



*caring for
one another*

*Membership Perks of
Altrua HealthShare*

- Members are exempt from the Affordable Care Act
- Caring people who help others
- One million dollar lifetime sharing limit, per person
- Choice of doctor, hospital or medical provider
- Different membership types to meet any budget
- Generic Prescription plan
- Help-A-Friend Referral Credit for each new member referred*
- Yearly Healthy Lifestyle Credit**

* For every household referral that joins Altrua HealthShare and remains an active member for three consecutive months, you will receive a Referral Credit. Credits vary based on membership type and specific dollar amounts determined by Altrua HealthShare.

** A Healthy Lifestyle Credit is given to all households who do not submit a single claim for an entire calendar year. This will be applied as a one-time credit in March of the following calendar year. Credits vary based on membership type and specific contribution amounts determined by Altrua HealthShare.

Information Booklet

A RECOGNIZED HEALTH CARE SHARING MINISTRY

Thank you for your interest in Altrua HealthShare.

In this booklet you will find the information you requested about Altrua HealthShare.

We are a faith-based solution to the problems of rising health care costs and expensive health insurance policies. Many have felt the only answer was reducing their coverage or choosing a high deductible plan.

Every day thousands discover Health Care Sharing Ministries as an alternative to health insurance. Sharing ministries similar to Altrua have been around for nearly thirty years, and billions of dollars of health care needs have been shared in by fellow members. Health Care Sharing Ministries are NOT insurance but in several ways operate similarly. Sharing ministries are biblically based and members are called to abide by a certain set of standards established through the member guidelines and the application of a Statement of Faith or Statement of Standards particular to each individual Health Care Sharing Ministry (HCSM). As a member of a HCSM, one is considered by the medical profession to be a self-pay patient. Self-pay patients typically enjoy lower costs than are charged to health insurance companies. HCSM members do not participate in subsidizing or paying for certain lifestyles that continue to add to the rising costs associated with insurance companies. Members of a sharing ministry remain self-pay but benefit from having other members who believe in caring for one another through the HCSM.

Unlike some of the other Health Care Sharing Ministries, Altrua does not require a pastor, elder or representative from one's local church to sign an acknowledgement verifying church attendance or the validation of the medical need being submitted to the membership for sharing. Members of Altrua do not have to wait on other members to send their individual checks to them for the sharing in their medical needs. The members of Altrua can rest assured that each eligible medical need submitted to the membership will be shared in accordance to the members' escrow account instructions and the member guidelines.

Altrua HealthShare and its membership opportunities are developed and based on biblical guidelines established for living a healthy and honorable lifestyle according to godly principles. Altrua is not bent towards one denomination, religion or walk of faith. Altrua leaves the convictions to each individual in honoring the Statement of Standards for becoming a member.

Altrua HealthShare, or simply Altrua, is a recognized HCSM under the Affordable Care Act. That means that members are eligible for exemption from the shared responsibility payment (penalty) mandated by the Affordable Care Act. Altrua is a nationwide faith-based membership of individuals and families who share in each other's medical needs by heeding scripture calling on believers to bear the burdens of others. Galatians 6:2 (NIV) "Carry each other's burdens, and in this way you will fulfill the law of Christ."

Altrua and its membership would love for you to be a part of this ministry and to experience how caring for one-another through health care sharing can be a blessing to you as it is to so many who participate.

Sincerely,

Randall L. Sluder
Executive Director



Altrua HealthShare Information Booklet

CONTACT INFORMATION

For general information, help with your application, *monthly contribution*, or medical *needs*, contact:

Altrua HealthShare

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Austin, TX 78715-1057

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memberservices@altruahealthshare.org

www.altruahealthshare.org

DISCLAIMER

Altrua HealthShare is a faith-based medical-need sharing membership. Medical needs are only shared in by the members according to the membership guidelines. Our members agree to the Statement of Standards and voluntarily submit monthly contributions into an escrow account with Altrua HealthShare acting as a neutral escrow agent between members. Organizations like ours have been operating successfully for years. We are including the following caveat for all to consider.

This publication or 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. 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, or 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, to 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.

TABLE OF CONTENTS

How It Works.....	4
Altrua Standard Membership Types	6
Altrua Advantage Membership Types.....	8
Office Visit MRAs	10

I. Membership Overview 11

A. Guidelines Purpose and Use	11
B. Individuals Helping Individuals	12
C. Monthly Contributions	12
D. Definition of Terms	12

