



Altru HealthShare

**Plus!**

## Membership Guidelines

### **EFFECTIVE DATE**

September 01, 2017

### **MEMBERSHIP PLANS**

Gold / Bronze

**Altru HealthShare** is a faith-based, medical needs sharing membership. Medical needs are only shared in by the members according to these Membership Guidelines. Our members agree to the Statement of Standards and voluntarily submit monthly contributions into an escrow account facilitated by Altru HealthShare, acting as a neutral escrow agent between members.

**MEMBERSHIP GUIDELINES  
EDITION**

#MGP2017-0

## Contact Information

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

 **PHONE**

1.888.244.3839

 **EMAIL**

memberservices@altruhealthshare.org

 **FAX**

1.512.382.5520

 **ONLINE**

www.altruhealthshare.org

 **MAIL**

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

## Statement of Standards

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

- ▶ I believe in caring for one another.
- ▶ I believe in keeping my body clean and healthy with proper nutrition.
- ▶ I believe the use of tobacco, illicit drugs and excessive alcohol consumption is harmful to the body and soul.
- ▶ I believe sexual relations outside the bond of marriage is morally wrong and marriage is a bond between a man and woman only.
- ▶ I believe abortion is wrong, except in a life-threatening situation to the mother.
- ▶ I believe I am obligated to care for my family and physical, mental or emotional abuse of any kind to a family member or anyone else is morally wrong.

## Member Resources

### FORMS, DOCUMENTS & MORE

Every form for managing your *membership* as well as up-to-date information can be found on our website.

Each form can be downloaded as a PDF so you can easily fill, sign and attach necessary documents to send by email, fax or mail.

[www.altruhealthshare.org/resources](http://www.altruhealthshare.org/resources)

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**DEFINITIONS** Refer to the Definition of Terms section on page 05 for an explanation of the *terms* that are used throughout these guidelines.

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# Membership Overview

Altrua HealthShare is an escrow agent that administers voluntary sharing of health care needs for qualifying members. Members of Altrua HealthShare share a common set of ethical or religious beliefs (Statement of Standards) and share medical expenses among themselves in accordance with those beliefs.

Altrua HealthShare uses a widely accepted definition of “religion” as defined by Merriam Webster: “A personal set or institutionalized system of religious attitudes, beliefs and practices.” The *membership* ethics and beliefs are based on the historical narrative in the Bible. *Members* agree to live by the lifestyles, values, and traditions addressed in the Bible and agree to adhere to and sign the *Statement of Standards* based thereon. The *membership* does not subsidize self-destructive behaviors and lifestyles, but is specifically tailored for individuals who maintain a healthy lifestyle, make responsible health care choices, and believe in helping others. The *membership* is NOT health insurance.

## A The Purpose and Use of the Membership Guidelines

The guidelines are provided as an outline for *eligible needs* in which contributions are shared in accordance with the *Escrow Instructions*. They are not for the purpose of describing to potential *members* what amounts will be shared on their behalf, and do not create a legally enforceable right on the part of any *member*. Neither these guidelines, nor any other arrangement between *members* and Altrua HealthShare, creates any rights for any *member* as a reciprocal beneficiary, a third party beneficiary, or otherwise.

The edition of the guidelines in effect on the date of medical services supersedes all other editions of the guidelines and any other communication, written or verbal. With written notice to the general *membership*, the guidelines may change at any time based on the preferences of the *membership* and on the decisions, recommendations, and approval of the Board of Directors.

An exception to a specific provision only modifies that particular provision, and does not supersede or void any other provisions.

A digital copy of the *Membership Guidelines*, and information regarding amendments and corrections can be obtained by visiting: [www.altruahealthshare.org/guidelines](http://www.altruahealthshare.org/guidelines).

## B Individuals Helping Individuals

Members help individuals with their medical needs, but also, through donations to Altrua Ministries, financially support various charitable and religious organizations and research and development for cures of life threatening diseases. Visit [www.altruahealthshare.org/altrua-ministries](http://www.altruahealthshare.org/altrua-ministries) for more information.

## C Monthly Contributions

Monthly contributions are voluntary contributions that are non-refundable. A member's first month's contribution must be received by the 15<sup>th</sup> day of their first month or the membership will not become effective. Recurring monthly contributions are due on the 1<sup>st</sup> of each participating month, and become past due after the 15<sup>th</sup> of that participating month. Any monthly contribution received after the last day of a participating month will incur an administrative fee of \$35.00 as will any monthly contribution returned by a member's financial institution. If a contribution is not received by the 15<sup>th</sup> of a participating month, the member remains eligible for sharing through the end of that month. On the 1<sup>st</sup> day of the second participating month that a contribution has not been received, the member is considered ineligible for sharing until that previous participating month's contribution has been received. If a member's monthly contribution is past due for sixty consecutive days from the last participating month's due date, the member becomes ineligible for sharing and the membership will be withdrawn.

As a non-insurance membership, Altrua HealthShare or the membership is not liable for any part of an individual's medical need. In the event that the escrow account does not provide for eligible needs submitted for any sharing month, additional contributions may be requested from the membership. The additional contributions requested will be spread equally amongst that month's participating members. To date, Altrua HealthShare has never requested additional contributions from the membership to share in eligible medical needs.

Members desiring to upgrade their current membership plan may be subject to the enrollment process to determine eligibility. Altrua HealthShare has the sole discretion to approve or decline membership changes. Changes to the membership must be submitted using the Membership Update Form. The form must be received by the 15<sup>th</sup> day of the current month for changes to be processed for the next month. Approved changes go into effect on the 1<sup>st</sup> day of the following month.

Members wishing to discontinue participation in the membership must submit a Membership Cancellation Request Form by the 15<sup>th</sup> day of the month for the cancellation to apply to the following month or future requested month. Cancellations become effective

on the 1<sup>st</sup> day of the requested month. Contributions will continue to be processed until the cancellation is effective. Should the member fail to follow the Membership Guidelines as they pertain to the membership and later wishes to reinstate their membership, a new application must be submitted for membership as a new applicant.

## D Definition of Terms

Terms used throughout the Membership Guidelines and application are defined as follows:

**ACKNOWLEDGMENTS** Accepting the truth, facts and existence of statements made in the Altrua HealthShare Acknowledgments section of the Application. The Altrua HealthShare Acknowledgments are accepted by the member's signature on the application.

**ACTIVE MEMBER** A member, and member's dependents, if applicable, who have submitted monthly contributions in the manner established by these guidelines, and are able to have eligible medical needs submitted and shared.

**ANNUAL LIMITS** The maximum amount shared for eligible needs per member, each calendar year (January 1<sup>st</sup> through December 31<sup>st</sup>).

**APPLICATION DATE** The date Altrua HealthShare receives a complete membership application.

**CASE MANAGEMENT** A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet a member's health care needs through available resources to promote quality, cost-effective outcomes.

**COMBINED MEMBERSHIP** Two or more family members participating under the same membership.

**COMMITMENTS** Acceptance, dedication and agreement to adhere to the cause and directives in the Membership Guidelines, the governing document for Altrua HealthShare members. The Altrua HealthShare Commitments are accepted by the member's signature on the application.

