



Membership Guidelines

GEMS MEMBERSHIP

Effective January 1, 2025

DCN 0776 0223 v3

Dear Valued Member,

Thank you for choosing Altrua HealthShare for your HealthCare Sharing needs. Altrua Ministries, Inc. dba Altrua HealthShare, a 501(c)(3) organization is a nationally recognized faith-based Healthcare Sharing Ministry through CMS¹ that consists of individuals and families across the nation. Our Membership is a collaborative community of health-conscious people, providers and members dedicated to honoring God while improving healthcare by "Caring for One Another." Members care for one another through heeding the scriptures that instruct us to bear the burdens of one another.

Altrua HealthShare is inclusive, a membership developed based on Biblical principles that are established for living a clean, healthy, and honorable lifestyle. We deliver outstanding state-of-the-art member-centered healthcare sharing solutions which allows us to shape the future of healthcare through our unique membership. As a Member of Altrua HealthShare, you never have to worry about waiting for checks from other Members or waiting for other Member's bank accounts to distribute share amounts; the unique Altrua HealthShare platform and escrow account provides an efficient and timely experience for member-to-member sharing.

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

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

For any questions or concerns, please call: [1.833.3-ALTRUA \(258782\)](tel:1.833.3-ALTRUA)

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



Randall L. Sluder

CHIEF EXECUTIVE OFFICER

¹ The Centers for Medicare & Medicaid Services (CMS), is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

DISCLAIMER

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

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Contact Information

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

PHONE

1.833.3-ALTRUA (258782)

EMAIL

memberservices@altruahealthshare.org

MAIL

PO BOX 241359
Apple Valley, MN 55124



Privacy Practices

Visit us online:

<http://altruahealthshare.org/privacy>

MEMBER PORTAL

<https://myaccount.altruahealthshare.org/AltruaLogin>

Download The Altrua HealthShare App here:

<https://altruahealthshare.org/app/>

~ONLINE

www.altruahealthshare.org ~

HEALTHCARE CONCIERGE

concierge@altruahealthshare.org

COMPLAINTS

complaint@altruahealthshare.org

MEMBER FORM SUBMISSIONS

Email: memberforms@altruahealthshare.org

Fax: 512-382-5520

Mail: P.O. Box 241359, Apple Valley, MN 55124

NEGOTIATIONS

Email: negotiations@altruahealthshare.org

Phone: 512-535-5366

Fax: 512-382-7923

ADVANCE OPINIONS

Web:

<https://provider.altruahealthshare.org/AltruaAdvancedOpinionForm>

Fax: 737-402-7752

HOW TO SUBMIT TEST RESULTS

Results may be submitted to Altrua HealthShare by email:

memberforms@altruahealthshare.org

Fax: 737-402-775

TELEMEDICINE

Call 1.833.3-ALTRUA (258782) then follow the prompts.

HEALTHY LIVING SERVICES

For information visit,

<https://altruahealthshare.org/healthy-living-services/>

ADDITIONAL SERVICES

Funeral Service Discounts

Void where prohibited - not available in all states,
e.g. TX

Web: <https://www.dignitymemorialfuneralbenefit.org>

Phone: 844-811-5451

GRIEVANCES

Members may file a written grievance to complaint@altruahealthshare.org. You should receive a return acknowledgment of your grievance within 5 business days. Appropriate action as necessary will be taken.

Getting Started

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

- 1. Download the Altrua HealthShare App.** With the Altrua HealthShare App Altrua HealthShare, you can earn rewards, import medical records, manage appointments, compare prescription prices, and so much more. Upon logging in for the first time you will also be prompted to complete the Membership Commitment Form which is required to have medical needs processed by Altrua HealthShare.
- 2. Get to know your Membership.** Review the Membership Guidelines of your new Membership to gain a full understanding of Membership offerings available to you and be sure to review them regularly. You may access the Membership Guidelines online at any time at www.altruahealthshare.org or log in to your Member Portal.
- 3. Familiarize yourself with our healthcare sharing membership terms and definitions.** This is a great way to get the big picture of the terminology we use as a healthcare sharing membership. Refer to the Glossary of Terms for an explanation of the terms used throughout this booklet. This will help you understand our language and how it applies to your health.
- 4. Login and navigate your Member Portal.** Visit <https://myaccount.altruahealthshare.org/AltruaLogin> Username and password credentials are needed to enter your credentials. For first-time users, the username is the email associated with your membership. A Member Services Representative can send your login credentials to you by email following confirmation of your identity.

I Have Some Questions . . .

Q Who can join the Altrua HealthShare Membership?

1. Our Membership is for anyone who believes in living a healthy lifestyle and can agree to our Statement of Standards. You and any qualified dependents who you include on a Membership Enrollment Application must each agree to align with the beliefs and standards of Altrua HealthShare as stated in the Statement of Standards. If you have medical needs that result from actions contrary to the Statement of Standards, those needs may be deemed ineligible for sharing and may result in that individual's termination from the Membership.
2. When you apply for membership, you affirm that you (and any qualified dependents on your Membership Enrollment Application) have met all criteria and acknowledge that you have reviewed and disclosed any pre-existing conditions that may exist and that may be subject to a two-year, five-year and lifetime limitations. If at any time it is discovered that you did not submit a complete and accurate Membership Enrollment Application, this may result in a retroactive limitation or termination of your membership. Any medical needs resulting from or related to the Retroactive Limitation will not be eligible for sharing and your membership can be terminated effective the last day of the month in which the Retroactive Limitation was discovered.
3. The Primary Contact's signature on the Membership Enrollment Application represents the continued commitment by each member in the household. Upon enrollment a Membership Commitment form must be submitted on behalf of all members of the household acknowledging their continued commitment to:
 - Altrua HealthShare Membership
 - Statement of Standards
 - Acknowledgements section of the Membership Enrollment Application
 - Escrow Instructions for sharing of Member contributions
4. The Membership Commitment Form may be signed electronically. Failure to submit the signed Membership Commitment Form will result in sharing of medical needs being placed on hold until it is received.

Q What is the Statement of Standards?

- I agree to live a clean and healthy lifestyle and I share the following ethical and religious beliefs.
- I believe in caring for one another.
- I believe in keeping my body clean and healthy with proper nutrition.
- I believe that excessive alcohol consumption, as well as the use of tobacco or illicit drugs, is harmful to the body and soul.
- I believe sexual relations outside the bond of marriage are contrary to the teachings of the Bible and that marriage should be held in honor.
- I believe abortion is wrong, except in a life-threatening situation to the mother.
- I believe it is my obligation to care for my family, and that physical, mental, or emotional abuse of any kind to a family member, or to anyone else, is morally wrong.

Q Can I use any medical provider?

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

Q How long has Altrua HealthShare been in operation?

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

Q Is Altrua HealthShare insurance?

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

Q Is Altrua HealthShare exempt from the Affordable Care Act?

We are recognized by the Centers for Medicaid and Medicare Services (CMS) as a HealthCare Sharing Ministry and all active Members are eligible for exemption from the federal tax penalty. See the Affordable Care Act on our website for more information.

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

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

Q What makes a medical need eligible for sharing?

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

Q What is the monthly Premium amount?

Altrua HealthShare Members do NOT have a monthly premium. Our Members receive a Voluntary Monthly Contribution Request. The amount varies based on age, the number of members in your family, and the Membership you choose. See the specific Memberships on our website at <https://altruahealthshare.org/> or log into your Member Portal.

Q Who can take part in the Membership?

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

Q What if I become a Member and then decide that a HealthCare Sharing Ministry is not right for me and/or my family?

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

Q What happens when I turn 65?

If you are already on a membership when you turn 65 years of age, your membership will continue, but Altrua will be secondary to Medicare.

Q What is the deductible amount?

Altrua HealthShare Members do NOT have deductibles. Members have Member Responsibility Amounts (MRAs) that vary according to the specific Membership chosen. The MRA is the dollar amount that a Member must pay toward eligible medical needs before any bill may be shared among Members. For example, if your 1st MRA is \$500, then every calendar year, each member is responsible for the first \$500 of eligible medical needs. It is your responsibility.

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

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

When you give a monthly contribution, those contributions are placed in the escrow account and held in trust for sharing of medical needs. A small amount of your contribution is set aside for daily operations and your eligible medical needs are processed as they are submitted. Once deemed eligible, the eligible medical need bills are paid directly to your provider or, if you have already made payment, you are reimbursed for your eligible medical need costs once your Member Responsibility Amounts have been met. If you have any doubt about whether a medical need is eligible, please call for an Advance Opinion for Eligibility.

Q What is a membership escrow?

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

Q How do claims get processed?