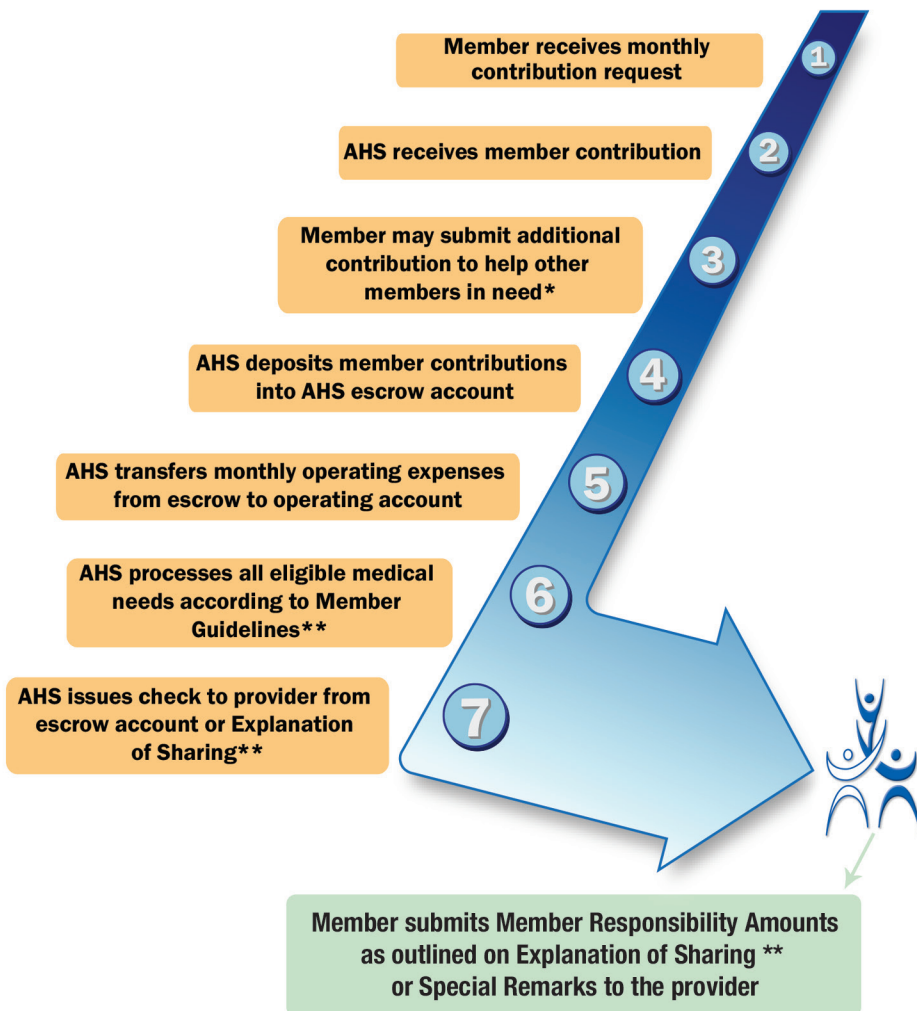
II. Contributors' Instructions and Conditions 16

A. Membership Qualifications	16
1. Religious Conviction and Standards	16
2. Medical History	16
3. Application, Acceptance and Effective Date	17
4. Dependents	17
5. Financial Participation	17
6. Other Criteria	18
B. Eligible Needs	18
C. Sharing Limits	23
1. Lifetime Limits	23
2. Annual Limits	23
3. Member Responsibility Amounts (MRA)	23
4. Non-Affiliated Provider	23
5. Recreational and Activity Limits	23
6. Organ Transplant Limit	24
7. Home Infusion Therapy Limit	24
8. Other Resources	24
9. Pre-Notification	25
10. Eligibility for Cancer Needs	26
11. Office Visit MRA	26
D. Maternity	27
E. Denied Needs	28
1. Appeals	28

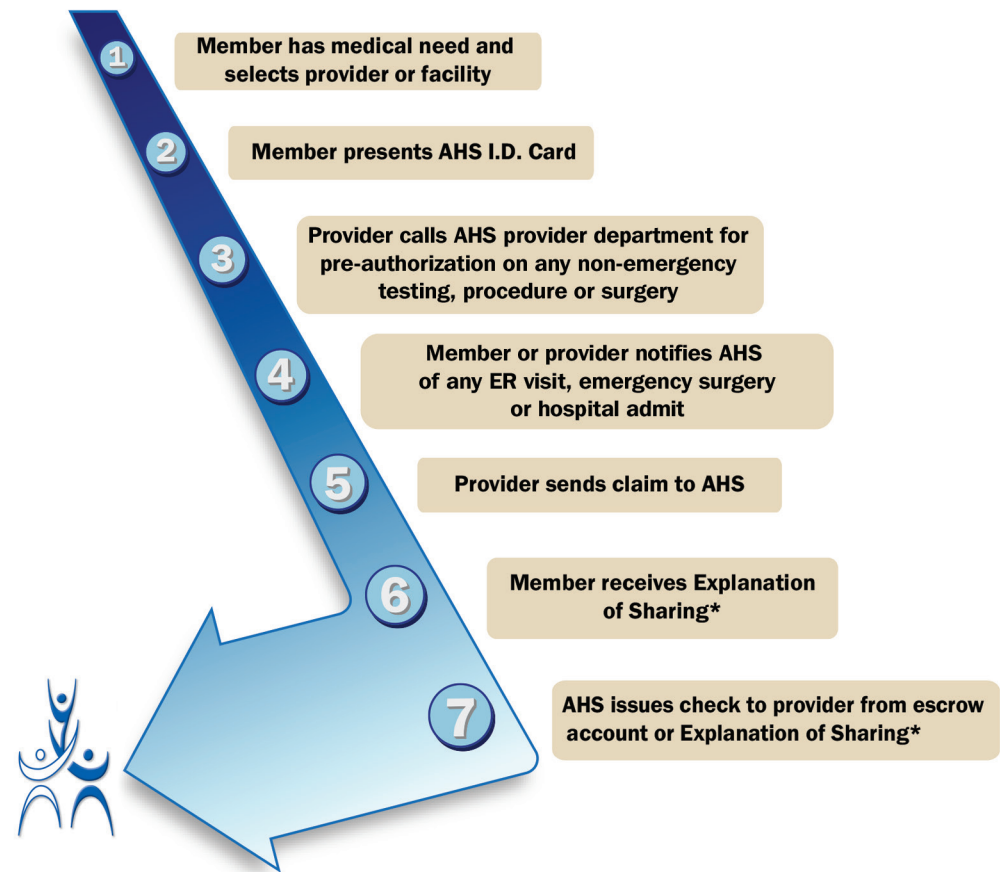
III. Member Rights & Responsibilities..... 29

Altrua HealthShare “How It Works”

Member Shares



Member Needs



*If submitting additional contributions, please make check payable to Altrua Ministries.