**DATE OF SERVICE (DOS)** The day medical services were rendered on behalf of a member.

**DEPENDENT** The Head of Household's spouse or unmarried child(ren) under the age of 20, who are the Head of Household's dependent by birth, legal adoption, or marriage, who is participating under the same combined membership. An unmarried

child(ren) ages 20 through 24 years of age may participate in the *membership* as a *dependent* if they are a *full-time student* or a *full-time service volunteer*.

**EFFECTIVE DATE** The date an individual *membership* goes into effect.

**ELIGIBLE** A qualification for voluntary sharing of contributions from escrowed funds, subject to the sharing limits, *Membership Guidelines*, *Member Eligibility Manual*, and/or *Membership Enrollment Manual*.

**ESCROW INSTRUCTIONS** Detailed instructions provided to the escrow agent, Altrua HealthShare, to manage the *membership* escrow account.

**EXPLANATION OF SHARING (EOS)** Remittance that is issued to the members and their providers once medical *needs* have been processed, pended or denied. The *EOS* will state their *member responsibility amount (MRA)* as well as any amounts shared by the *membership* on the *member's* behalf.

**FIRST MEMBER RESPONSIBILITY AMOUNT (1<sup>ST</sup> MRA)** The *member's* first out of pocket amount before the *membership* shares in *eligible needs*.

**FULL-TIME SERVICE VOLUNTEER** A *dependent* who, without receiving a salary, contributes services on behalf of a charitable or religious organization. *Full-time service volunteer* status begins 30 days before the *dependent's* first day of service of 30 hours or more per week, and ends 90 days after the *dependent* terminates such services. The documentation providing *full-time service volunteer* status must be submitted to Altrua HealthShare for the *dependent* to be *eligible* for sharing. If documented proof has not been submitted to Altrua HealthShare on behalf of the *dependent*, *needs* will be *ineligible* for sharing after 6 months from the *date of service*.

**FULL-TIME STUDENT** A *dependent* enrolled for a total of 12 or more credit hours in a high school, an accredited college or university, in a certified vocational/technical training school, or enrolled for a total of nine or more credit hours in a Masters program at an accredited college or university. Credit hours are those derived from courses offered in a semester or term schedule that applies campus-wide. *Full-time student* status begins 30 days before the first day of classes in which the *dependent* is already enrolled, and ends 90 days after the most recent term in which the *dependent* was enrolled full-time or reaches 25 years of age (whichever comes first). The documentation providing *full-time student* status must be submitted to Altrua HealthShare for the *dependent* to be *eligible* for sharing. If documented proof has not been submitted to Altrua HealthShare on behalf of the *dependent*, *needs* will be *ineligible* for sharing after 6 months from the *date of service*.

**HEAD OF HOUSEHOLD** The oldest participating *member* in the *household*. The *head of household* can be a *member* participating by himself or herself, a husband or father, a wife or mother, or a child.

**HOUSEHOLD** The individual *membership* that is identified as *member*, *member +1*, or family based on the number of *dependents*.

**INACTIVE MEMBER** A *member*, and *member's dependents* if applicable, who has not submitted *monthly contributions* in the manner established by these guidelines, and is not *eligible* for sharing.

**INELIGIBLE** A disqualification for voluntary sharing of contributions from escrowed funds, due to the policy set forth in the *Membership Guidelines*, *Member Eligibility Manual*, and/or *Membership Enrollment Manual*.

**LICENSED MEDICAL PROFESSIONAL** An individual who has successfully completed a prescribed program of study in a variety of health fields and who has obtained a license or certificate indicating his or her competence to practice in that field (M.D., D.O., N.D., Chiropractor, P.T., P.A., etc.)

**LIFETIME LIMITS** The maximum amount shared for *eligible needs* over the course of an individual *member's* lifetime of *membership*.

**MATERNITY** Medical *needs* for the mother's care pertaining to prenatal or newborn delivery, and routine hospital expenses for the newborn. Applies to Gold Plus members only. For further explanation see page 16.

**MATERNITY FORM** A form that must be filled out once a *member* becomes pregnant and is submitted by the *member* to Altrua HealthShare within 30 days of confirmation of pregnancy from a *licensed medical professional*. Applies to Gold Plus members only.

**MEDICAL TOURISM** When someone who lives in the United States travels to another country to receive medical and surgical care while at the same time receiving equal to or greater care than in the United States, and is traveling for medical care because of affordability, better access to care or a higher level of quality of care.

**MEDICALLY NECESSARY** A service, procedure, or medication necessary to restore or maintain physical function that is provided in the most cost-effective setting consistent with the *member's* condition. The fact that a provider may prescribe, administer, or recommend services or care does not make it *medically necessary*. This applies even if it is not listed as a *membership limitation*, or an *ineligible need* in the *Membership Guidelines*. To help determine medical necessity, Altrua HealthShare may request the *member's* medical records and those records may be reviewed by a *licensed medical professional*.

**MEMBER(S)** A person(s) who qualifies to receive voluntary sharing of contributions for *eligible medical needs* according to the *Escrow Instructions*, *Membership Guidelines*, and *membership plan*.

**MEMBER ELIGIBILITY MANUAL** Reference materials that provides comprehensive information on requirements, policies, and procedures, and is intended to help Altrua HealthShare or any third party resource to accurately determine, identify, and verify *eligible* or *ineligible needs*. The contents of these materials are for internal use only.

**MEMBER RESPONSIBILITY AMOUNT (MRA)** The amounts of an *eligible need* that do not qualify for sharing because the *member* is responsible for those amounts.

**MEMBERSHIP** The collective body of all, participating members of Altrua HealthShare.

**MEMBERSHIP CANCELLATION REQUEST FORM** A form submitted by the *member* to Altrua HealthShare requesting that their *membership* be canceled. It must include the reason for cancellation and the requested month in which the cancellation of the *membership* is to be effective. The form must be received by the 15<sup>th</sup> day of the month for the cancellation to apply to the following month or future requested month. Cancellations become effective on the 1<sup>st</sup> day of the requested month.

**MEMBERSHIP COMMITMENT FORM** A form signed and submitted annually by a *member* to demonstrate their continual commitment to the *membership*, *Acknowledgments*, *Statement of Standards*, *Commitments* and *Member Escrow Instructions*.

**MEMBERSHIP ENROLLMENT MANUAL** Reference materials that contain the criteria used to determine if a potential *member* is *eligible* for participation in the *membership* and if any *membership limitations* apply. The contents of these materials are for internal use only.

**MEMBERSHIP UPDATE FORM** A form submitted by the *member* to Altrua HealthShare providing any changes to the details of their *membership* information (i.e. change of address, phone number, etc.) or requesting that their *membership* be changed. The form must be received by the 15<sup>th</sup> day of the current month for changes to be processed for the next month. Approved changes go into effect on the 1<sup>st</sup> day of the following month.

**MEMBERSHIP GUIDELINES** An outline for *eligible* medical *needs* in which contributions are shared in accordance with the *Escrow Instructions*.

**MEMBERSHIP LIMITATION** A specified medical condition for which medical *needs* arising from or associated with the condition are *ineligible*. An associated condition is one that is caused directly and primarily by the medical condition that is specifically *ineligible*. The *membership limitation* will be issued during the application process, and may be subject to medical record review. *Membership limitations* (excluding cancer) do not apply to office visits/urgent care.

**MEMBERSHIP PLAN** Gold Plus and Bronze Plus sharing options that are available with different *member responsibility amounts (MRAs)* and sharing limits, as selected on the *membership* application.