Altrua HealthShare is NOT an insurance company and our Members do NOT file 'claims.' Altrua HealthShare Members share in eligible medical needs. Altrua HealthShare processes eligible medical needs for sharing among the Membership. Your medical provider may submit your medical needs using the instructions within your Altrua Member Portal or at <https://provider.altruahealthshare.org/>. Once the medical need is received and determined eligible for sharing, the medical need is assessed, and MRAs are applied. The Membership will send your provider payment for the shareable amount from the membership escrow account.

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

Members can explain to any medical provider or facility that they participate in a HealthCare Sharing Ministry and that they are self-pay patients. Show your provider the Altrua

HealthShare Member ID card either from the Altrua HealthShare App or the physical card printed from the App or the Member Portal and explain that the medical need should be sent by the provider either electronically or by mail as outlined by the instructions in the Member Portal.

We also encourage you to contact Altrua HealthShare directly with any questions you may have regarding verification of your medical needs before you receive care.

Q What are “Pooled” Office Visits?

At Altrua HealthShare, we understand that sometimes you may have one family member who over the course of a year uses only a few of their allotted office visits, while another family member may need to use more than their allotted office visits. That is why we offer the Pooled Office Visits feature. Households may combine their individual office visit allotments so that unused office visits of one household member can be used by another household member. For example, if you are a family of five (5), and you have been allotted six (6) office visits per family member, under the Pooled Office Visits feature, you would now have a combined family office visit allotment of 30 visits for the year. This allows you greater flexibility to utilize office visits for family members who may require more office visits during any particular year. The Membership will share up to \$300 per eligible office visit for Diamond and Emerald members or apply up to \$300 to the 1st or 2nd MRA for Sapphire and Ruby members.

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

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

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

Membership Qualifications

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

Qualifying for Membership

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

Alignment with Beliefs and Standards

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

Statement of Standards

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

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

If you become ill and it is indicated in your medical records that the cause of your illness is the direct result of a violation of the Statement of Standards, your medical need may be deemed ineligible for sharing. Examples of Statement of Standards violations are conditions directly related to, or the result of, the use of tobacco or nicotine, excessive alcohol use, illicit drug use or sexually transmitted

infections (STI). If a Medical Need is determined to be ineligible due to a Statement of Standards violation, you may appeal the decision within 30 days by submitting a written request along with supporting documentation from your provider containing adequate information to show that the condition or illness was not related to a Statement of Standards violation. If you do not provide such documentation in a timely manner, all your medical needs resulting from or related to those actions found contrary to the Statement of Standards will remain ineligible for sharing. Another consequence of violating the Statement of Standards is the possibility that your Membership may be withdrawn. Such withdrawal will be determined on a case-by-case basis.

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

****Please note that if your Membership is withdrawn, any contributions paid prior to the date of withdrawal are "non-refundable", as your contributions will have already been submitted for member-to-member sharing.**

Membership Commitment

The Primary Contact of the household age 18 and older must sign the Membership Commitment Form on behalf of each member of the household. The Primary Contact's signature represents continued commitment by each member in the household.

The Primary Contact of the household age 18 and over must submit a Membership Commitment Form acknowledging their continued commitment to:

- Altrua HealthShare Membership
- Statement of Standards
- Acknowledgments section of the Membership Enrollment Application
- Escrow Instructions for sharing of Member contributions
- The Membership Commitment Form may be signed electronically through the Altrua HealthShare App or Member Portal. Failure to submit the signed Membership Commitment Form by the date required will result in sharing of medical needs being placed on hold until it is received.

Application and Upper Age Limit

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

THE APPLICANT(S) MUST QUALIFY ACCORDING TO THE FOLLOWING
<div>AGE RANGE</div> <div>30 Days–64 Years</div> <div><i>Note: If you are already on a membership when you turn 65 years of age, your membership will continue, but Altrua will be secondary to Medicare.</i></div>

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

Contributions and Membership Effective Date

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

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

Complete and Accurate Membership Enrollment Application

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

diagnosed with cancer or pregnant prior to enrollment, the membership may be withdrawn or if you are allowed to remain on the membership, any condition considered pre-existing will not be eligible for sharing.

Spouse

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

Dependent Children

Additionally, your unmarried dependent child(ren) up to the age of 23 may participate in Altrua HealthShare under a combined membership provided they also meet the qualification criteria.

If your unmarried dependent child(ren) wishes to continue participating in the Membership once they no longer qualify to participate under a combined membership, they may contact a Member Services Representative for further assistance.

Newborns

Newborns who are born into the Membership via an eligible maternity need can be added to your membership without having to meet any criteria in the Membership Enrollment Application. However, you will need to add your newborn as a dependent. In this instance, the newborn's membership will be effective from the date of birth as long as the applicable contributions have been received.

The legal guardian or adoptive parent may apply for membership on behalf of the infant that does not qualify as being born into the membership once the infant is over 30 days old. The infant is subject to the add-on membership enrollment process and membership limitations for any pre-existing conditions that apply.

Criteria for Dependents without Parent Participation

Children between 30 days old and 22 years of age may qualify for membership without their parent's participation. If so, the child's parent or guardian must complete and sign the Membership Enrollment Application and any associated materials on the child's behalf and is responsible to ensure that all application requirements, Membership Guidelines, and Statement of Standards are met.

Financial Participation

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

FINANCIAL COMMITMENT	DUE DATE
Monthly Membership Contribution	Any day before the 15th of each month
\$25 Annual Donation to Altrua Ministries	Upon initial enrollment the \$25 donation is required. Thereafter, the donations are voluntary on the month and day of your membership effective date.
\$100 Membership Renewal Fee	Each Year on the month and day of your membership effective date.

Monthly Contributions

Your monthly contributions are voluntary contributions that are non-refundable. For any amounts that are returned by a financial institution, a \$35 administrative fee is assessed. Members have until the end of the month for the contribution to be submitted in order for their membership to remain effective for the following month.

Membership is on a month-to-month basis and may be canceled on or before the last day of the month in order for the cancellation to become effective the 1st of the following month; however, any contribution made previous to the cancellation date is non-refundable. The goal of Altrua HealthShare is to have administrative costs associated with member needs at or near 20%.

Requested Due Date

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

IF THE RECURRING MONTHLY CONTRIBUTION IS NOT RECEIVED	
Not received by the 15th of a Participating Month	\$35 administrative fee is assessed Medical needs remain eligible for sharing (assuming they meet eligibility criteria) until the end of that month or until the contribution is received for that month.
Not Received by the End of a Participating Month	Medical needs become ineligible for sharing until the past due contribution is received.

IF THE RECURRING MONTHLY CONTRIBUTION IS NOT RECEIVED

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

The membership is withdrawn effective on the last day of the month in which the last monthly contribution was applied. Once the membership is withdrawn, a new enrollment is required.

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

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

Your Rights, Responsibilities, and Commitments

As a Member of Altrua HealthShare, You have the right to:

- Try our Membership for 30 days. If within that time you find that you are not satisfied that Altrua HealthShare is the right healthcare option for you, let us know and your first month's contribution will be returned to you. (Please note that the application fee and ministry donation are not refundable. Additionally, any medical needs that occurred during that 30-day period would be ineligible for sharing)
- Receive considerate, courteous service with respect for your dignity and personal privacy
- Have your medical records and your personal information handled in a confidential manner. ***Please remember that your Altrua HealthShare Membership is not insurance, and Altrua HealthShare does not fall under the federal mandates of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).*** However, we at Altrua HealthShare have chosen to hold ourselves to the federal standards of HIPAA. We understand that the benefit and protection of our Members is our first priority, and the security and confidentiality of our Members' personal private information, and medical information is of the utmost importance. We voluntarily comply with all HIPAA requirements, and our team members annually receive HIPAA certification and training.
- Receive accurate information in your Membership Guidelines
- Have your medical needs processed accurately once your associated documentation has been received
- Make decisions regarding your healthcare, whether or not your treatment is eligible for sharing by the Membership
- Be informed about eligibility by reading the guidelines thoroughly so that you may make educated choices about your treatment
- Be informed about available preferred providers and facilities

- File an appeal
- File a grievance for any reason which causes you as the Member to be dissatisfied or you can file a grievance in response to a notice of action, such as a denial of a medical need.
- Participate in surveys generated by Altrua HealthShare to help make recommendations for changes to the Membership Guidelines
- Suggest changes to the Membership Guidelines in written form or through a phone call to a Member Services Representative

Your Responsibility

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

- Treat all licensed medical professionals and personnel in a courteous manner
- Maintain respectful and courteous communication with all Altrua HealthShare employees
- Constructively express your opinions, concerns, or complaints to the appropriate people
- Take charge of your own health, make positive choices, seek appropriate care, and follow your licensed medical professional's instructions
- Communicate openly with your licensed medical professional and develop a collaborative relationship based on trust and cooperation
- Participate in understanding your health problems, and develop health goals both you and your licensed medical professional can support
- Provide accurate and pertinent information to your licensed medical professionals so they may assess your condition and recommend treatment
- Ask questions, and be certain that you understand the explanations and instructions you are given
- Ask questions, and understand the consequences of refusing a recommended medical treatment
- Understand that refusing treatment may mean that your future medical needs will be ineligible for sharing