** Member medical needs are processed according to Member Guidelines and the membership type selected by member.

Altrua Standard Membership Types

MEMBERSHIP TYPE	GOLD STANDARD	SILVER STANDARD	BRONZE STANDARD
1st MRA*	\$500 per person per calendar year	\$1,000 per person per calendar year	\$1,500 per person per calendar year
2nd MRA* Affiliated Provider	25% of the next \$10,000	25% of the next \$10,000	25% of the next \$10,000
2nd MRA* Non-Affiliated Provider	50% of the next \$10,000	50% of the next \$10,000	50% of the next \$10,000
Office Visits MRA* 6 visits per calendar year	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Not Available
Maternity	\$4,000 max. normal delivery; \$6,000 max. medically necessary C-section	\$4,000 max. normal delivery; \$6,000 max. medically necessary C-section	Not Available
Prescription	Generic prescription program	Generic prescription program	Generic prescription program
Annual Maximum Limit	Not Applicable	Not Applicable	\$50,000
Lifetime Maximum Limit	\$1,000,000	\$1,000,000	\$1,000,000

*Member Responsibility Amount (Out of Pocket)

Affiliated Provider: PHCS network www.multiplan.com

**Non-Affiliated Providers office visit MRA is 50% of office visit

Monthly Contribution Request for Altrua Standard

GOLD STANDARD

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$240.00	\$360.00	\$480.00
40-49	\$264.00	\$396.00	\$540.00
50-59	\$324.00	\$558.00	\$660.00
60-64	\$420.00	\$732.00	\$780.00
65+ Medicare	\$240.00	\$360.00	N/A

SILVER STANDARD

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$216.00	\$336.00	\$450.00
40-49	\$240.00	\$372.00	\$492.00
50-59	\$300.00	\$516.00	\$600.00
60-64	\$360.00	\$660.00	\$720.00
65+ Medicare	\$216.00	\$336.00	N/A

BRONZE STANDARD

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$120.00	\$240.00	\$330.00
40-49	\$180.00	\$270.00	\$360.00
50-59	\$240.00	\$420.00	\$450.00
60-64	\$300.00	\$540.00	\$600.00
65+ Medicare	\$120.00	\$240.00	N/A

1026-10030508

If your family is larger than five, add \$50 more for each additional family member.

If husband and wife are both participating, "head-of-household" is based on the older spouse's age.

If head of household is 65 or over, contribution is based on younger spouse's age.

Office Visit MRA does not apply to 65+ Medicare plans.

Altrua Advantage Membership Types

MEMBERSHIP TYPE	GOLD ADVANTAGE	SILVER ADVANTAGE	BRONZE ADVANTAGE
1st MRA*	\$3,000 per person per calendar year	\$3,500 per person per calendar year	\$4,000 per person per calendar year
2nd MRA* Affiliated Provider	N/A	N/A	N/A
2nd MRA** Non-Affiliated Provider	50% of allowed charges	50% of allowed charges	50% of allowed charges
Office Visits MRA* 6 visits per calendar year	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Not Available
Maternity	\$4,000 max. normal delivery; \$6,000 max. medically necessary C-section	\$4,000 max. normal delivery; \$6,000 max. medically necessary C-section	Not Available
Prescription	Generic prescription program	Generic prescription program	Generic prescription program
Annual Maximum Limit	Not Applicable	Not Applicable	\$50,000
Lifetime Maximum Limit	\$1,000,000	\$1,000,000	\$1,000,000

*Member Responsibility Amount (Out of Pocket)

Affiliated Provider: PHCS network www.multiplan.com

**Non-Affiliated Providers office visit MRA is 50% of office visit

Monthly Contribution Request for Altrua Advantage

GOLD ADVANTAGE

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$200.00	\$300.00	\$400.00
40-49	\$220.00	\$330.00	\$450.00
50-59	\$270.00	\$465.00	\$550.00
60-64	\$350.00	\$610.00	\$650.00
65+ Medicare	\$200.00	\$300.00	N/A

SILVER ADVANTAGE

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$180.00	\$280.00	\$375.00
40-49	\$200.00	\$310.00	\$410.00
50-59	\$250.00	\$430.00	\$500.00
60-64	\$300.00	\$550.00	\$600.00
65+ Medicare	\$180.00	\$280.00	N/A

BRONZE ADVANTAGE

AGE	SINGLE	MEMBER+1	FAMILY
0-39	\$100.00	\$200.00	\$275.00
40-49	\$150.00	\$225.00	\$300.00
50-59	\$200.00	\$350.00	\$375.00
60-64	\$250.00	\$450.00	\$500.00
65+ Medicare	\$100.00	\$200.00	N/A

1026-10030508

If your family is larger than five, add \$50 more for each additional family member.

If husband and wife are both participating, "head-of-household" is based on the older spouse's age.

If head of household is 65 or over, contribution is based on younger spouse's age.

Office Visit MRA does not apply to 65+ Medicare plans.