**MONTHLY CONTRIBUTIONS** Monetary contributions voluntarily given to Altrua HealthShare to hold as the escrow agent and to disburse according to the *Escrow Instructions*.

**NEED(S)** Charges or expenses for medical services from a *licensed medical professional* (M.D., D.O. N.D. Chiropractor, P.T., P.A., etc.) or facility due to illness, accident, or injury for a single *member*.

**NEEDS PROCESSING FORM (NPF)** A form that is required to process medical *needs* for accidents, injuries or medical conditions that result in a visit to the emergency room. *Members* must complete and submit this form to Altrua HealthShare within 96 hours of discharge. The form can be found at [www.altruahealthshare.org/resources](http://www.altruahealthshare.org/resources). The *Needs Processing Form* may be requested for other medical *needs* and must be completed and submitted to Altrua HealthShare within 6 months of the *need* to be *eligible* for sharing.

**PRE-EXISTING CONDITION** Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms for 24 months prior to the *effective date*. Symptoms can include but are not limited to the following: abnormal discharge or bleeding; abnormal growth; break; cut or tear; discoloration; deformity; full or partial loss of use; obvious damage, illness or abnormality; impaired breathing; impaired motion; inflammation or swelling; itching; numbness; pain that interferes with normal use; unexplained or unplanned weight gain or loss exceeding 25% of the total body weight occurring within a six-month period; fainting, loss of consciousness, or seizure; abnormal results from a test administered by a medical provider. *Pre-existing conditions* do not apply to office visits/urgent care.

**PREVENTATIVE CARE** Wellness or preventative services that are shared for a *membership*. A maximum of \$400 per person, per calendar year. Applies to Gold Plus members only.

**RECREATIONAL ACTIVITIES SHARE INCREASE FORM** A form signed and submitted by the *head of household* that increases the shared amount for recreational activities to a maximum of \$25,000 per *eligible member*, for 365 days, for an additional one-time contribution of \$300.00. The form may be submitted any time during the year and the share increase will go into effect on the 1<sup>st</sup> day of the following month for the *member* in which it applies. A separate form must be signed and

submitted for each *member* needing the share increase. The form can be found at [www.altruahealthshare.org/resources](http://www.altruahealthshare.org/resources). *Membership plan* applies. For further explanation see page 15.

**SECOND MEMBER RESPONSIBILITY AMOUNT (2<sup>ND</sup> MRA)** The percentage members are responsible for, after the 1<sup>st</sup> MRA is met, and before the *membership* shares in *eligible needs*. The *membership* shares simultaneously in *eligible needs* as the *member's* 2<sup>nd</sup> MRA is being met. Applies to Gold Plus members only.

**STATEMENT OF STANDARDS** The religious or ethical standards by which Altrua HealthShare members agree to live by during the course of their *membership*. See beginning of the *Membership Guidelines*.

**UCR (USUAL, CUSTOMARY, AND REASONABLE)** The general cost of medical services in a geographic area, as determined by Altrua HealthShare, based on what providers in the area usually charge for the same or similar medical service.

**WITHDRAWN** When a *membership* has been canceled due to submitting a *Membership Cancellation Request Form*, a violation of the *Statement of Standards*, or non-receipt of a voluntary *monthly contribution* or annual *membership* fee in excess of 60 days.



# Member Instructions & Conditions

By submitting monthly contributions, members instruct Altrua HealthShare to share escrowed funds in accordance with the Escrow Instructions. Altrua HealthShare has no gain or loss financially in determining if a need is eligible or ineligible; therefore, members designate Altrua HealthShare as the final authority for the interpretation of the Membership Guidelines. By participating in this membership, the member accepts these conditions as enforceable and binding.

## A Membership Qualifications

In order to become and remain a member of Altrua HealthShare, a person must meet the following criteria:

**01. BELIEFS AND STANDARDS** Members share a common set of ethical or religious beliefs as outlined in the *Statement of Standards*. If at any time during participation in the *membership*, a violation of the *Statement of Standards* is discovered or revealed

through the review of the *member's* submitted medical records, all *needs* of the *member* in violation, submitted after the *date of service* in which the violation was discovered, will be put on hold. The *member* will be issued an explanation of the violation and allowed 30 days to submit counteracting documentation before being *withdrawn* from the *membership*, rendering all *needs ineligible*. In the event that a *member* is *withdrawn* due to a violation of the *Statement of Standards*, Altrua HealthShare will not return *member* contributions prior to the date of withdraw, because contributions are submitted for *member to member* sharing. *Member* reapplication may be accepted on a case-by-case assessment.

**02. MEMBERSHIP COMMITMENT** To maintain an active *membership*, a *member* must submit a *Membership Commitment Form* annually to demonstrate their continual commitment to the *membership*, *Acknowledgments*, *Statement of Standards*, *Commitments* and *Escrow Instructions*. The *Membership Commitment Form* is the *member's* responsibility to submit to Altrua HealthShare within 30 days of the *member's* annual renewal date. Any *Membership Commitment Form* not received within the 30 days will cause the *membership* to become inactive until this document has been received.

**03. MEDICAL HISTORY** The applicant(s) must meet all criteria set forth in the *Membership Enrollment Manual* and *Membership Guidelines*, to be qualified for *membership*, on his/her application date. If, at any time, it is discovered that a *member* did not submit a complete and accurate medical history on the *membership* application, the criteria set forth in the *Membership Enrollment Manual* will be applied, and could result in either a retroactive *membership limitation* or a retroactive denial

of his/her *membership*. Members may go through the appeals process to have a *membership limitation* removed by providing medical evidence that they qualify for such removal. *Membership limitations* and denials can be applied retroactively but cannot be removed retroactively.

**04. APPLICATION, ACCEPTANCE, AND EFFECTIVE DATE** The person must submit a *membership* application and be accepted into the *membership* by meeting the criteria of the *Membership Enrollment Manual*. The *membership* begins on a date specified by Altrua HealthShare. The first month's contribution must be received by the 15<sup>th</sup> day of their first month for the *membership* to become effective.

**05. DEPENDENT(S)** A *dependent* may participate under a combined *membership* with the *Head of Household*; however, a *dependent* who is 20 through 24 years of age may participate in such a combined *membership* only if he/she is either a *full-time student* or a *full-time service volunteer*. Proof of *full-time student* or *full-time service volunteer* status is required with his/her *membership* application. Proof of *full-time student* status must be submitted at the beginning of every semester or term. The documentation providing the *dependent's* status must be submitted to Altrua HealthShare for the *dependent* to be *eligible* for sharing. If that proof has not been submitted to Altrua HealthShare on behalf of the *dependent*, *needs* will be *ineligible* for sharing after 6 months from the *date of service*. *Full-time student* or *full-time service volunteer* status under a combined *membership* ends when a *dependent* reaches his/her 25<sup>th</sup> birthday, however, if the *dependent* has an ongoing *need* on his/her 25<sup>th</sup> birthday, participation ends an additional 90 days after the *dependent's* birthday. *Dependents* may continue their combined *membership* if they are medically unable to continue as either a *full-time student* or a *full-time service volunteer* because of an illness or injury: physical or mental. A physician or qualified health professional must verify this disability. A *dependent* who wishes to continue participating in the *membership* but who no longer qualifies under a combined *membership* must apply and qualify for a *membership* based on the criteria set forth in the *Membership Enrollment Manual*. Children born into the *membership*, due to an *eligible maternity need*, can become a *member* under a combined *membership* without having to meet any criteria in the *Membership Enrollment Manual*. Under a combined *membership*, the *Head of Household* is responsible to ensure that each individual participating under the combined *membership* meets and complies with the *Statement of Standards* and the *Membership Guidelines*.