- Read and understand the Membership Guidelines, the membership limitations, and which medical needs are eligible or ineligible for sharing.
- Follow the Membership Guidelines, and honor the Statement of Standards
- Participate fully in negotiation processes, cost reduction programs, any paperwork required in order to reduce medical needs costs
- Contact Altrua HealthShare at 1-833-3-Altrua (258782) if you have questions or need assistance

Your Commitments

As a Member of Altrua HealthShare, you commit to:

- Behave in accordance with the Membership Statement of Standards
- Submit a Membership Enrollment Application, providing accurate and truthful information
- Submit a Membership Commitment Form
- Acknowledge that Altrua HealthShare has no financial gain or loss in determining if a medical need is eligible or ineligible, and therefore is the final authority for the interpretation of the Membership Guidelines (including determining whether medical needs are eligible or ineligible for sharing), and that these conditions are enforceable and binding
- Remain in good standing with your membership financial commitments
- Read the Membership Guidelines thoroughly and educate yourself with additional available Member educational resources provided on the Altrua HealthShare App or the Altrua HealthShare website (<https://altruahealthshare.org/how-it-works/faq/>).

Membership Changes

Changes and Upgrades

If you would like to change or upgrade your membership, please call Member Services. You will need to make these changes or upgrade on or before the last day of the month to make these changes effective by the 1st of the following month. Altrua HealthShare is the sole authority for approval of any membership changes. Once approved, the changes will go into effect on the first day of the following month.

NOTE: If you change your Membership, any accumulations towards your previous MRA will not carry over to your new Membership.

Changes to the Guidelines

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

Changes to Contribution Amounts

The Board of Directors relies on 25 years of Altrua HealthShare historical medical data to make recommendations on contribution amounts. The changes are made by the Board at their discretion. We receive feedback by Members throughout the year regarding contribution levels.

Voluntary Membership Cancellation

If you would like to discontinue your membership, please contact a Member Services Representative at 1.833.3-ALTRUA (258782).

To assist us in improving the Altrua HealthShare membership, please provide your reason for membership cancellation. In order to allow sufficient time to process your cancellation effective the last day of the current month, we suggest you submit your cancellation request by the 25th. However, cancellation requests may be received and processed through the last day of the current month. Your cancellation will become effective on the last day of the month of your request. Your contributions and medical needs will continue to be processed until your requested cancellation date. Once the membership has been voluntarily canceled, re-enrollment is considered a new membership and is subject to pre-existing condition limitations and waiting periods. Credit will not be given for satisfying any period of time during previous active membership.

Interruption to Membership

Any break in Membership contributions of 60 days or more, for any reason, with later re-enrollment is considered a new membership and is subject to pre-existing condition limitations. Credit will not be given for satisfying any period of time during previous active membership. A condition that developed while on previous active Membership will be considered a pre-existing condition before Membership and subject to limitations.

If you find yourself in an extenuating circumstance financially, please contact Altrua Ministries (<https://altruaministries.org/contact/>) for more information.

Using Your Membership

Review the Membership Guidelines of your new Membership to gain a full understanding of membership offerings available to you and be sure to review them regularly.



You may access the Membership Guidelines online at any time at <https://altruahealthshare.org> or log in to your Member Portal.

How to Submit Eligible Medical Needs

We adhere to medical industry standards and ask that you or your provider submit the standard medical billing forms to process medical needs efficiently. Therefore, when requesting the Membership to share in your eligible medical needs, please submit a CMS 1500 and/or the UB-04 or a billing form similar thereto in accordance with the medical needs submission instructions in the Altrua HealthShare App or on the back of your current Member ID card.

A Needs Processing Form (NPF) and medical records may also be required, depending on the nature of your medical need. When requested, log into your member portal and click the Needs Processing Form button to complete your Needs Processing Form.

Timely Filing

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

Sharing and Communication Process for Medical Needs

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

What Should I Do When I Need Medical Care?

In case of an emergency contact 911.

To help you get the most out of your membership, Altrua HealthShare uses Established Provider Reimbursement Solution (ERS) which means that all members can freely choose between providers and facilities rather than being restricted by a network. Using the ERS, preferred providers assist you in obtaining the maximum value of your membership. Using ERS, preferred providers can offer significant savings, thereby lowering individual Member Responsibility Amounts. It is best to identify a preferred provider and/or facility in your region before you seek care. To do so, call 1.833.3-ALTRUA (258782) and speak to our healthcare concierge to ask about preferred providers in your area.

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

What to Do When Your Provider Requires Self-Payment

If your provider does not accept the Altrua HealthShare Member ID card on the Altrua HealthShare App, please ask if they can apply a self-pay discount. Once you have met the applicable MRA's, and

have submitted the required information, you will be reimbursed for the eligible medical need services that were provided.

NOTE: An Advance Opinion for Eligibility may be requested but is not required.

Itemized statements must include the following information (at a minimum) for Altrua HealthShare to accept them for review:

- Provider's Name
- Diagnosis Code (ICD-10)
- Procedure Code (CPT, HCPCS, or Rev Codes)
- Date of Service (DOS)
- Billed Charges
- Itemized receipt for Proof of Payment

For additional information, please refer to

<https://altruahealthshare.org/how-it-works/submit-a-reimbursement-request/>.

Depending on the nature of your medical need, a Needs Processing Form (NPF) and medical records may also be required. When requested, log into your Member portal and click the Needs Processing Form button to complete your Needs Processing Form.

You may submit your needs request by sending the information through secure email to memberforms@altruahealthshare.org, or by fax to 1.512.382.5520.

What is a Superbill?

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

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

The following is required information:

- Provider Name
- Patient First Name and Last Name
- Patient date of birth (DOB)
- Date of visit / Date of Service
- Procedure Codes and Description (CPT / HCPC / REV)
- Diagnosis Codes and Description (ICD-10)
- Fees Charged
- Amount paid by the Member to the Provider

Optional but helpful information includes:

- Altrua Member ID
- Patient address
- Patient phone number
- Modifiers
- Units or Minutes

Balance Bill

What is a Balance Bill?

A practice where doctors or other healthcare providers bill you for charges exceeding the allowed amount on your Explanation of Sharing (EOS).

If you receive a bill from your provider or facility for an amount more than the “What you may owe” amount for an eligible medical need, review the additional instructions below.

When you receive your EOS, you may receive a letter with further instructions on resolving your balance bill. You should review the letter and follow the information contained in the letter.

If you did not receive a letter with your EOS, you may submit a revised bill from your provider reflecting the balance for the remaining amount and proof of payment for any applicable MRA amounts. The Membership will reprocess the eligible medical need according to the Membership

Guidelines. Please email the most recent bill showing proof of payment of your Member Responsibility Amount to memberforms@altruahealthshare.org.

Advance Opinion for Eligibility

If you are uncertain whether a medical need is eligible for sharing, we encourage Members, providers, and facilities to submit an Advance Opinion form via <https://provider.altruahealthshare.org/AltruaAdvancedOpinionForm> or by sending the form via fax to 737-402-7752. If the need is related to a pre-existing condition or limitation, it is unlikely to be eligible for sharing.

Why get an Advance Opinion for Eligibility?

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

Medical need eligibility is determined based on the medical coding submitted by the healthcare provider and any requested medical records.

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

Medical Need Advocacy

Medical Need Advocacy is available for Members having significant medical needs. Altrua HealthShare offers this support upon Member request and automatically for certain medical conditions. Altrua HealthShare may alter or waive normal Membership Guidelines provisions when expecting a cost-effective result without sacrificing the quality of care. Medical Need Advocacy is recommended for you and qualified dependents; however, non-compliance with the medical need advocate's recommendation could result in the medical need, or related medical needs, being ineligible for sharing.

Negotiations

Eligible Medical Needs with a billed amount of \$5,000 or higher are reviewed and evaluated by our skilled negotiations team. The Negotiations Team confers directly with your provider to obtain the best discount possible on your medical needs billing. Altrua HealthShare requires that all Members cooperate and assist the negotiations team. Our negotiations team may ask you for additional information and to fill out specific forms such as The Family Information Sheet and Financial Assistance applications. This information allows the negotiations team to gain the deepest discount possible with your Provider. We require your participation in the negotiation process. If you do not respond to our request for additional information within 14 days, your medical needs will become ineligible for sharing.