Office Visit MRAs for All Membership Types

A \$35 office visit MRA for up to six office visits per person per calendar year when using an affiliated provider. For non-affiliated providers the office visit MRA is 50% of the office visit. The office visit MRA applies to all services received at the time of the office visit. Each visit is allowed up to \$300.00 for Gold and Silver plans. It does not include any services contracted out to other providers or facilities. Maternity office visits are considered part of maternity sharing limit for your membership.

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

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

Altrua HealthShare Membership Guidelines

Refer to the Definition of Terms section (I.-D.) for the definitions of the terms that are used throughout the *guidelines* and *membership* application.



I. MEMBERSHIP OVERVIEW: Altrua HealthShare is an escrow agent that administers voluntary sharing of health care *needs* for qualifying *members*. The *membership* is based on a religious tradition of mutual aid, neighborly assistance, and burden sharing. The *membership* does not subsidize self-destructive behaviors and lifestyles, but is specifically tailored for individuals who maintain a healthy lifestyle, make responsible choices in regards to health and care, and believe in helping others. The Altrua HealthShare *membership* is not health insurance.

A. Guidelines Purpose and Use: The *guidelines* are provided as an outline for *eligible needs* in which contributions are shared in accordance with the *membership's escrow instructions*. They are not for the purpose of describing to potential *contributors* what amounts will be shared on their behalf and do not create a legally enforceable right on the part of any *contributor*. Neither these *guidelines* nor any other arrangement between *contributors* and Altrua HealthShare creates any rights for any *contributor* as a reciprocal beneficiary, as 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 Trustees.

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

B. Individuals Helping Individuals: *Contributors* participating in the *membership* help individuals with their medical *needs*. Altrua HealthShare facilitates in this assistance and acts as an independent and neutral escrow agent, dispersing *monthly contributions* as described in the *membership escrow instructions* and *guidelines*.

C. Monthly Contributions: *Monthly contributions* are voluntary contributions or gifts that are non-refundable. As a non-insurance *membership*, neither Altrua HealthShare nor the *membership*, are liable for any part of an individual's medical *need*. All *contributors* are responsible for their own medical *needs*. Although *monthly contributions* are voluntary contributions or gifts, there are administrative costs associated with monitoring the receipt and disbursement of such contributions or gifts. Therefore, any contribution received after the 15th of each month will incur an administrative fee, as will returned checks or returned ACH payments. Contributions made with a check-by-phone will incur an additional fee.

Members wishing to change to a *membership type* other than that which they are currently participating may, at Altrua HealthShare's discretion, be required to submit a new signed and dated *membership* application for review. *Membership type* changes can only become effective on the first of the month after the new *membership* application has been approved.

Contributors wishing to discontinue participation in the *membership* must submit the request in writing by the 20th day of the month before which the contributions will cease. The request should contain the reason why the *contributor* is discontinuing participation in the *membership*. Should the *contributor* fail to follow these *guidelines* as they pertain to discontinuing their participation in the *membership* and later wishes to reinstate their *membership*, unsubmitted *contributions* from the prior participation must be submitted with a new application. Contributions made online will incur an additional fee from the third party payment system.

D. Definition of Terms: Terms used throughout the *guidelines* and application are defined as follows:

1. **Affiliated Provider:** Medical care professionals or facilities that are under contract with a network of providers with whom Altrua HealthShare works. Affiliated providers are those that participate in the PHCS network. A list of providers can be found at www.multiplan.com.

2. **Application Date:** The date Altrua HealthShare receives a complete *membership* application.

3. **Combined Membership:** Two or more family *members* residing in the same household.

4. **Contributor:** Person named as *head of household* under the *membership*.

5. **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*.

6. **Eligible:** Medical *needs* that qualify for voluntary sharing of contributions from escrowed funds, subject to the sharing limits.

7. **Escrow Instructions:** Instructions contained on the *membership* application outlining the order in which voluntary *monthly contributions* may be shared by Altrua HealthShare.

8. **Full-Time Service Volunteer:** Person 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.

9. **Full-time Student:** Person enrolled for a total of 12 or more credit hours in a high school, an accredited college or university, or in a certified vocational/technical training school. Credit hours are those derived from courses offered on 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.

10. **Guidelines:** Provided as an outline for *eligible* medical *needs* in which *contributions* are shared in accordance with the *membership's escrow instructions*.

11. **Head of Household:** *Contributor* participating by himself or herself; or the husband or father that participates in the

membership; or the wife or mother if the husband does not participate in the *membership*.

12. Maternity: Medical *needs* for the mother's care pertaining to prenatal or newborn delivery, and routine hospital expenses for the newborn.

13. Medically Necessary: A service, procedure, or medication necessary to restore or maintain physical function and is provided in the most cost-effective setting consistent with the *member's* condition. Services or care administered as a precaution against an illness or condition or for the convenience of any party are not *medically necessary*. The fact that a provider may prescribe, administer or recommend services or care does not make it *medically necessary*, even if it is not listed as a *membership limitation* or an ineligible *need* in these *guidelines*. To help determine medical necessity, Altrua HealthShare may request the *member's* medical records and may require a second opinion from an *affiliated provider*.

14. Member(s): A person or persons who qualify to receive voluntary sharing of contributions for *eligible* medical *needs* according to the *membership escrow instructions, guidelines* and *membership type*.

15. Membership Eligibility Manual: The 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.

16. Membership Limitation: A specified medical condition for which medical *needs* arising from or associated with the condition are not *eligible* for sharing. An associated condition is one that is caused directly and primarily by the medical condition that is specifically not *eligible*.