**06. FINANCIAL PARTICIPATION** To maintain an active *membership*, a *member* must submit an annual *membership* fee of \$50.00 to Altrua HealthShare, a requested \$25.00 annual donation to Altrua Ministries, and a *monthly contribution* to Altrua HealthShare to be placed into the escrow account for *member-to-member* sharing. Annual *membership* fees to Altrua HealthShare and requested donations to Altrua Ministries are due by the 1<sup>st</sup> day of a *member's* anniversary month each

calendar year. If a *member's* annual *membership* fee is not received by the 15<sup>th</sup> of their anniversary date, the *member* will not be *eligible* for having their *needs* shared by other members. If a *member's* annual *membership* fee is not received by the end of the following month of the anniversary date, their *membership* will be *withdrawn*. *Monthly contributions* are to be received by the 1<sup>st</sup> of each participating month and required to be received no later than the last day of that month. If a *monthly contribution* is not received by the last day of a participating month, an administrative fee of \$35.00 will be assessed. If a *monthly contribution* is not received by the end of a 2<sup>nd</sup> participating month, the *member* will be *withdrawn* from the *membership*. Any *member* that has been *withdrawn* from the *membership* will be able to re-apply under the terms outlined to them in writing by Altrua HealthShare. Any *member* who allows their *membership* to become inactive three consecutive times will not be able to re-apply for *membership*. Any *member's* *needs* occurring after they become inactive or before they re-apply for *membership* are *ineligible* for sharing.

**07. OTHER CRITERIA** Children between 12 months and 18 years of age may qualify for *membership* without their parent's mutual participation on a case-by-case basis as determined by Altrua HealthShare. In these cases, the child's parent or guardian must complete and sign the *membership* application and any associated materials for the child, and is responsible to ensure that all application requirements, *Membership Guidelines*, and *Statement of Standards* are met.

- a An adopted child may qualify as a *dependent* or *member*, but will not receive preferential treatment under the *Membership Enrollment Manual*.
- b Non-U.S. citizens under 65 may also qualify for *membership*, as determined by Altrua HealthShare on a case-by-case basis.

## B Eligible Needs

Only *needs* incurred on or after the *member's* 90-day waiting period are *eligible* for sharing under the *Escrow Instructions*. The 90-day waiting period begins on the 1<sup>st</sup> day the *membership* becomes active. The *member's* provider, or the *member*, must submit a request for sharing in the manner and format specified by Altrua HealthShare. This includes but is not limited to: *Needs Processing Form*, industry standard billing forms (CMS 1500 and/or most recent UB form), or itemized statements, if billing forms are not available. If an itemized statement is being submitted for a *need(s)*, the statement must have: Provider's tax ID and name, diagnosis code (DX), procedure code (CPT), billed charges and the *date of service* (DOS). This is the minimum acceptable information that Altrua HealthShare requires regarding an itemized statement submitted for the sharing of a *member's* *need(s)*. One or more of these forms may be required, and

medical records may be requested. All participating members have a responsibility to abide by the *Member Rights & Responsibilities* published by Altrua HealthShare, which can be found on page 19 of these guidelines.

**01. PRE-AUTHORIZATION** The *member* must have the following procedures or services pre-authorized as *medically necessary* prior to receiving the service. The *member* will need to have their provider call the number found on the back of the *membership* ID card. Failure to comply with this requirement will render the service *ineligible*. Pre-authorization does not determine that a *need* is *eligible* for sharing. Verification of eligibility is still required on the following list of *needs*.

**| The following requires pre-authorization:\***

- › Advanced imaging i.e. MRI, MRA, CT, PET, etc.
- › Cancer testing, procedures and treatments\*\*
- › Cardiac testing, procedures and treatments
- › EMG/EEG
- › Infusion therapy
- › Inpatient hospital admissions
- › Long term care—any and all treatments involved
- › Nuclide studies
- › Ophthalmic surgical procedures
- › Outpatient surgery, testing, and procedures, includes pre-admission testing
- › Skilled nursing facility admissions
- › Sleep studies
- › Ultrasounds
- › Medical Tourism

**02. ER VISITS, EMERGENCY SURGERIES, PROCEDURES OR TESTS** Non-emergent use of the emergency room is *ineligible*. Medical records will be reviewed for all ER visits to determine eligibility. 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. Examples of an emergency include, but are not limited to; severe pain, choking, major bleeding, heart attack or a sudden, unexplained loss of consciousness. Altrua HealthShare must be *notified of all emergency room visits within 96 hours* of discharge by contacting the Member Services department and by submitting the *Needs Processing Form*. Applies to Gold Plus members only.

**03. MEDICAL TOURISM** If a *member* chooses to leave the United States specifically for the purpose of receiving healthcare in another country, the *member* must first contact the Eligibility Department of Altrua HealthShare. All medical procedures

outside of the United States must be pre-authorized by Altrua HealthShare in order for that *need* to be considered *eligible* for sharing. *Membership plan* applies.

All other medical procedures/treatments received outside of the country (e.g. vacation) NOT related to *medical tourism* will be subject to eligibility requirements.

If a *member* is treated outside the United States, the entire itemized medical bill must be translated into English and converted into U.S. dollars. The *member* must review the medical bill and assume responsibility for all needed charges as a self-pay patient. Finance charges and currency exchange fees are not *eligible* for sharing.

**04. CASE MANAGEMENT** In the event a *member's* condition is expected to be, or is, of a serious nature, Altrua HealthShare reserves the right to arrange for case management to oversee the treatment of the individual. Altrua HealthShare may alter or waive normal *Membership Guidelines* provisions when expecting a cost effective result, without sacrificing the quality of care. The use of case management is voluntary for the *member*; however, non-compliance of the case management's recommendation could result in the *need*, or related *needs*, to be *ineligible*.

**05. ELIGIBILITY FOR CANCER NEEDS** Cancer diagnosis, cancer testing, or treatment within the first 12 months of the *member's effective date* will render that cancer *need(s)* *ineligible* until the *member's* one year anniversary. In order for *needs* related to ANY type of cancer to become *eligible*, the following applies:

- › Female members, age 40 and over, are required to get screening tests every two years from the date of last negative test result, while on the *membership*: mammogram, or ultrasound in place of mammogram, and pap-smear with pelvic exams for female members. Male members, age 50 and over, are required to get a PSA blood test every two years from the date of last negative test result. Failure to obtain the biennial tests listed above will render future *needs* for breast, cervical, endometrial, ovarian and prostate cancer *ineligible*. The biennial tests must be performed within 24 months of their last clean test result and submitted to Altrua HealthShare.
- › Breast, cervical, endometrial, ovarian and prostate cancer related *needs* will be *eligible* for sharing after 1 year, if clean test results were received by Altrua HealthShare within 30 days of the *effective date*, or 1 year from the date that Altrua HealthShare receives and approves clean test results.
- › The *member* is required to contact Altrua HealthShare within 30 days of any cancer diagnosis by submitting the *Needs Processing Form*. If the *member* fails to give notification within 30 days, the *member* will be responsible for 50% of the total allowed charges after the MRAs have been assessed. MRAs according to *membership plan* applies.