Waiting Periods

The following medical needs are ineligible for sharing from your membership effective date unless the treatment or services were performed during an eligible office visit, an eligible emergency room visit or eligible inpatient surgery related to an emergency room admission that has occurred after the effective date:

Please see Service Specific information for additional information.

90 Days

- Advanced imaging (for example, MRI, MRA, CT, or PET scans. Does not apply to required routine mammogram or breast ultrasound screening)
- Bone density scans
- Cardiac testing, procedures, and treatments
- EGD (Esophagogastroduodenoscopy) procedures
- EMG (Electromyography) tests
- EEG (Electroencephalogram) tests
- Infusion therapy
- In-office procedures (e.g., joint injection, skin biopsy)
- Inpatient hospital admission (unless admitted through the ER or a direct admission from a Physician)

- Laboratory Services unless a part of a required screening or eligible emergent procedure.
- Long term care—any and all treatments involved
- Nuclide studies
- Ophthalmic surgical procedures (except for Cataracts and Glaucoma diagnostic testing and surgery)
- Outpatient surgery, testing, and procedures (including pre-admission testing)
- Sleep studies
- Ultrasound scans (does not apply on required routine mammograms or breast ultrasounds)
- Any cancer diagnosis, pre-cancerous testing (except for required mammograms, pap smears, and PSA tests), or cancer treatment for Diamond and Emerald members.

12 Month

- Any cancer diagnosis, pre-cancerous testing (except for required, mammograms, pap smears, and PSA tests), or cancer treatment for Sapphire and Ruby members
- Alternative Medicine
- Cataracts and Glaucoma Diagnostic Testing and Surgery
- Colonoscopy
- Organ Transplants
- Outpatient Therapy

Sharing Eligibility

Eligibility is a determination based upon a number of factors:

- Member status
- Membership

- Whether or not sharing for the request requires the 1st, then 2nd MRA to be satisfied first
- Type of Medical Need
- Membership limitations for Pre-existing conditions
- Circumstances causing a medical need to arise, e.g. accident, negligence, etc.
- Whether or not you have submitted the required screening tests for reproductive cancers; Applies to females 40+ and Males 50+ when cancer sharing is part of your membership.
- Whether or not your membership has been in effect beyond the waiting period for a particular treatment
- Timeliness, completeness, and accuracy of your request for eligibility determination.
- Whether or not you have exceeded sharing limits as defined within the Membership Guidelines.

Medical Treatment Received Outside of the US

All your medical needs received outside of the country (for example, while you are on vacation) and unrelated to medical tourism will be subject to the usual eligibility requirements. If you are treated outside the United States, your entire itemized medical needs details must be translated into English and converted into U.S. dollars based on the date services were rendered. You must review your medical needs details and assume responsibility for all medical needs as a self-pay patient, then submit your medical needs for reimbursement as described in the section above on "What to do when your provider requires self-payment."

NOTE: Finance charges and currency exchange fees are not eligible for sharing.

In the Event of a Member Passing

Not available to Texas Residents

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

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

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

For reimbursement, the deceased's legal representative must submit the original proof of payment and a certified copy of the Member's death certificate with the official cause of death within 90 days of the Member's death to Member Forms Submission listed on the Contact Information page.

As an Altrua HealthShare Member, you also have access to additional funeral services through strategic alliances that we have across the country. For details, see the ADDITIONAL SERVICES section of the Contact Information page.

For Spiritual assistance, please contact the Altrua Ministries at <https://altruaministries.org/contact/>.

NOTE: Void where prohibited: Although Altrua HealthShare offers memberships nationwide, some of the Sharing options contained in the Membership Guidelines may NOT be available to Members in all Geographic locations or jurisdictions. Adoption and Funeral sharing options are NOT available to Texas residents.

Limitations for Pre-existing Conditions

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

Lifetime Limitations

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

Five-year Limitations

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

Two-year Limitations

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

Records Review

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

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

Understanding Your 1st and 2nd MRAs

MEMBERSHIPS	1ST MRA	2ND MRA
DIAMOND	The member is responsible for \$500 per person per calendar year before the 2nd MRA applies.	The member is responsible for a maximum of \$2,500 to the licensed medical professional/facility
EMERALD	The member is responsible for \$1,000 per person per calendar year before the 2nd MRA applies.	
SAPPHIRE	The member is responsible for \$1,500 per person per calendar year before the 2nd MRA applies.	
RUBY	The member is responsible for \$7,500 per person per calendar year	Not Applicable

1st MRA

Your 1st Member Responsibility Amount (MRA) is based on your selected membership type and is per member, per calendar year.

Each Member is responsible for meeting the 1st MRA before the 2nd MRA applies.

2nd MRA

Your 2nd MRA is 25% of the next \$10,000 per member per calendar year. While meeting the 2nd MRA, the member and Altrua Healthshare share responsibility for all eligible medical needs simultaneously. The member is responsible for 25% of the next \$10,000 of eligible medical needs. This would be equal to a maximum of \$2,500 for the Member. Altrua will share the other 75% of the eligible allowed amount. After your 2nd MRA has been met, Altrua HealthShare will share in 100% of the allowed amount of any eligible medical needs, up to any sharing maximums designated within your selected membership.

Eligible Medical Needs and Maximums

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

Primary Care, Specialist Visits and Urgent Care Facilities

Primary care, urgent care and specialist visits are eligible for sharing but for Diamond and Emerald Memberships, there is a co-share amount. A Member household is allowed any combination of six office, specialist, or urgent care visits, per family member or dependent, in a group whose members have been accepted to a combined Membership, each calendar year. And remember, these allotted visits can be pooled and shared for use by all active members on the combined membership. If your household exceeds the allotted visits in the calendar year, the Member will be responsible for any charges incurred for any additional office visits. Further, these additional office visits will not be applied toward your 1st or 2nd MRAs, and any such charges are ineligible for sharing.

Diamond and Emerald Membership members submit a \$35 co-share to the licensed medical professional, and the Membership will share up to \$300 per eligible visit on the Member's behalf. Office visit co-share is not applied to the 1st or 2nd MRA. If your provider will not accept your Altrua Membership, you may pay the provider and request reimbursement from Altrua HealthShare.

Sapphire Membership Members submit the full or discounted charges of the eligible medical need to the licensed medical professional. The Membership will allow up to \$300 per visit to be applied to the 1st, then 2nd MRA.

Ruby Membership Members submit the full or discounted charges of the eligible medical need to the licensed medical professional. The Membership will allow up to \$300 per visit to be applied to the 1st MRA.

The office visit co-share only applies if the CPT (Current Procedural Terminology) code associated with an office visit is applied with an E/M (Evaluation and Management) code. If an office visit CPT code is not documented, charges will be applied to the 1st, then 2nd MRA. For example, if you visit your primary physician for a cold, and your doctor sends you to a radiologist down the hall for a chest x-ray, it is possible that the visit to the radiologist may not be considered an office visit because of the way that exam is coded.

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

Emergency Room Visits Eligibility for Sharing

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

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

Eligibility for sharing purposes of an emergency room visit will focus on the Member's presenting symptoms rather than the final diagnosis. Altrua HealthShare will review medical records for your emergency room visits in order to assess eligibility for sharing.

Eligible Emergency Room visits will be shared by the membership once the applicable MRAs have been met, up to any Annual or Lifetime Maximum Sharing Amounts according to your membership plan.

Cancer Treatments and Screening Requirements

Members who have been treated or diagnosed with a specific type of cancer within the 10-year lookback period will have a 5 year pre-existing limitation for testing and/or treatment related to that specific cancer.

Medical needs related to cancer treatment may be eligible for sharing after a waiting period (subject to your Membership) from the Membership effective date, and upon satisfying any applicable Cancer MRA (applicable to Diamond and Emerald Memberships only), or the 1st, then 2nd MRA (applicable to Sapphire and Ruby Memberships). Sharing for cancer treatment needs is based on the Membership Guidelines in effect as of the date of service.

CANCER WAITING PERIOD	
DIAMOND	90 days from the membership effective dates*
EMERALD	
SAPPHIRE	12 months from the membership effective date*
RUBY	

*Subject to additional restrictions based on cancer screening requirements. Must not be currently treated for cancer. Cancer limitations apply.

Diamond and Emerald Cancer MRA

Sharing for medical needs and labs directly related to cancer treatment are subject to the following service specific Cancer MRA and will not apply to the members 1st and/or 2nd MRA or Lab MRA.

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

*The Cancer MRA and Maximum Sharing limits are per year based on the membership effective date. Once the annual Cancer MRA is met, the membership will share in 100% of the allowed amount on eligible medical needs, subject to the lifetime limits.