17. Member Responsibility Amounts (MRA): The amounts of an *eligible need* that do not qualify for sharing because the *member* is responsible for those amounts.

18. Membership: All *members* of Altrua HealthShare.

19. Membership Type: Standard Gold, Silver, Bronze or Advantage Gold, Silver or Bronze sharing options are available with different *member responsibility amounts (MRA)* and sharing limits as selected in writing on the *membership* application and approved by Altrua HealthShare.

20. Monthly Contributions: Monetary contributions, excluding the annual *membership* contribution, voluntarily given to Altrua HealthShare to hold as an escrow agent and to disburse according to the *membership escrow instructions*.

21. Need(s): Charges or expenses for medical services from a licensed medical practitioner or facility arising from an illness or accident for a single *member*.

22. Non-affiliated Provider: Medical care professionals or facilities that are not participating with the PHCS network (www.multiplan.com).

23. Licensed Medical Physician: An individual engaged in providing medical care and who has received state license approval as a practicing Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).

24. Pre-Existing Condition: Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms within 12 months prior to the *application date*. Symptoms 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 practitioner.

25. Usual, Customary and Reasonable (UCR): The lesser of the actual charge or the charge most other providers would make for those or comparable services or supplies, as determined by Altrua HealthShare.



II. CONTRIBUTORS' INSTRUCTIONS AND CONDITIONS

By submitting *monthly contributions*, the *contributor* instructs Altrua HealthShare to share escrowed funds in accordance with the *membership escrow instructions*. Since Altrua HealthShare has nothing to gain or lose financially by determining if a *need* is *eligible* or not, the *contributor* designates Altrua HealthShare as the final authority for the interpretation of these *guidelines*. By participation in the *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:

1. **Religious Conviction and Standards:** The person must have a religious conviction of helping others and/or maintaining a healthy lifestyle as outlined in the Statement of Standards contained in the *membership* application. If at any time during participation in the *membership* a violation of the Statement of Standards is found, the individual not honoring this standard may be subject to removal from participation in the *membership*.

2. **Medical History:** The person must meet the criteria to be qualified for a *membership* on his/her *application date*, based on the criteria set forth in the *Membership Eligibility Manual*.

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 Eligibility Manual* on his/her *application date* will be applied, and could result in either a retroactive *membership limitation* or a retroactive denial to his/her effective date of *membership*.

Members may apply to have a *membership limitation* removed by providing medical evidence that they qualify for such removal according to the criteria set forth in the *Membership Eligibility Manual*. *Membership limitations* and denials can be applied retroactively but cannot be removed retroactively.

3. **Application, Acceptance and Effective Date:** The person must submit a *membership* application and be accepted into the *membership* by meeting the criteria of the *Member Eligibility Manual*. The *membership* begins on a date specified by Altrua HealthShare in writing to the *member*.

4. **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.

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 illness or injury, physical or mental. A physician or qualified health professional must verify this disability.

Full-time student or *full-time service volunteer* status under a *combined membership* ends when a dependent reaches his/her 25th birthday. However, if the *dependent* has an on-going need on his/her 25th birthday, participation ends an additional 90 days after the *dependent's* birthday.

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 Eligibility Manual*.

The newborn of a mother who has an *eligible maternity need* can become a *member* under a *combined membership* without having to meet any criteria in the *Membership Eligibility Manual*. Written notification must be provided by the *member* and received by Altrua HealthShare within 30 days after the birth of the newborn.

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 all *guideline* provisions.

5. **Financial Participation:** To keep a *membership* active, a *member* must submit an annual *membership* contribution of \$100.00 to Altrua HealthShare and a \$25.00 annual donation to

Altrua Ministries and submit their contributions monthly in the amount specified by Altrua HealthShare.

Monthly contributions are requested to be received by the 1st of each month. If the **monthly contribution** is not received by the 15th of each month, an administrative fee will be assessed to track, receive and post the **monthly contribution**. If the **monthly contribution** is not received by the end of the month, a **membership** will become inactive as of the last day of the proceeding month in which a **monthly contribution** was received.

Annual **membership** contributions and donations are due on the 1st day of January of each calendar year. Annual membership fees are not prorated. If the annual **membership contribution** is not submitted by January 31st of each calendar year, your **membership** will become inactive.

Any **member** who has a **membership** that has become inactive will be able to reapply for **membership** under the terms outlined to them in writing by Altrua HealthShare. Any **member** who submits a **monthly contribution** in such a manner as to have a **membership** become inactive three times will not be able to reapply for **membership**.

Needs occurring after a **member's** inactive date and before they reapply are not **eligible** for sharing.

6. Other Criteria: Children under the age of 18 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 and **guideline** requirements are met. An adopted child must apply and qualify as a new **member** and receives no preferential treatment under the **Membership Eligibility Manual**. Non-U.S. citizens may also qualify for **membership** as determined by Altrua HealthShare on a case-by-case basis. If the Non -U.S. citizen is 65 years of age or older he/she will continue to submit **monthly contributions** based on the 60–64 **monthly contribution** table.

B. Eligible Needs: Only **needs** incurred on or after the **membership** effective date are **eligible** for sharing under the **membership escrow instructions**. The **member** (or the **member's** provider) must submit a request for sharing in the manner and format specified by Altrua HealthShare. This includes but is not limited to a Need

Processing Form, standard industry billing forms (HCFA 1500 and/or UB 92) and may include medical records. All participating **members** have a responsibility to abide by the **Members Rights and Responsibilities** published by Altrua HealthShare (attached at the end of these **guidelines**).