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For Gold Plus members: Listed needs are *ineligible* within the first 90 days unless the need is for an ER related accidental injury, ER related life-threatening symptom(s) or ER related *eligible* surgery that has occurred after the *effective date* and does not fall under the category of recreational activities. Bronze Plus members: List applies to *eligible* inpatient hospitalization services only. (See D. Sharing Limits, #01)



*Ineligible* for sharing for a minimum of 1 year from the *effective date*. (See B. *Eligible Needs*, #05)

# C Ineligible Needs

Needs arising from any one of the following are *ineligible* under the *Escrow Instructions*:

01. Any *needs* prior to the 90-day waiting period, which begins on the 1<sup>st</sup> day the *membership* becomes active.\*
02. Any *need* for which there was a *pre-existing condition* 24 months prior to *member's effective date*, are *ineligible* for the first 24 months of *membership*.
03. All *needs* related to recreational activities during the first 90 days of the *effective date*.\*\*
04. Any illness, injury, or condition for which there is a *membership limitation*. The *member* will be notified of *membership limitations* when applying for *membership*.
05. Surgery during the first 90 days of the *effective date*, unless the delay of surgery could result in serious impairment to bodily functions, serious dysfunction of a bodily organ or part, or place the patient's health in serious jeopardy.
06. Any cancer diagnosis, cancer testing, or cancer treatment within the first 12 months of the *effective date*.
07. Treatment or referrals received or obtained from any family *member* including, but not limited to: father, mother, aunt, uncle, grandparent, sibling, cousin, *dependent* or any in-laws, etc.
08. Illness or injuries caused by *member* negligence or for which the *member* has acted negligently in obtaining treatment. This could be documented by, but is not limited to, review of medical records or treatment plans by a *licensed medical professional*
09. Procedures or treatments that are not recognized and approved by the American Medical Association (AMA) or that are illegal. This includes procedures not approved by the AMA for a given application, procedures still in clinical trials or procedures that are classified as experimental or unproven interventions and therapies.
10. Risk assessment testing, including but not limited to genetic testing and counseling.
11. Treatment, care, or services that are not *medically necessary* or appropriate. Medical necessity is determined by a *licensed medical professional(s)*.
12. Lifestyles or activities engaged in after the application date that are in conflict with the *Statement of Standards*.

13. *Needs* for members submitted 6 months after the *date of service*.
14. Transportation (e.g., ambulance, etc.) for conditions that are non-life-threatening.
15. Any additional expenses for transportation to a facility that is not the nearest facility capable of providing *medically necessary* care.
16. Any additional charges for a private hospital room if a semi-private hospital room is available.
17. Services done in an Ambulatory Surgical Center unless otherwise pre-authorized by Altrua HealthShare.
18. Congenital birth defects, except for any newborn that is born under an *eligible maternity*.\*\*\*
19. Elective cosmetic surgery.
20. Breast implants (placement, replacement or removal) and complications related to breast implants, including abnormal mammograms, unless related to an otherwise *eligible need*.
21. Elective abortion of a viable fetus/embryo, unless *medically necessary* to protect the life of the mother.
22. Infertility testing or treatment, as well as any birth control measures to prevent conception (e.g., IUD, injectables, patch, etc).
23. Sterilization or reversals (e.g., vasectomy, tubal ligation).
24. Sexual dysfunction services.
25. Hormone therapy for both men and women.
26. *Maternity* resulting from adultery or fornication outside of marriage.
27. Sexually transmitted diseases and all associated services.
28. Hysterectomy without first obtaining two independent opinions (neither physician may be a partner or another affiliate of the other). Both doctors must examine the patient prior to surgery and both must find that a hysterectomy is *medically necessary*. The *member* is responsible to ensure that both physicians submit medical necessity to Altrua HealthShare prior to surgery.
29. Obesity and any complication related to the diagnosis, according to the Centers for Disease Control and Prevention. See: [www.cdc.gov/obesity](http://www.cdc.gov/obesity)



Considered eligible for sharing for Gold Plus members if the need is for an ER related accidental injury, ER related life-threatening symptom(s) or ER related eligible surgery that has occurred after the effective date and does not fall under the category of recreational activities. (See D. Sharing Limits, #06)



Considered eligible for sharing if the Recreational Activities Share Increase is submitted for each member needing the share increase. Membership type applies. (See D. Sharing Limits, #07)



Has an annual sharing limit of \$50,000.

**30.** Weight control and management including nutritional counseling for weight loss, weight gain or health maintenance, even if related to a medical condition.

**31.** Inpatient hospital stays exceeding 60 days per medical need.

**32.** Second surgeries on previously *eligible surgical needs* are *ineligible* UNLESS; **(i.)** Member has unexpected and unprovoked emergency situation within 15 days of first surgery. **(ii.)** The member's provider has established, prior to initial surgery, that one or more follow-up surgeries will be required to fulfill the treatment of the condition. This is subject to review by a *licensed medical professional*. Any services related to an *ineligible 2<sup>nd</sup> surgery* within six months of that surgery will be *ineligible* for sharing.

**33.** Circumcisions performed after a newborn is discharged from the hospital, unless it threatens the health of the newborn. This may require review of medical records.

**34.** Personal aircraft, including; hang gliders, parasails, ultra-lights, hot air balloons, sky-diving, and any other aircraft not operated by a commercially licensed public carrier.

**35.** Chiropractic care in the first 12 months of the *effective date*. Applies to Gold Plus only.

**36.** Physical Therapy, unless it is associated with an *eligible surgery* or *eligible accidental injury* within the first 12 months of *effective date*. Applies to Gold Plus only.

**37.** Charges for emergency room visits and/or surgical removal for foreign objects placed in nose or ears by a child over five (5) years of age.

**38.** Emergency room services, 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.

**39.** Adult immunizations—age 18 and over.

**40.** The following immunizations for members of all ages; influenza, human papillomavirus (HPV), pneumococcal, meningococcal.

**41.** Medication not requiring a prescription.

**42.** Extreme sports or activities perceived as having a high level of danger. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear. Extreme sports may include but are not limited to:\*

- |                           |                                     |                      |
|---------------------------|-------------------------------------|----------------------|
| ▶ Abseiling or Rappelling | ▶ Big Wave Bodyboarding/<br>Surfing | ▶ Competitive Skiing |
| ▶ Adventure Racing        | ▶ Bossaball                         | ▶ Cycling            |
| ▶ BASE Jumping            | ▶ Bouldering                        | ▶ Endurance Racing   |
| ▶ BMX                     | ▶ Bungee Jumping                    | ▶ Free Climbing      |
| ▶ Bicycle Polo            | ▶ Cave Diving                       | ▶ Freediving         |
|                           |                                     | ▶ Hang Gliding       |