EXAMPLE: MEMBER EFFECTIVE DATE – JUNE 1, 2024

September 1st, 2024 - May 31st, 2025	Cancer MRA is \$4,000 Maximum Sharing Limit is \$10,000
June 1st, 2025 - May 31st, 2026	Cancer MRA is \$3,000 Maximum Sharing Limit is subject to the lifetime maximum limits

Sapphire and Ruby MRA for Cancer Sharing

After meeting the 12-month waiting period, sharing for eligible medical needs related to a cancer diagnosis/treatment will apply to the members 1st then 2nd MRA prior to the membership sharing in cancer related medical needs.

Laboratory services related to an eligible cancer diagnosis or eligible treatment will be processed according to the Membership Guidelines for Lab Services.

Annual and Lifetime Sharing Maximums apply.

Screening Requirements

In order for your medical needs related to the below types of cancer to become eligible for sharing after your designated cancer sharing waiting period of your membership, the following screenings are required:

Age/Gender	Required Screening	Type of Cancer	Frequency
Female 40+	Mammogram or Breast Ultrasound	Breast Cancer	Every 2 years
Female 40+	Pap Smear or Pelvic Exam if member has had a hysterectomy	Endometrial, Cervical	Every 2 years
Male 50+	PSA	Prostate Cancer	Every 2 years

How to Submit Results

Results may be submitted to Altrua HealthShare by email to: memberforms@altruahealthshare.org or by fax to 1.512.382.5520.

Waiting Period for Female Reproductive Cancer Sharing

When negative test results are dated within 6 months of the Member's effective date, the waiting period for an eligible breast, endometrial, or cervical cancer diagnosis for Diamond and Emerald members is 90 days from the date of the Member's effective date and 12 months for Sapphire and Ruby members. If your initial screening with negative results occurs after your membership effective date, the waiting period will begin from the date of service of the negative results.

Cancer sharing may be subject to additional restrictions based on cancer screening requirements, e.g. must not be currently treated for cancer. Cancer limitations apply.

NOTE: Eligibility will be based on the date of service of any required screening and any limitations that may apply.

Waiting Period for Male Reproductive Cancer Sharing

When negative test results are dated within 6 months of the Member's effective date, the waiting period for an eligible prostate cancer diagnosis for Diamond and Emerald members is 90 days from Member's effective date and 12 months for Sapphire and Ruby members. If your initial screening with negative results occurs after your membership effective date, the waiting period will begin from the date of service of the negative results.

Cancer sharing may be subject to additional restrictions based on cancer screening requirements, e.g. must not be currently treated for cancer. Cancer limitations apply.

NOTE: Eligibility will be based on the date of service of any required screening and any limitations that may apply.

FEMALE MEMBERS

Required Routine Mammogram or Routine Breast Ultrasound

For female Members who have been with the Membership for at least 90 days and are within 12 months of their 40th birthday, the membership will share up to \$500 on a routine screening mammogram or a routine screening breast ultrasound for the fulfillment of the screening

requirement. A mammogram or breast ultrasound are the only screening options that qualify to meet the Membership requirements for eligibility.

Required Routine Pap Smear or Routine Pelvic Exam

For female Members who have been with the Membership for at least 90 days and are within 12 months of their 40th birthday, the Membership will share in the pap smear or pelvic exam (members who have had a hysterectomy) based on the medical need information received from your provider for the fulfillment of the screening requirement.

Ongoing Female Reproductive Cancer Sharing Eligibility

To maintain ongoing eligibility for sharing of medical needs related to breast, endometrial, or cervical cancer treatment, female Members aged 40 and over are required to continue to receive a recurring routine mammogram, routine breast ultrasound, pap smear, or pelvic exam every two years from the date of the last negative result. The biennial tests must be performed within 24 months of your last clean test result, and you must have submitted those results to Altrua HealthShare. If the recurring biennial test is not performed within 24 months of the date of the last test, then you will be responsible for 50% of the total allowed charges for breast cancer, endometrial, or cervical cancer treatments after the applicable MRAs have been satisfied.

Failure to obtain negative results of the test listed above will render future medical needs for breast, endometrial, or cervical, cancers ineligible for sharing until an initial negative result has been submitted.

Eligible diagnostic mammograms, diagnostic breast ultrasounds, diagnostic pap smears, or diagnostic pelvic exams are processed towards the member's 1st and 2nd MRA. Once the member has met their 1st MRA, the membership will share simultaneously while meeting the 2nd MRA. After the 2nd MRA has been met, the membership will share on the allowed amount for eligible medical needs up to any sharing maximums listed in the Membership Guidelines.

MALE MEMBERS

Required Routine Prostate Specific Antigen Test (PSA)

Male Members who have been with the Membership for at least 90 days and are within 12 months of their 50th birthday, the Membership will share in the PSA Test based on the medical need information received from your provider for the fulfillment of the screening requirement when cancer sharing has been selected as part of your membership.

Ongoing Male Reproductive Cancer Sharing Eligibility

To maintain ongoing eligibility for sharing of medical needs related to prostate cancer treatment, male Members aged 50 and over, when cancer sharing has been selected as part of your

membership, are required to continue to receive a recurring routine PSA test every two years from the date of the last negative result. The biennial tests must be performed within 24 months of your last clean test result, and you must have submitted those results to Altrua HealthShare. If the recurring biennial test is not performed within 24 months of the date of the last test, then you will be responsible for 50% of the total allowed charges for prostate cancer treatments after the applicable MRAs have been satisfied.

Failure to obtain negative results of the test listed above will render future medical needs for prostate cancer ineligible for sharing until an initial negative result has been submitted.

Eligible diagnostic prostate tests are processed toward the member's 1st and 2nd MRAs. Once the member has met their 1st MRA, the membership will share simultaneously while meeting the 2nd MRA. After the 2nd MRA has been met, the membership will share on the allowed amount on all eligible medical needs up to any sharing maximums listed in the Membership Guidelines

How to Submit Results

Results may be submitted to Altrua HealthShare by email to: memberforms@altruahealthshare.org or by fax to 1.512.382.5520

Maternity

For Diamond and Emerald Members

When a Diamond or Emerald Member discovers they are pregnant, the Member must submit a completed Maternity form which can be found by logging in to the Member Portal or by visiting the Altrua Healthshare website.

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

- Is Married - If the expecting mother has an individual membership, proof of marriage must be provided **AND**
- Is actively participating in a Membership that includes Maternity Sharing prior to conception

The Member may contact Altrua HealthShare for an Advance Opinion for Eligibility, which is a determination regarding eligibility of sharing. Sharing for maternity medical needs is based on the

Membership Guidelines that are in place at the date of conception and continues throughout the term of that pregnancy.

Sharing Limits

- For a pregnancy to be eligible, your membership must be effective on or before your date of conception.
- Sharing eligibility for needs related to maternity expenses begins 90 days after the Membership effective date
- The Maternity MRA must be met prior to sharing by the Membership
- The Maternity MRA applies per pregnancy
- A maximum sharing limit applies per pregnancy and is based on the membership year you are in at the date of conception
- Charges for labs directly related to an established maternity diagnosis will be applied towards the Maternity MRA
- Sharing for medical needs of an eligible pregnancy that results in a miscarriage are subject to the per pregnancy Maternity MRA and maximum sharing limit
- Sharing by the Membership under the maternity sharing limits start at the time of conception and continue through delivery for both the mother and the newborn

MEMBERSHIP YEAR	Maternity MRA*	MAXIMUM AMOUNT THE MEMBERSHIP WILL SHARE*
YEAR 1**	\$5,000	\$12,000
YEAR 2+	\$5,000	\$25,000

* per pregnancy

** after meeting the applicable waiting period

Midwife

Altrua HealthShare respects the Member's rights to make decisions regarding the delivery of their newborn and supports that decision by allowing Members to use a licensed midwife for delivery.

NOTE: Altrua HealthShare requires that the expecting mother be tested for group B strep (GBS) prior to delivery.

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

Circumcisions

Circumcisions occurring on an eligible maternity within the first 30 days of the baby's life are eligible for sharing. All other circumcisions are ineligible for sharing unless medically necessary, an advance opinion is recommended.

Ineligible Pregnancy

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

Maternity medical needs for newborns conceived outside of marriage are not eligible for sharing by the Membership. If there are situations about pregnancies that do not meet this standard, please contact Altrua Ministries at 800-597-1183 or email prayer@am.family to confidentially discuss the matter further.

Certain memberships, including Sapphire and Ruby, do not allow for sharing of Members' maternity medical needs, and those needs are therefore ineligible for sharing. If a married Member is on a membership that does not offer Maternity sharing but desires to conceive and wants maternity needs to be eligible for sharing, she must upgrade her membership to a maternity eligible Membership prior to conception and participate in that upgraded membership for 90 days before needs are eligible for sharing.