Needs arising from any one of the following are not **eligible** for sharing under the **membership escrow instructions**:

1. 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.
2. Pre-existing conditions will be limited for the first twelve months of **membership**. Certain limitations may apply for more than 12 months dependent upon the condition.
3. Illnesses or injuries for which there is a **membership limitation**.
4. 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 physician**.
5. Procedures or treatments that are not recognized and approved by the American Medical Association (AMA) or that are illegal. 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.
6. Lifestyles or activities engaged in after the **application date** that is in conflict with the Statement of Standards (on the **membership** application).
7. Surgery during the first 90 days of **membership**, 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.
8. Transportation (e.g., ambulance, etc.) for conditions that are not life-threatening, unless failure to transport the **member** immediately will seriously jeopardize the **member's** life; the additional expense for transportation to a facility that is not the nearest facility capable of providing **medically necessary** care; or charges in excess of \$10,000 for transportation by air.
9. Congenital birth defects, except for any newborn that is born under an **eligible need** for **maternity**.

10. Elective cosmetic surgery.
11. Breast implants (placement, replacement or removal) and complications related to breast implants, including abnormal mammograms, unless related to an otherwise *eligible need*.
12. Elective abortion of a viable fetus/embryo, unless *medically necessary* to protect the life of the mother.
13. Infertility testing or treatment, as well as any birth control measures to prevent conception (i.e., the pill, IUDs, shots, etc).
14. Sterilization or reversals (vasectomy and tubal ligation).
15. *Maternity* resulting from adultery or fornication by the *member*.
16. Hysterectomy without first obtaining two independent opinions (neither physician may not be a partner or other 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. Failure to follow these procedures will result in a finding of ineligibility for sharing by the *membership*.
17. Weight control and management including nutritional counseling for weight loss, weight gain or health maintenance.
18. Hospital stays exceeding 60 days per medical *need* or additional charges for a private hospital room if a semi-private hospital room is available.
19. Any exams, physicals or tests for which there are no specific medical symptoms, diagnosis in advance or risk assessment testing. Screening colonoscopies, subject to *MRA's* will be *eligible* for sharing for *members* over the age of 55 every 5 years not to exceed 3 per lifetime.
20. Chelation.
21. Physical therapy or chiropractic care in lieu of physical therapy that is not pre-authorized. Pre-Authorized treatments are limited to 20 visits in any calendar year.
22. Manipulation therapy.
23. Homeopathic, holistic, or naturopathic treatments, bio-feedback or neurofeedback unless pre-authorized by Altrua

HealthShare. Such treatments will have a limitation of \$500 per calendar year per household.

24. Charges for emergency room visits and/or surgical removal for foreign objects placed in nose or ears by a child over five (5). Removal of foreign objects that can be done in an office setting will be reviewed under regular MRA's or the Office Visit MRA Option.
25. Medication or procedures not requiring a prescription.
26. Custodial, long-term care or other care that does not treat an illness or injury. *Eligible* long-term care is limited to 40 days or visits.
27. Purchase or rental of durable or reusable equipment or devices (e.g., oxygen, orthotics, hearing aids, prosthetics and external braces), including associated supplies or office visits.
28. *Needs* for active members submitted after they are over 9 months old. *Needs* for inactive members submitted after they are over 6 months old.
29. Dental services and procedures, including periodontics, orthodontics, temporomandibular joint disorder (TMJ) or orthognathic surgery. Includes hospital charges for dental work done under general anesthesiology.
30. Optometry, vision services, glasses, contacts, supplies, vision therapy, refraction services or office visits.
31. Psychiatric or psychological counseling, testing, treatment, medication and hospitalization.
32. Mental or psychiatric health, learning disability, developmental delay, autism, behavior disorders, eating disorders, neuropsychological testing, alcohol/substance abuse counseling, attention deficit disorder or hyperactivity.
33. Speech therapy (except for a deficit arising from stroke/trauma).
34. Circumcisions performed after the newborn is discharged from the hospital. An exception will be made for circumcisions that would unusually threaten the health of the newborn. This limit will be extended 30 days after such condition is resolved based upon review of medical records.
35. Self-inflicted or intentional injuries.
36. Acts of war.

37. Exposure to nuclear fuel, explosives, or waste.
38. Occupational injury resulting from an injury incurred while performing any activity for profit.
39. Consumption of alcohol, consumption of a prescription drug not prescribed for the *member* or prescription drug prescribed for the *member* and taken in excess that causes an adverse reaction or illicit drug use by a *member*.
40. Illness or injury caused by the illegal activities of the *member* or the *member's* family, including misdemeanors and felonies, regardless of whether or not charges are filed.
41. Treatment, care or services that is not *medically necessary* or appropriate.
42. 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.
43. Sexually transmitted diseases.
44. Diseases, including HIV/AIDs due to tattoos, body piercing, or lifestyle choices.
45. Allergy testing or immunotherapy treatment.
46. Second surgeries on a previously *eligible* surgical *need* are not *eligible* unless a second surgery is *medically necessary* based on an immediate complication from the first surgery and must occur within 15 days of the original surgery. Second surgery exclusions apply, but are not limited to, knees, shoulders, noses, backs, hernias, sinuses.
47. Genetic testing and counseling.
48. Handling charges, conveyance fees, stat fees, shipping/handling fees, administration fees, missed appointment fees, telephone/email consultations, additional charges for services supplied in an after-hours setting.
49. Drug testing unless required by *membership*.
50. Sexual dysfunction services.
51. Diagnostic testing or cancer diagnoses within one year of effective date will render that cancer diagnosis ineligible for sharing until the member's first year anniversary.

