to calculate a reasonable and acceptable provider reimbursement for medical procedures performed.

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.

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.

[\(https://www.accounting.com/resources/gaap/\)](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 or your membership and may include a complaint, dis-

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

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

H

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

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

I

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

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

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

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.

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 traveling to another country for the specific purpose of having medical care performed outside the United States.

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

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

- **ACTIVE MEMBER** Your status when you have met all membership obligations, providing you remain eligible for sharing of medical needs.
- **INACTIVE MEMBER** Your status when you have failed to meet membership obligations, making you ineligible for sharing of medical needs.
- **MARRIED INDIVIDUAL MEMBER** Your status when you have met all membership requirements to qualify for an eligible maternity with proof of marriage certificate.

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

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

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

- **CANCER MRA** With Complete and Super memberships, the portion of charges for eligible cancer treatment services that is the members obligation to pay before the membership shares in medical needs.
- **FIRST MEMBER RESPONSIBILITY AMOUNT (1ST MRA)** The amount you are responsible for payment to the physician or facility before the membership shares in eligible 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 MRA/URGENT CARE MRA** A contribution of \$35 that is applicable with Complete and Super memberships, before membership sharing takes place.

MEMBERSHIP PRIME Super, PRIME Complete and PRIME Essential sharing options that are available with different Per Incident Member Responsibility Amount (MRAs) and sharing limits, as selected and approved on your Membership Enrollment Application.

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

MEMBERSHIP FORMS An electronic form used by the Membership.

- **MEMBERSHIP CANCELLATION REQUEST FORM** An electronic form you must complete and provide to Altrua HealthShare in order to cancel your membership.
- **MEMBERSHIP COMMITMENT FORM** An electronic form you must complete and provide annually to Altrua HealthShare to demonstrate your commitment to the Membership, Acknowledgments, Statement of Standards, Commitments and the Escrow Instructions
- **MEMBERSHIP NEEDS PROCESSING FORM (NPF)** An electronic form you must complete and provide to Altrua HealthShare to request eligibility for sharing of your medical needs.
- **MEMBERSHIP UPDATE FORM** An electronic form you must complete and provide to Altrua HealthShare when details of your membership change.

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

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

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

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

N

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

O

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

P

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

PREFERRED PROVIDER Any medical provider that works in conjunction with your Altrua HealthShare Membership to provide services for you and uses the Established Provider Reimbursement Schedule (ERS).

R

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

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

S

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

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

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

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

T

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

U

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

W

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

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

Y

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

Contact Information

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

PHONE

1.833.3-ALTRUA (258782)

EMAIL

memberservices@altruahealthshare.org



Privacy Practices

Visit us online for information on our Privacy Practices.

www.altruahealthshare.org/privacy

ONLINE

prime.ahs.family

FACEBOOK

www.fb.com/altruahealthshare

MAIL

PO BOX 90849

AUSTIN, TX 78709-0849

FAX

1.512.382.7923



Altrua
ministries

Loving God While Serving People

Dear Member,

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

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

Prayer Support

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

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

Your 60 Second Devotion

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

life as you receive these messages of encouragement each week.

Social Media

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

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

With our warmest blessings,

Dr. Kevin Hull | Director of Ministries

APPENDIX A State Notices and Disclosures

ALABAMA Code Title 22-6A-2

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

ALASKA Statute 21.03.021(k)

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

ARIZONA Statute 20-122

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

ARKANSAS Code 23-60-104.2

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

FLORIDA Statute 624.1265

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

GEORGIA Statute 33-1-20

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

IDAHO Statute 41-121

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

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

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

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

INDIANA Code 27-1-2.1

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

KENTUCKY Revised Statute 304.1-120 (7)

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

LOUISIANA Revised Statute Title 22-318,319

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

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

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

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

MARYLAND Article 48, Section 1-202(4)

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

MICHIGAN Section 550.1867

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

MISSISSIPPI Title 83-77-1

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

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

MISSOURI Section 376.1750

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

NEBRASKA Revised Statute Chapter 44-311

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

NEW HAMPSHIRE Section 126-V:1

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

NORTH CAROLINA Statute 58-49-12

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

OKLAHOMA Code 36 O.S. § 110(11)

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.

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.