Ineligible medical needs relating to maternity include:

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

Complications During Pregnancy

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

Life-Threatening Complications

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

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

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

Newborns

WITH AN **ELIGIBLE** PREGNANCY

With an eligible pregnancy, newborns who are born into the Membership via an eligible maternity need can be added to your membership without meeting any criteria in the Membership Enrollment Application. However, you will need to add your newborn as a dependent. In this instance, the newborn's membership will be effective from the date of birth if the applicable contributions have been received.

WITH AN **INELIGIBLE** PREGNANCY

With an ineligible pregnancy, the member or legal guardian may apply for membership on behalf of the infant that does not qualify as being born into the membership once the infant is over 30 days old. The infant is subject to the add-on membership enrollment process and membership limitations for any pre-existing conditions that apply.

Adoption-Diamond and Emerald Members (Not available to Texas residents)

The Altrua HealthShare Membership allows for sharing in adoption expenses for Diamond and Emerald members. We believe that in order to assist in the spiritual health of our Members who have not been able to conceive or who have felt a spiritual responsibility to adopt, we will help meet the needs of those seeking to adopt.

Eligibility for Adoption

(Not available to Texas residents)

The first adoption event may be eligible for sharing:

- After participation in an eligible Membership for 12 consecutive months (the waiting period) prior to incurring reimbursable expenses or having expenses applied towards the Adoption MRA.
- Once official adoption process begins

The second event may be eligible for sharing:

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

Sharing Limits

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

- A \$5,000 adoption MRA, per event, prior to the Membership sharing in expenses, and
- A \$5,000 Membership sharing maximum once the adoption MRA has been met.

- Up to two adoption events may be eligible for sharing per household for the lifetime of the Membership
- The adoption of multiple children at the same time is considered one event
- Eligible expenses are at the discretion of Altrua HealthShare

Membership Enrollment of the Adopted Child

Sharing by the Membership for adoption expenses does not imply a child automatically qualifies for inclusion in the Altrua HealthShare Membership. Once the legal adoption process is final, adopting parents may initiate the add-on membership enrollment process.

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

Void where prohibited: Although Altrua HealthShare offers memberships nationwide, some of the Sharing options contained in the Membership Guidelines may NOT be available to Members in all geographic locations or jurisdictions. Adoption and Funeral sharing options are NOT available to Texas residents.

Service-Specific Sharing Limits

Alternative Medicine

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

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

Ambulance

Eligibility for sharing purposes will focus on the Member's presenting symptoms rather than the final diagnosis. Altrua HealthShare will review medical records for your use of ambulance services in order to assess eligibility for sharing.

Ground transport is subject to the following:

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

Air/water transport is subject to the following:

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

Cataracts and/or Glaucoma Diagnostic Testing or Surgery

Eligible medical needs are subject to:

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

Colonoscopy

Routine Colonoscopy

A colonoscopy is considered a routine screening when:

- You've had no lower gastrointestinal signs or symptoms before the colonoscopy
- No polyps or masses are found during the colonoscopy
- There's no family history of polyps or colon cancer
- You have no history of polyps or colon cancer

Diagnostic Colonoscopy

A colonoscopy is considered diagnostic when you have had:

- Signs or symptoms in the lower gastrointestinal tract noted in your medical records or medical need including:
 - Abdominal pain that does not improve
 - Anemia
 - Change in bowel habits
 - Constipation
 - Rectal bleeding
 - Blood in stool
- Polyps within the past 10 years
- A positive stool-based test such as Cologuard

Colonoscopy procedures, routine or diagnostic, for Members aged 45 and over are subject to the following:

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

Pre-existing conditions and limitations do not apply to colonoscopy screenings or Cologuard-like tests. Exceptions may be made for Members under age 45 with a family history of colon cancer. In this case, you must provide documentation from the referring medical doctor.

Cologuard and like tests, routine or diagnostic, for Members aged 45 and over are subject to the following:

- An initial 12-month waiting period (from the member effective date)
- Cologuard or Cologuard like screening are eligible for sharing.
- 1st, then 2nd MRAs apply

Pre-existing conditions and limitations do not apply to colonoscopy screenings or Cologuard-like tests. Exceptions may be made for Members under age 45 with a family history of colon cancer. In this case, you must provide documentation from the referring medical doctor.

COVID-19

Testing, Vaccination, and Treatment

Uninsured individuals who need COVID-19 services, including vaccination, boosters, testing and treatment, may be able to find low or no-cost healthcare in their communities. For more coronavirus resources, visit <https://www.covid.gov/>

Sharing may be eligible for Covid testing and vaccines if performed as part of an eligible office visit, eligible hospital services, or at a pharmacy.

Sharing will be considered based on where services are rendered.

NOTE: If you have concerns that you or someone in your household is exhibiting symptoms of *COVID19*, please call your designated telemedicine provider for additional information and direction.

Hospitalization

- An initial 90-day waiting period (from the Membership effective date) unless associated with an eligible Emergency Room visit.
- 1st, then 2nd MRAs apply
- Limited to the Annual and/or Lifetime sharing Maximum
- May not exceed 60 consecutive days of inpatient care

Discount Laboratory Services

Members of all Altrua HealthShare Memberships have access to pre-negotiated rates and discounts for laboratory services through third-party laboratory services. The discounts are available to those members that self-pay and seek reimbursement from Altrua Healthshare. See Healthy Living Services in the Contact Information section for possible discount services.

Laboratory Sharing

DIAMOND & EMERALD Memberships

Eligible laboratory services are subject to the following:

- An Initial 90-day waiting period from the Membership effective date, unless it is a part of a required screening or eligible emergent procedure
- A \$500 Laboratory MRA applies

- Subject to a maximum sharing limit of \$1,000 for Diamond Memberships and \$500 for Emerald Memberships, per Member, per calendar year

Laboratory Service Examples

Membership	Lab Charges	Amount You Pay	Amount Altrua Healthshare Shares to the Lab	Amount Applied Towards Your 1st MRA	Amount Applied Towards Your 2nd MRA	Amount Applied Towards Your Lab MRA
DIAMOND	\$2,000	\$1,000	\$1,000	N/A	N/A	\$500
EMERALD	\$2,000	\$1,500	\$500	N/A	N/A	\$500

SAPPHIRE & RUBY Memberships

Eligible laboratory services are subject to the following:

- An initial 90-day waiting period from the Membership effective date, unless it is a required part of a required screening or eligible emergent procedure.
- Allowed up to \$4,000 per Member, per calendar year, to be applied to the MRAs until MRAs have been satisfied.

Membership	Lab Charges	Amount You Pay	Amount Altrua Healthshare Shares to the Lab	Amount Applied Towards Your 1st MRA*	Amount Applied Towards Your 2nd MRA*	Amount Applied Towards Your Lab MRA
SAPPHIRE	\$2,000	\$2,000	\$0	\$1,500	\$500	N/A
RUBY	\$2,000	\$2,000	\$0	\$2,000	N/A	N/A

*Assuming you have not met any of your MRA's

Medical Needs Regarding the Female Reproductive System Resulting from Post-menopausal Symptoms or Complications

Eligible medical needs are subject to the following:

- An initial 12-month waiting period from the member effective date
- 1st, then 2nd MRAs apply

Organ Transplants

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

- An initial 12-month waiting period (from the Membership effective date)
- Maximum sharing limit of \$150,000 per Member, per lifetime, not to exceed the maximum sharing limit of the Membership
- 1st, then 2nd MRAs apply
- Eligible medical needs include all costs related to the actual transplant procedure
- Medical needs requiring multiple organ transplants will be considered on a case-by-case basis.

Outpatient Therapy

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

- An initial 12-month waiting period from the member effective date unless directly associated with an eligible surgery, eligible illness, or eligible accidental injury
- Limited to a combined 20 visits in a calendar year, per Member
- 1st then 2nd MRAs apply
- Services must be rendered by a licensed medical professional

Overnight Sleep Testing

Overnight sleep studies are subject to the following:

- An initial 90-day waiting period (from the member effective date)
- Limited to a single one-night study performed in either a facility or at home
- 1st, then 2nd MRAs apply
- If a home study is done but requires additional testing in a facility, it must be due to medical necessity and the request will be subject to review by a licensed medical professional.

Recreational Vehicles

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

- An initial 90-day waiting period (from the membership effective date)
- The recreational vehicle must be insured by a third party for any medical needs to be eligible for sharing
- Maximum sharing limit of \$10,000 per Member, per incident
- 1st, then 2nd MRAs apply
- Medical needs will only be considered for sharing once they have been processed by any liable third party such as your automobile insurance provider.
- A Needs Processing Form is required.

A recreational vehicle is a licensed or unlicensed motor vehicle operated on land or water (including but not limited to ATVs, snowmobiles, motorized scooters, boats, and jet skis), or a licensed motor vehicle with less than four wheels including motorcycles, excluding motor homes, 5th wheels, and bumper pull RVs.