- |                                               |                   |                                                    |
|-----------------------------------------------|-------------------|----------------------------------------------------|
| ▶ Hot Air Ballooning                          | ▶ Obstacle Racing | ▶ Speed Flying or<br>Speed Riding                  |
| ▶ Ice Climbing                                | ▶ Paragliding     | ▶ Stand Up Paddle Boarding                         |
| ▶ Indoor Skydiving                            | ▶ Paramotoring    | ▶ Street Lugging                                   |
| ▶ Inline Skating                              | ▶ Parkour         | ▶ Surfing                                          |
| ▶ Jai Alai                                    | ▶ Rallying        | ▶ Trail Running                                    |
| ▶ Jet-Powered Flight                          | ▶ Rock Climbing   | ▶ Train Surfing                                    |
| ▶ Kitesurfing or Kiteboarding                 | ▶ Sandboarding    | ▶ Triathlon Racing                                 |
| ▶ Kneeboarding                                | ▶ Scuba Diving    | ▶ Tricking                                         |
| ▶ Longboarding                                | ▶ Sepak Takraw    | ▶ Unicycling                                       |
| ▶ Microlight                                  | ▶ Skateboarding   | ▶ Wakeboarding                                     |
| ▶ Mixed Climbing                              | ▶ Ski Jumping     | ▶ Waterskiing                                      |
| ▶ Motocross                                   | ▶ Skimboarding    | ▶ Whitewater Kayaking                              |
| ▶ Motorcycle Racing                           | ▶ Sky Surfing     | ▶ Whitewater Rafting                               |
| ▶ Mountain Biking                             | ▶ Skydiving       | ▶ WiSBASE, Wingsuit Flying, or<br>Proximity Flying |
| ▶ Mountainboarding or<br>All-Terrain Boarding | ▶ Slacklining     | ▶ Windsurfing                                      |
| ▶ Mountaineering                              | ▶ Snowboarding    |                                                    |

**43.** Any condition related to or resulting from seasonal allergies or chronic sinusitis. This includes but is not limited to; routine office visits, injections, immunotherapy, and surgery.

**44.** Custodial, long term care or other care that does not treat an illness or injury.

**45.** Home health care services.

**46.** Chelation therapy.

**47.** Purchase or rental of durable or reusable equipment or devices (e.g., oxygen, orthotics, hearing aids, prosthetics, external braces) including associated supplies or office visits.

**48.** Dental services and procedures including; periodontics, orthodontics, temporomandibular joint disorder (TMJ), orthognathic surgery, and charges for dental work done under general anesthesia.

**49.** Optometry, vision services, glasses, contacts, supplies, vision therapy, refraction services, and office visits; including medical conditions, for which corrective lenses provide treatment.

**50.** Counseling, testing, treatment, medication and hospitalization for: mental or psychiatric health, learning disability, developmental delay, autism, behavioral disorders, eating disorders, neuropsychological, alcohol/substance abuse, attention deficit or hyperactivity disorder, and psychological conditions.

**51.** Sleep studies due to mental or psychiatric conditions.

**52.** Handling charges, conveyance fees, STAT fees, shipping/handling fees, administration fees, missed appointment fees, telephone/email consultations, and after-hour fees.



Listed activities may also be considered recreational activities (See D. Sharing Limits, #06). Altru HealthShare will make the final determination if an activity is considered an extreme sport and if needs are ineligible for sharing.

- 53. Finance charges and currency exchange fees incurred by medical services received outside of the United States.
- 54. Acts of war.
- 55. Exposure to nuclear fuel, explosives, or waste.
- 56. Any conditions or injuries occurring while performing activities for a profit.
- 57. Consumption of a prescription medication taken in excess by the *member*.
- 58. Over consumption of alcohol, non-prescription drugs or use of illicit drugs, tobacco, vapor or e-cigarettes by a *member*.
- 59. Self-inflicted or intentional injuries.
- 60. Illness or injury caused by illegal activities of members of the *household*, includes misdemeanors and felonies, regardless of whether or not charges are filed.
- 61. Diseases due to; tattoos, body piercing, or lifestyle choices, this includes HIV/AIDs and any other STDs.
- 62. Drug testing, unless required by *membership*.
- 63. Adenoid removal surgery, if *member* has had a prior surgery to remove tonsils and the adenoids were not removed at the same time.

## D Sharing Limits

Total *eligible* needs shared from escrowed funds are limited as defined in this section and as further limited in writing to the individual member. Sharing limits are subject to pre-existing and membership limitations. The *MRA*s may apply to the provisions listed.

### Bronze Plus Membership

Bronze Plus members are responsible for the first \$5000 of each qualifying incident before the balance of the *need* is shared by the *membership*. Only qualifying *needs* incurred for inpatient hospital treatment or for surgery (including one-day surgery centers) may be submitted. Qualifying *needs* may be shared for multiple treatments for the same conditions as one incident in a calendar year. These *needs* must meet all other criteria, including the applicable *member responsibility amount*. For *needs* to be shared, no more than 90 days must elapse between hospital visits or related qualifying tests ordered by the doctor. Office visits, *preventative care*, tests, *maternity*,

chiropractic care, physical therapy, emergency room care, or *needs* related to any of these services are not *eligible* for sharing. Pre-Authorization is only *eligible* for inpatient hospitalization services. Discounted prescription program is available.

### Gold Plus Membership

Gold Plus members are responsible for the first *MRA* of \$500 per person, per calendar year before the balance of a *need* is shared by the *membership*. The *member* is also responsible for a 2<sup>nd</sup> *MRA* of 25% of the next \$10,000. The *membership* shares simultaneously in *eligible needs* as the *member's* 2<sup>nd</sup> *MRA* is being met. Once all *MRA*s are met, *eligible needs* are shared at 100% (includes office visits, testing, inpatient hospitalization, outpatient surgery, outpatient therapy and emergency room care). *Preventative care* services are not to exceed a maximum of \$400 per person, per calendar year. A discounted prescription program is available.

**01. AMBULANCE** The amount shared for ground transportation will not exceed \$3,000 and transportation by air will not exceed \$10,000.

**02. ORGAN TRANSPLANTS** *Eligible needs* requiring an organ transplant may be shared up to a maximum of \$150,000 per *member* per lifetime, not to exceed the maximum sharing limit of a *membership plan*. This includes all costs in conjunction with the actual transplant procedure. *Needs* requiring multiple organ transplants will be considered on a case-by-case basis. *Membership plan* applies.

**03. OUTPATIENT THERAPY** Treatments are limited to a combined 20 visits in a calendar year. Services are subject to the 1<sup>st</sup> and 2<sup>nd</sup> *MRA*, and include; occupational therapy and speech therapy. Physical therapy is only *eligible* if the *need* is associated with an *eligible surgery* or *eligible* accidental injury within the first 12 months from the *effective date*. Chiropractic care is not *eligible* for the first 12 months from the *effective date*. Applies to Gold Plus only.

**04. OVERNIGHT SLEEP TESTING** Sleep studies for sleep apnea require pre-authorization and are *eligible* for sharing, but limited to a one-night study done in either a facility or at home. If the home study is done but requires additional testing in a facility, it must be due to medical necessity and is subject to review by a *licensed medical professional*. *Membership plan* applies.

**05. PROVIDER REQUIRES SELF-PAYMENT** *Members* should ask their provider to follow the instructions on the back of their *membership* card. If for any reason, the provider chooses to not accept the card, the *member* should contact Altrua HealthShare and try to obtain a self-pay discount. The *member* will be reimbursed for discounted self-payments, if the *need* is *eligible*. *MRA*s apply. If a self-pay discount is not obtained, up to 50% of the *UCR* will be applied to the 1<sup>st</sup> then 2<sup>nd</sup> *MRA*, and any credit balance

reimbursed to the *member*. Submitted *needs* must include the provider's tax id number, diagnosis codes (ICD-10), procedure codes (CPT), billed amount, and receipt for proof of payment. Reimbursement to the *member* will not be made if there is an outstanding balance to the provider(s).