52. Adenoid removal surgery eligible for sharing only at 50% if *member* has had a prior surgery to remove tonsils and the adenoids were not removed at the same time.

C. 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*.

1. **Lifetime Limits:** The maximum amount shared for *eligible needs* over the course of an individual *member's* lifetime.
2. **Annual Limits:** The maximum amount shared for *eligible needs* per member per calendar year (January 1st through December 31st).
3. **Member Responsibility Amounts (MRA):** *Eligible needs* are limited to the amounts in excess of the MRA, which are applied per individual *member* per calendar year.
 - a. **MRA (s):** The eligible amount that does not qualify for sharing based on the membership type chosen by the member. 100% of the Advantage MRA must be met before the membership will share on your behalf.
 - b. **Office Visit MRA:** The member will submit a \$35 MRA to affiliated providers and will submit 50% of allowed charges to non-affiliated providers for each eligible office visit. Eligible office visit MRA's do not count towards the MRA(s). The \$35 MRA will apply to the office visit only. Additional services will be subject to the MRA(s).

*membership type applies
 - c. **Pre-Payment of Services:** Members who pre-pay at the time of service without providing the membership the opportunity to discount eligible needs, will only have those needs shared at 50%. The only exception to this policy will be if the member has pre-authorized the agreement with Altrua HealthShare.
4. **Non-Affiliated Provider:** For services rendered by a *non-affiliated provider*, total *eligible needs* shared are limited to not more than *usual, customary and reasonable* charges (UCR).
5. **Recreational and Activity Limits:** *Eligible needs* arising from any of the following are shared up to a maximum \$5,000 per *need*:

- a. **Recreational Limit:** Injuries resulting from a recreational vehicle or personal aircraft will be shared up to a maximum of \$25,000 if the member submits an additional monthly contribution, as specified and approved by Altrua HealthShare. If a *member* who is a minor sustains injuries while riding a recreational vehicle that is not owned by a household resident or an extended family member and is not regularly stored at the resident address the recreational limit will be shared up to a maximum of \$10,000.

A recreational vehicle is a licensed or unlicensed motor vehicle operated on land or water (including ATVs, snowmobiles and motorized scooters, boats, jet skis, etc.), or a licensed motor vehicle with less than four wheels (including motorcycles).

Personal aircraft includes hang gliders, parasails, ultra lights, hot air balloons, and any other aircraft not operated by a commercially licensed public carrier.

- b. **Activity Limit:** Injuries resulting from participation in the following activities: band, baseball, basketball, bike riding, bowling, camping, cheerleading, cycling, dance, drill team, fishing, football, golf, hiking, hockey, horseback riding, hunting, lacrosse, ripstick, rodeo, running, scooter, skis/snowboard, skateboard, skating, soccer, swimming, tennis, trampolines, volleyball, wrestling or any other type of activity such as school or community programs may be shared up to a maximum of \$25,000 if the *member* submits an additional \$300.00 annual contribution per participant.

6. **Organ Transplant Limit:** *Eligible needs* requiring organ transplant may be shared up to a maximum of \$150,000 per *member* not to exceed the maximum sharing limit of a *membership type*.

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.

7. **Home Infusion Therapy Limit:** *Eligible needs* requiring home infusion therapy may be shared up to a maximum of 50% of allowed charges. The remaining 50% will be the *member's* responsibility.

8. **Other Resources:** Needs do not qualify for sharing to the extent that they are discountable by the provider or payable by

an institutional source such as insurance, Medicare/Medicaid, VA/Champus, private grants, or by a liable third party. 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 not be eligible for sharing. This limitation includes needs payable by Medicaid, if the member qualifies for Medicaid. If the member is 65 years of age or older, this limitation also includes needs that are payable by Medicare A or B, whether the member is enrolled in Medicare or not. The MRA's are waived up to the maximum MRA's per membership type only if a liable third party or institutional source pays on the member's behalf. Sharing of monthly contributions for a need that is later paid or found to be payable by an institutional source or a liable third party will automatically allow Altrua HealthShare full rights to recover from the member the amounts shared in their behalf.

9. **Pre-Notification:**

- a. **Non-Emergency Surgery, Procedure or Test:** The member must have the following procedures or services pre-authorized as medically necessary prior to receiving the service. Failure to comply with this requirement will render the service not eligible for sharing.

- Hospitalizations: non-emergency prior to admission; emergency notification within 48 hours
- MRI Studies/CT Scans/Ultrasounds (except for pregnant females)
- Skilled Nursing Facility Admissions
- Home Health Care
- Physical or Occupational Therapy
- Speech Therapy—under limited circumstances only
- Cardiac Testing, Procedures and Treatments
- Inpatient or outpatient Testing, Surgeries and Procedures
- Cancer Testing, Procedures and Treatments
- Infusion Therapy
- Nuclide Studies
- EMG/EEG
- Ophthalmic Procedures

- b. **ER Visits, Emergency Surgery, Procedure or Test:** Non-emergent use of the emergency room is NOT eligible for sharing. 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.