Surgery

Inpatient/Outpatient

- An initial 90-day waiting period (from the Membership effective date) unless associated with an eligible Emergency Room visit.
- 1st, then 2nd MRAs apply
- Limited to the Annual and/or Lifetime Sharing Maximum

Temporary Long-Term Care Services

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

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

Vaccinations

Treatment with a vaccine to produce immunity against a disease

- May be administered as part of an eligible office visit. Office visit co-shares and Office Visit Sharing Limits apply.
- If not administered as part of an eligible office visit
 - 1st and 2nd MRA will apply
 - May be obtained at a local pharmacy. Members will need to submit a reimbursement request. Sharing limits and 1st and 2nd MRA may apply.

Flu Shot

- Maximum sharing of \$25 per Member, per calendar year
- May be administered as part of an eligible office visit. Office visit co-shares and MRA's apply.
- May be obtained at a local pharmacy. Members will need to submit a reimbursement request.

NOTE: When submitting a reimbursement for a vaccine administered at your local pharmacy, the receipt must include the name of the vaccine administered.

Ineligible Medical Needs

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

Needs Related to Information Provided on the Membership Enrollment Application

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

Conflict of Interest Exists

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

Carelessness or Failure to Plan

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

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

DNA and Genetic Testing

DNA and genetic tests NOT related to maternity are not eligible for sharing. If the test is required to determine the medical treatment for a current illness, the medical need is eligible for sharing. In this case, an Advance Opinion for Eligibility is strongly encouraged and the submission of medical records is required. For example, tumor genomic assays for a breast cancer patient to help doctors consider more precise treatments may be eligible for sharing after reviewing medical records.

DNA and genetic testing related to maternity DNA are eligible if the tests are critical because the conception age is over 35 or if the pregnancy has high-risk criteria (e.g., previously giving birth to a baby with down-syndrome, abnormal serum screen, abnormal prenatal ultrasound, etc.).

Eligibility for sharing requires a doctor's order specifying the reason for the test when high-risk criteria exist. The maternity MRA and maternity maximum sharing limit apply.

Experimental Treatments or Procedures or Treatments not Approved by an Accepted Authority

Procedures or treatments that are not recognized or approved by the American Medical Association (AMA) or the US Food and Drug Administration (FDA). This includes procedures not approved by the AMA or FDA for a given application, procedures still in clinical trials, and procedures that are classified as experimental or unproven interventions and therapies.

Non-essential Medical Needs

- Use of the emergency room for non-urgent medical needs (unless treatment at an emergency room is the only legitimate option because of the severity of the condition and lack of availability of treatment at an alternative facility)
- Treatment that is not medically necessary or appropriate (as determined by a licensed medical professional)
- Over the counter medication
- Prescription medication received at a local pharmacy. Discounts are available through your prescription discount program. See Contact Information section for additional information.
- Inpatient hospital stays exceeding 60 consecutive days per calendar year
- Long-term care or other care that does not treat an illness or injury (e.g., custodial care)
- Transportation (such as by ambulance) for conditions that are non-life threatening

Medical Needs Arising from Lifestyle or Choices

Any medical needs that are caused by lifestyles, choices, or activities that conflict with the Statement of Standards are ineligible for sharing. Examples include:

- Abortion or abortion counseling, except in the case of rape or threat to the mother's life as supported by medical documentation
- Illnesses arising from tobacco use or that are vaping related.
- Sexually transmitted diseases (STDs) including HIV. Exceptions include transmission via transfusion, sexual assault (reported to law enforcement), work-related needle stick and routine HPV screenings and vaccinations as outlined by the CDC.
- Gender Dysphoria including, but not limited to, medication, hormone therapy and surgery.

- Birth control consultation, as well as any birth control measures to prevent conception (e.g., IUD, injectables, patch).
- Illness or injury due to excessive use of alcohol, including intentional excessive consumption of alcohol. Excessive is defined as the use of the substance resulting in a medical need.
- Illness or injury due to illegal or recreational drug use
- Use of any illicit drug that results in a medical need, regardless of whether it has been prescribed by a medical professional
- Maternity resulting from sexual relations outside of marriage
- Illness or injury due to any medication (over the counter or prescription) intentionally taken in excess of the instructions
- Self-inflicted or intentional injuries
- Illness or injury caused by illegal activities
- Diseases caused by tattoos, body piercing, or lifestyle choices. (This includes HIV/AIDs and STDs)

Other Ineligible Discretionary Medical Needs

- Elective cosmetic surgery
- Breast implants (placement, replacement, or removal) and complications related to breast implants (except as an eligible cancer treatment plan)
- Infertility testing or treatment
- Risk assessment testing, including but not limited to genetic testing and counseling
- Sterilizations or reversals (e.g., vasectomy, tubal ligation)
- Sexual dysfunction services
- Elective Hormone therapy for both men and women
- Hysterectomy (unless deemed medically necessary by a licensed physician)
- Weight control and management (including nutritional counseling for weight loss, weight gain or health maintenance), even if related to a medical condition
- Allergy testing and immunotherapy treatment
- Chelation therapy

- Drug testing with the exception of physician prescribed controlled substances.
- Medical tourism
- Injuries arising from the use of personal aircraft, and any other aircraft not operated by a commercially licensed public carrier

Psychological Medical Needs

Ineligible psychological medical needs include counseling, testing, treatment, medication, and hospitalization to address:

- Mental or psychiatric health
- Learning disabilities
- Developmental delays
- Autism
- Behavioral disorders
- Eating disorders
- Neuropsychological disorders
- Alcohol/substance abuse
- Attention deficit or hyperactivity disorders
- Other psychological conditions

NOTE: For any psychological needs, Altrua HealthShare encourages members to utilize counseling services. See Healthy Living Services in the Contact Information section for possible discount services.

Other

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

Medical Equipment

Purchase or rental of durable or reusable equipment or devices (and associated supplies) are ineligible for sharing. This includes, but is not limited to:

- Oxygen
- Orthotics
- Prosthetics
- External braces
- Hearing aids

NOTE: See Healthy Living Services in the Contact Information section for possible discount services.

Miscellaneous Charges

- Fees for medical record retrieval
- Conveyance fees
- STAT fees
- Shipping and handling fees
- Administration fees
- Missed appointment fees
- After-hour fees
- Finance charges and/or currency exchange

Extreme Sports

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

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

Dental

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

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

NOTE: See Healthy Living Services in the Contact Information section for possible discount services.

Vision

Medically necessary vision services are eligible for sharing when performed by an ophthalmologist with an eligible medical diagnosis.

An ophthalmologist is a medical doctor who can perform medical and surgical interventions for eye conditions.

Vision services and procedures are not considered medically necessary and are ineligible for sharing. This includes, but is not limited to:

- Optometry
- Glasses /Contacts
- Supplies
- Vision therapy
- Refraction services
- Optometrist office visits
- Optician Visits

NOTE: See Healthy Living Services in the Contact Information section for possible discount services.

Hearing

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

- Comprehensive hearing evaluation
- Tinnitus evaluation and treatment
- Counseling and rehabilitation for hearing loss
- Home testing and services

NOTE: See Healthy Living Services in the Contact Information section for possible discount services.

Telemedicine

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

DialCare is a 24/7, easy-to-use telemedicine solution for non-emergency illnesses and general care. Members have direct access to state-licensed, fully credentialed doctors to receive treatment and advice for common ailments, including colds, the flu, rashes and more. Doctors are available 24 hours a day, 365 days a year, allowing members and their families convenient access to quality care from home, work or on the go.

To access DialCare telemedicine, call 1.833.3-ALTRUA (258782) and follow the prompts.

Healthy Living Services

Your plan may include Healthy Living Services.

- Chiropractic
- Counseling
- Hearing
- Labs
- Vision

For details on available services and discounts please see the Healthy Living Services in the Contact Information section.

Coordination of Sharing

Altrua HealthShare only shares in eligible needs after all other resources have been exhausted. If your medical needs are covered by other resources such as primary insurance, Medicare, Medicaid, Veteran Affairs benefits, Tricare, private grants, or by any liable party such as employer liability, workers compensation, auto insurance or homeowners insurance, your MRAs and Member sharing will apply after any discounts or payments are made to the service provider.

If you have a philosophical objection to the usage of governmental programs for the payment of your medical needs, you need to file a grievance that will be forwarded to the Eligibility Committee for consideration.

If it is later discovered that your medical need has been paid for (or is found to be covered) by another institutional source, third-party or subrogation, Altrua HealthShare has full rights to recover all sharing amounts that were shared on your behalf by the membership.

Altrua HealthShare requires all members to cooperate and assist the membership in determining whether your medical need is discountable or payable by another party. If you have not responded to our request for additional information or verification of information within 180 days of the request, your medical needs may become ineligible for sharing.