**06. RECREATIONAL ACTIVITIES\*** Injuries from recreational activities and school or community programs, including but not limited to; band, baseball, basketball, bike riding, bowling, camping, cheerleading, dance, drill team, fishing, football, golf, hiking, hockey, horseback riding, hunting, lacrosse, ripstik, rodeo, running, scooter, skiing, skateboard, skating, snowboarding, soccer, swimming, tennis, trampolines, under-water activities, volleyball, and wrestling will be shared up to \$5000.00 per *eligible need*, limited to 5 *needs* per *member*, per calendar year.\*\*

**07. RECREATIONAL ACTIVITIES SHARE INCREASE** *Members* may choose to submit an additional one-time contribution of \$300.00 to increase the shared amount to a maximum of \$25,000 per *eligible member*, for 365 days. The share increase renders *needs* for recreational activities *eligible* during the first 90 days of *membership*. The share increase does not apply to the *household*. The contribution must be submitted for each *member*. The *Recreational Activities Share Increase Form* may be submitted at any time during the year and the share increase will go into effect on the 1<sup>st</sup> of the following month for the *member* in which it applies. The share increase will be effective for 365 days and will not auto renew. \*\*

**08. RECREATIONAL VEHICLES** Injuries resulting from a recreational vehicle will be shared up to a maximum of \$10,000 per *need*. A *Needs Processing Form* is required before Altrua HealthShare will share on the *member's* behalf. A recreational vehicle is a licensed or unlicensed motor vehicle operated on land or water (including ATVs, snowmobiles, motorized scooters, boats, jet skis, etc.), or a licensed motor vehicle with less than four wheels (including motorcycles) excluding motor homes, 5<sup>th</sup> wheels, and bumper pull RVs. The vehicle's operator(s) must be insured by a third party for any *needs* to be *eligible*. Altrua HealthShare will only consider the *needs eligible* once they have been processed by the liable third party. \*\*

**09. SCREENING COLONOSCOPIES** Testing will be allowed one (1) time per year, not to exceed three (3) per *membership* lifetime for male and female members age 50 and over. Exceptions may be made for members under 50 with a family history of colon cancer, and the *member* must provide documentation from the referring medical doctor. *Membership plan* applies.

**10. TEMPORARY LONG TERM CARE** Care may not exceed 40 visits or days each year, and must be pre-authorized. Long term care or skilled nursing facility use is

*eligible* if treating an injury or illness. All services must be rendered by a skilled or *licensed medical professional*. Applies to Gold Plus only.

## E Coordination of Sharing

*Needs* do not qualify for sharing to the extent that they are payable by other resources such as health insurance, Medicare/Medicaid, VA, Tricare, private grants, or by a liable third party (auto, home insurance, educational, etc.). *MRAs* will be subject to the *member's* liable amounts, after any discounts or third party payments are made.

Sharing by the *membership* for a *need* that is later paid or found to be payable by an institutional source or third party, automatically allows Altrua HealthShare full rights to recover any and all amounts shared on behalf of the *member*.

If the *member* does not cooperate fully and assist Altrua HealthShare in determining if his/her *need* is discountable or payable by another party, the *need* will be *ineligible*. The *member* will have 120 days from the initial point of contact from Altrua HealthShare to respond with verification of requested information. If the *member* does not respond within the requested time, the *needs* will be deemed *ineligible* for sharing.

**01. CURRENT MEMBERS QUALIFYING FOR MEDICARE** Any person who has or becomes *eligible* for Medicare Part A and/or Part B, due to disability or age, will need to notify Altrua HealthShare before coverage with Medicare begins. Altrua HealthShare will request a copy of the *member's* Medicare certificate of coverage.

- a** For current members who qualify for Medicare, the *membership* is available if **■** the *member* has Part A only or Part A and B. The *member* will be placed on a Gold Plus *membership plan* and will have an individual *household* status of *member*, becoming a single *member*. Please call Member Services for current contribution amounts.
- b** Altrua HealthShare will require the Medicare Explanation of Benefits (EOB) **■** before the *membership* will share on the *member's* behalf.

**02. MEMBERS WITH OTHER HEALTH COVERAGE (OHC)** Altrua HealthShare will only share after the OHC. The other carrier's Explanation of Benefits (EOB) will be required before the *membership* shares in an *eligible* medical *need*. If a current *member* ends or begins the OHC, they must notify Altrua HealthShare. Proof of coverage from the carrier will be required for our records.



# F Maternity

When a *member* becomes pregnant, the *member* must notify Altrua HealthShare to verify eligibility. Notification of a confirmed pregnancy from a *licensed medical professional* must be received within 30 days by submitting a completed *Maternity Form* ([www.altruahealthshare.org/resources](http://www.altruahealthshare.org/resources)). A *member* with an *eligible maternity need* has the choice to select the “Self Pay Maternity” option on the *Maternity Form* or have the provider(s) submit all medical *needs* on behalf of the *member* to Altrua HealthShare. Failure to notify Altrua HealthShare of pregnancy could result in the *maternity needs* being *ineligible* for sharing.

- ▶ Female members of Altrua HealthShare, who are married and have been on a Gold Plus membership, combined with the spouse or child(ren) for 10 consecutive months—prior to conception—are *eligible* for maternity.
- ▶ Sharing for maternity starts at the time of conception through delivery for the mother and newborn.
- ▶ The membership share amounts for maternity are as listed below: \*
  - a** \$4,000 per pregnancy for a normal delivery
  - b** \$6,000 per pregnancy when a delivery by cesarean section that is *medically necessary*
- ▶ Sharing amounts apply to miscarriages.
- ▶ If the member elects to use a licensed midwife for delivery, Altrua HealthShare requires that the licensed midwife test for group B strep prior to delivery. Any complications to the mother or newborn, due to the failure to test for group B strep, will deem those needs *ineligible*.
- ▶ Bronze Plus members’ maternity needs are not *eligible* for sharing. If Bronze plus members desire to conceive and want maternity to be *eligible* for sharing, the membership plan would need to be upgraded to Gold Plus a minimum of 10 months prior to conception to be *eligible* for sharing.
- ▶ Any complications that arise for a mother and infant during an *ineligible* pregnancy will deem all needs related, *ineligible*.
- ▶ Maternity benefits do not apply to adoption.

**01. COMPLICATIONS DURING PREGNANCY** A complication of pregnancy is a disease or condition that is distinct from pregnancy but is adversely affected or caused by pregnancy, and occurs during the pregnancy and not just at the time of labor or delivery. Complications that threaten the life of the mother and child that require care or services not normally rendered during pregnancy, will be subject to medical review and apply towards the mother’s MRAs.

Complications of pregnancy such as false labor, occasional spotting, *licensed medical professional* prescribed rest during the pregnancy, and comparable severity associated with management of a difficult pregnancy will apply to the *Maternity* sharing limits.

**02. COMPLICATIONS DURING DELIVERY** Any life-threatening complications pertaining to the newborn during and after the delivery will be subject to the child’s MRAs. As such, any life-threatening complication for the mother will be reviewed under her MRAs. The *maternity* sharing limit will cease to apply and the *needs* will apply to the MRAs. An internal review of medical records will be required.