10. Eligibility for Cancer Needs: In order for needs related to cancer of any type to be eligible (e.g., breast, colorectal, leukemia, lymphoma, prostate, skin, etc.) the member must meet the following requirements:

- a. The member is required to contact Altrua HealthShare within 30 days of diagnosis. If the member fails to notify Altrua HealthShare within the 30 day time frame, the member will be responsible for 50% of the total allowed charges after the MRA(s) has been assessed to the member.
- b. Early detection provides the best chance for successful treatment and in the most cost effective manner. Effective January 1, 2016, the membership will require that all members age 40 and older receive appropriate screening tests on a bi-annual basis: mammograms and gynecological tests for the women and PSA testing for the men. Failure to obtain bi-annual mammograms and gynecological tests for the women or PSA tests for the men will render future needs for breast cancer, cervical cancer or prostate cancer ineligible for sharing.

11. Office Visit MRA: The member will submit a \$35 MRA to affiliated providers and will submit 50% of allowed charges to non-affiliated providers for each eligible office visit. The \$35 MRA will apply to the office visit only with a maximum sharing limit of \$300.00 for Gold and Silver plans. It does not include any services contracted out to other providers or facilities. Maternity office visits are considered part of maternity sharing limit for your membership. Any amount that exceeds the maximum sharing limit of \$300.00 will not be applied to the 1st or 2nd MRA(s) but will remain the responsibility of the member.

D. Maternity: For a mother who has been a *member* for 10 consecutive months in a combined *membership* with a gold or silver *membership type* prior to conception, *needs* for *maternity* are limited to \$4,000 per pregnancy (whether for a single or multiple birth or for any type of miscarriage), with no *MRA* applicable. *Members* participating in a bronze *membership type* do not qualify for *maternity eligibility*. *Needs* for *maternity* ending in a delivery by cesarean section that is either *medically necessary* because of complications that arise at the time of delivery or due to medical necessity from previous cesarean section delivery are limited to \$6,000 instead of \$4,000 with no *MRA* applicable. *Needs* for *maternity* involving complications that threaten the life of the mother or infant and requiring care or services not normally rendered at the time of delivery are not limited to either the \$4,000 or \$6,000 *maternity* sharing limit, however the *MRA's* apply. If the mother has not been a *member* under a *combined membership* for 10 consecutive months with a gold or silver *membership type* prior to conception, *needs* for *maternity* will not be *eligible* for sharing. The newborn will be *eligible* to participate in the *membership* 30 days after delivery, subject to the application process.

Complications of pregnancy or medical *needs* for the newborn beyond routine hospital care are not subject to *maternity* sharing limits. 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, for example, pregnancy related acute nephritis, nephrosis, cardiac decompensation, puerperal infection, eclampsia and toxemia. Complications of pregnancy does not include false labor, occasional spotting, doctor-prescribed rest during the pregnancy, morning sickness, cesarean section or other conditions of comparable severity associated with management of a difficult pregnancy.

If the *member* elects to use a mid-wife for delivery, Altrua HealthShare requires that the mid-wife test for group B strep prior to delivery. Any complications to the mother or the baby due to failure to test for group B strep will not be *eligible* for sharing.

Once pregnant, the *member* must notify Altrua HealthShare to determine if the pregnancy is *eligible* under the *membership guidelines*. The *member* of an *eligible maternity need* has the choice of two (2) reimbursement options. Maternity benefits do not apply to adoption.

E. Denied Needs: If a *need* is denied as not *eligible*, and there is a dispute, the aggrieved *member* or any other aggrieved party 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 *contributor* can be sure that Altrua HealthShare is sharing *monthly contributions* in accordance with the *membership escrow instructions* and *guidelines*.

1. **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.

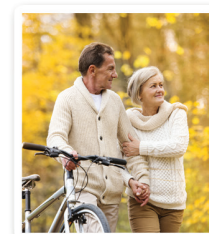
The aggrieved party may formally appeal any denied *need* by following the established formal appeal procedure as outlined by Altrua HealthShare. In summary, the procedure requires a formal appeal to be in writing and an appeal fee to be deposited with Altrua HealthShare.

The appeal is reviewed first by a supervisor at Altrua HealthShare, then, if necessary, by the Appeals Board.

If the original denial is upheld, the appeal fee is not returned. If the denial is overturned, an amount equal to double the total of all appeal fees deposited will be returned to whoever made the appeal. To have any degree of merit, an appeal should address at least one of the following three questions:

- What information does Altrua HealthShare have that is either incomplete or incorrect?
- How do you believe Altrua HealthShare has misinterpreted the information already on hand?
- What provision in the Altrua HealthShare guidelines do you believe Altrua HealthShare applied incorrectly?

Appeals submitted more than nine months from the date of denial will not be considered. The aggrieved party may contact Altrua HealthShare for a complete description of the formal appeal procedure.



III. MEMBER RIGHTS AND RESPONSIBILITIES. As a *member* of Altrua HealthShare, you have certain rights and responsibilities.

A. Member Rights: You 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 healthcare, 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 may make educated decisions before you receive treatment
- Be informed about available *affiliated providers* and facilities
- Express a concern or file an appeal about your processed medical *needs*
- Make recommendations regarding *membership guidelines* as part of the annual nomination process
- Receive a copy of the *Member Rights and Responsibilities*

B. Member Responsibilities: You have the responsibility to:

- Treat all doctors, personnel and Altrua HealthShare employees courteously
- Take charge of your health, make positive choices, seek appropriate care and follow your doctor's instruction

NOTES

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.