**03. HOW MATERNITY APPLIES TO THE NEWBORN** An *eligible maternity* for the mother will result in the newborn being *eligible* for sharing as a *dependent* on the *membership*. While the newborn is in the hospital, and under non-life-threatening circumstances, the *maternity* sharing limits apply.

The newborn will be added to the *membership* when born. Any *membership* changes, as a result of the newborn, that would increase the *member’s monthly contribution* amount, will be incurred the month the newborn is delivered.

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

If the *member* chooses not to have the newborn auto enrolled, but at a later date, desires for the infant or child to be added to their *membership*, the infant or child will be subject to the application process and the *member* may apply on behalf of the infant or child once the infant or child is over 30 days old. All provisions of the application process will apply and medical record review will be required.

If the pregnancy *needs* are *ineligible*, the newborn will be subject to the application process and the *member* may apply on behalf of the infant or child once the infant or child is over 30 days old. All provisions of the application process will apply and medical record review will be required.

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The shared amounts do not apply to the member’s 1<sup>st</sup> or 2<sup>nd</sup> MRA.



## Pre-Existing Conditions

Any pre-existing conditions will be shared at the following:

- › 1<sup>ST</sup> YEAR \$0
- › 2<sup>ND</sup> YEAR \$0
- › 3<sup>RD</sup> YEAR Up to \$25,000
- › 4<sup>TH</sup> YEAR Additional \$25,000
- › 5<sup>TH</sup> YEAR Additional \$100,000

## G Appeals

If a *need* is denied as *ineligible*, and there is a dispute, the aggrieved *member* may seek reconsideration only through the appeal procedure described herein. Regardless of the potential outcome of an appeal, the existence of this appeal procedure should not be interpreted as creating any expectation of sharing or a legally enforceable right or entitlement since there are no contractual promises of sharing under the *Membership Guidelines*. Rather, the procedure is a method by which the *member* can be sure that Altrua HealthShare is sharing *monthly contributions* in accordance with the *Escrow Instructions* and *Membership Guidelines*.

**APPEALS** Most situations can be resolved simply by calling Altrua HealthShare. A Member Services representative will try to resolve the matter, usually within 10 business days. Denials due to a retroactive decline for *membership* or a *membership limitation* are reviewed again only if the aggrieved party submits a formal appeal.

The aggrieved party may formally appeal any denied *need* by contacting the Member Services Department for a complete description of the formal appeal procedure. To qualify for an appeal, a *member's* appeal should address at least one of the following three questions:

- 01.** What information does Altrua HealthShare have that is either incomplete or incorrect?
- 02.** How does the member believe Altrua HealthShare has misinterpreted the information already on hand?
- 03.** What provision in the Altrua HealthShare Membership Guidelines does the member believe Altrua HealthShare applied incorrectly?

Appeals submitted more than 90 days from the date of denial will not be considered. The appeal is reviewed first by a supervisor at Altrua HealthShare, then, if necessary, by the Appeals Board.

## H Escrow Instructions

The *membership* directs Altrua HealthShare, as an escrow agent, to hold the *member-to-member* sharing contributions received by Altrua HealthShare, in an escrow account at an accredited financial institution. Those *monthly contributions* are then distributed for the purpose of medical *needs* sharing on behalf of the members pursuant to the following *Escrow Instructions* and in the following order;

(i.) To pay the expenses of operating the *membership*, including all of the *needs* necessary for Altrua HealthShare to provide for the continued viability of the *membership*; (ii.) To share *eligible needs* pursuant to the *Membership Guidelines* as modified by Altrua HealthShare, and as interpreted and applied by Altrua HealthShare; (iii.) In the event the *membership* is to be *withdrawn*, and after Altrua HealthShare determines that the funds held in escrow are sufficient to pay for the items listed above, any remaining funds shall be disbursed to qualified charities, as determined by Altrua HealthShare.

Altrua HealthShare may deposit or otherwise hold the escrowed contributions in one or more common bank accounts with escrowed contributions from other *membership* participants, until they are distributed pursuant to these instructions. Interest or other earnings on the escrowed *monthly contributions* shall become escrowed *monthly contributions* and shall be held and disbursed pursuant to these instructions. Altrua HealthShare shall not be obligated to invest the escrowed *monthly contributions*, provided; however, that if the escrowed *monthly contributions* are invested, Altrua HealthShare shall not be liable for substandard returns or for losses. Also, as a condition of receiving and distributing the *monthly contributions*, Altrua HealthShare must report to the *membership* who the *monthly contributions* are given to.

# Member Rights & Responsibilities

As a member of Altrua HealthShare, you have certain rights and responsibilities.

## Members have the right to:

- › Receive considerate, courteous service with respect for personal privacy and dignity
- › Receive accurate information regarding Membership Guidelines
- › Have needs processed accurately once all necessary documentation has been received
- › Participate in and make decisions regarding your health care, regardless of whether treatment is *eligible* for sharing by the membership
- › Have all medical records and other information handled in a confidential manner
- › Be informed so you they make educated decisions before receiving treatment
- › Be informed about available providers and facilities
- › Express a concern or file an appeal about their processed medical needs
- › Make recommendations regarding Membership Guidelines as part of the annual process

## Members have the responsibility to:

- › Treat all licensed medical professionals and personnel courteously
- › Treat all Altrua HealthShare employees courteously by maintaining respectful communication and if failure to do so, accept appropriate action

- › Take charge of their health, make positive choices, seek appropriate care and follow their licensed medical professional's instructions
- › Provide all pertinent information to their licensed medical professional to assess conditions and recommend treatment
- › Ask questions and make certain that they understand the explanations and instructions they are given
- › Ask questions and understand the consequences of refusing a recommended medical treatment
- › Understand that refusal of treatment may mean future medical needs will not be *eligible* for sharing
- › Communicate openly with their licensed medical professional and develop a patient/licensed medical professional relationship based on trust and cooperation
- › Participate in understanding their health problems and developing mutually agreed upon treatment goals
- › Read and understand the Membership Guidelines and any applicable membership limitations or needs that are *eligible* and call if they have any questions
- › Constructively express their opinions, concerns or complaints to the appropriate people
- › Follow the Membership Guidelines and honor the Statement of Standards of Altrua HealthShare
- › Contact Altrua HealthShare at 1.888.244.3839 if they need assistance

#MGP2017-0

This publication or the *membership* is NOT issued by an insurance company, nor is it offered through an insurance company. This publication or the *membership* does not guarantee or promise that your *eligible* medical needs will be shared by the *membership*; however, to date Altrua HealthShare has shared all *eligible* medical needs on behalf of the *membership*. This publication or the *membership* should never be considered as a substitute for an insurance policy. If the publication or the *membership* is unable to share in all or part of your *eligible* medical needs, whether or not this *membership* continues to operate, you will remain financially liable for any and all unpaid medical needs.

This is NOT a legally binding agreement to reimburse any member for medical needs a member may incur, but is instead, an opportunity for members to care for one another in a time of need, and present their medical needs to other members as outlined in the *Membership Guidelines*. The financial assistance members receive will come from other members' *monthly contributions* that are placed in an escrow account, not from Altrua HealthShare.

Caring for One Another 

 1.888.244.3839  [altruahealthshare.org](http://altruahealthshare.org)  P.O. Box 90849, Austin, TX 78709

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