Altrua HealthShare will only share eligible medical needs after they have been addressed by any responsible third party. If you cancel or begin health insurance, you must notify Altrua HealthShare Member Services via fax or email. Proof of coverage and the Explanation of Benefits (EOB) from your carrier is required before the membership will share any eligible medical need.

Supplemental Insurance

Supplemental policies pay benefits directly to Members, unless otherwise assigned to help with out-of-pocket medical expenses, or everyday expenses. If you have supplemental insurance that covers your MRAs, relating to an eligible medical need, we will need a copy of your Explanation of Benefits (EOB) prior to processing eligible medical needs in accordance with our guidelines. Once processing is complete, we will provide you with an explanation of sharing. Altrua may request additional information that must be provided by you when requested.

Altrua HealthShare requires that all members cooperate and assist the membership in determining whether your medical need is discountable or payable by another party. If you have not responded to our request for additional information or verification of information is not responded to within 60 days of the request, your medical needs will become ineligible for sharing.

Medicare

When you become eligible for Medicare Part A and/or Part B due to age or disability, you may be required to provide a Medicare Certificate of Coverage. You will also need to provide us with a copy of your Explanation of Benefits (EOB) from Medicare. Please see Form Submissions on the Contact Us page. Once proof of Medicare Coverage is received, there will be a reduction in your contribution amounts. Call our Member Services Department to find out more.

NOTE: A reduction in contribution is not available for Ruby membership.

Changes to the Guidelines

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

Appeals and Grievances

How to File an Appeal If a Medical Need Is Denied

Although there are no contractual promises for sharing Member contributions, it is still important to be sure that Altrua HealthShare is administering shared contributions as described here in the Membership Guidelines and in accordance with the Escrow Instructions.

If you are a Member and your medical need is denied for sharing under the Membership Guidelines, you may file an appeal. Please submit your appeal to Member Forms Submissions, as listed on the Contact Information page. In your letter, please be sure to include:

- What information does Altrua HealthShare have that is either incomplete or incorrect?
- In your opinion, how has Altrua HealthShare misinterpreted the information that they have about your request?
- Which provision of the Altrua HealthShare Membership Guidelines do you believe is being applied incorrectly?

Once we have your responses to the above questions, your appeal will be elevated to the Eligibility Committee. The Eligibility Committee has been appointed by the Board of Directors for review and final determination of your appeal request.

Grievances

Altrua HealthShare is committed to providing the highest level of service by collaborating with its Members and creating an open environment of communication in which Members or their representatives feel comfortable expressing a grievance related to the quality of service provided to

them. These issues will be addressed in a timely, fair, and thorough manner. Altrua HealthShare strives to ensure that quality services are given to our Members. If a Member, family member, or visitor believes that they did not receive quality services, Altrua HealthShare will address those concerns and take appropriate action, as necessary.

How to File a Grievance

The Member Services Department ensures that Members have the opportunity to fully express a grievance.

Members may file a written grievance to complaint@altruahealthshare.org. You should receive a return acknowledgment of your grievance within 5 business days. Appropriate action as necessary will be taken.

Glossary of Terms



Use these definitions to better understand the terminology contained within the Altrua HealthShare Membership Enrollment Application and these Membership Guidelines.

A

ACKNOWLEDGMENTS Your agreement that you understand and accept all of the statements and conditions described in the Acknowledgments section of the Altrua HealthShare Membership Enrollment Application.

ADVANCE OPINION An Advance Opinion for eligibility helps protect you as the Member, by clarifying eligible and ineligible needs. Medical need eligibility is determined based on the medical coding submitted by the healthcare provider and any requested medical records.

Advance Opinion is not a promise to share in a Medical Need.

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

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

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

APPLIED TO This is when your MRA is reduced by an amount charged for an eligible medical need, but you are responsible for payment of it. Applied to also applies to annual and lifetime sharing maximums.

B

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

C

CPT (Current Procedural Terminology) Code is a code set to describe medical, surgical, and diagnostic services.

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

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

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

COMPLAINT Also referred to as a grievant, a complainant is the person who filed the grievance, including the Member, a representative designated by the Member, or other individual with authority to act on behalf of the Member.

CO-SHARE An amount that is paid to the provider by the member before Membership sharing takes place. Please note that Co-Share amounts do not apply to your MRAs.

D

DATE OF SERVICE (DOS) The date medical services were rendered for you.

DEPENDENT Your spouse and/or any of your unmarried children (by birth, legal adoption, or marriage) up to the age of 23, whom you have included on a Membership Enrollment Application.

E

EFFECTIVE DATE The date your Membership and limitations begin.

ELDEST ACTIVE MEMBER: The oldest active member on a Membership.

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

ELIGIBLE MEDICAL NEED A medical need that meets all the conditions to qualify for sharing and falls within the sharing limits.

In addition, all required documentation has been submitted by the Provider and/or the Member in order to determine eligibility.

ELIGIBILITY COMMITTEE A committee composed of Executives that serves as your impartial advocates to review and assess the eligibility of disputed, denied or appealed Member needs.

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

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

EXPLANATION OF SHARING (EOS) A statement sent to you and your providers after your medical needs have been processed. This statement specifies the amount you owe, i.e. your Member Responsibility Amount (MRA): Allowed Amount(s), Ineligible Amount(s) and/or the amount(s) that were shared by the Membership and provides the reasoning for processing determinations. An EOS may include a request for additional information in order to complete the processing.

ESCROW INSTRUCTIONS Authorized detailed instructions given to Altrua HealthShare to manage the Membership escrow account as the escrow agent.

EXCESSIVE Defined as the use of a substance resulting in a medical need.

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

EXTREME SPORTS Activities perceived as having a high level of danger, often involving speed, height, a high level of physical exertion, and specialized gear.

G

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

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

GRIEVANCE A written or oral expression of dissatisfaction regarding the Membership and may include a complaint, dispute, request for reconsideration or appeal made by a Member or the Member's representative to Altrua HealthShare.

H

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

HCPCS (Healthcare Common Procedure Coding System) is a collection of standardized codes that represent medical procedures, supplies, products, and services



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

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



LEGAL REPRESENTATIVE Any adult who has decision-making capacity and who is willing to act on behalf of a Member. A legal representative would include an individual who has authority, by law or by agreement, from the individual receiving treatment, to act in the place of the individual. This includes parents, legal guardians, or properly appointed agents, such as those identified in Power of Attorney documents, or individuals designated by state law.

LICENSED MEDICAL PROFESSIONAL An individual who has successfully completed a prescribed program of study in a healthcare field and who has obtained a license to practice in that field. Some examples of licensed medical professionals are doctors, nurses, chiropractors, physical therapists, and physician assistants.

LIFETIME SHARING MAXIMUM The maximum amount shared for eligible medical needs over your lifetime of membership within a household.



MATERNITY A mother's or child's medical needs relating to prenatal care and newborn delivery, including routine hospital expenses for your newborn child.

MEDICAL NEEDS Charges or expenses for medical services that are provided to you by a facility or by a licensed medical professional to address your illnesses, accidents, injuries, or routine medical care.

MEDICAL NEED ADVOCACY A collaborative process available by

Altrua HealthShare to help you assess your eligibility, and to assist you with planning, choosing, and coordinating your best possible care.

MEDICAL REVIEW The process by which licensed medical professionals review medical records to make eligibility determinations in accordance with the Membership Guidelines.

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

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

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

- **ACTIVE MEMBER** Your status when you have met all Membership obligations, providing you remain eligible for sharing of medical needs.
- **INACTIVE MEMBER** Your status when you have failed to meet Membership obligations, making you ineligible for sharing of medical needs.
- **MARRIED INDIVIDUAL MEMBER** Your status when you have met all Membership requirements to qualify for an eligible maternity on a Membership that allows it, with proof of marriage certificate. Maternity is not offered on Sapphire and Ruby Memberships.

MEMBERSHIP The membership sharing options that are available with Member Responsibility Amount (MRAs) and sharing limits, as selected on your Membership Enrollment Application.

MEMBER APPEAL A request to reconsider an initial denial decision of clinical services.

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

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

- **FIRST MEMBER RESPONSIBILITY AMOUNT (1ST MRA)** The amount you are responsible for payment to the physician or facility before the Membership shares in eligible medical needs.
- **SECOND MEMBER RESPONSIBILITY AMOUNT (2ND MRA)** The percentage you are responsible for paying after the First Member Responsibility Amount (1st MRA) is met. The Membership shares simultaneously in your eligible medical needs as your 2nd MRA is being met.

MEMBERSHIP ENROLLMENT APPLICATION An electronic application that must be completed by the Primary Contact in order to enroll in Altrua HealthShare for Membership. The Membership Enrollment

Application states all applicants have met the criteria for membership by providing accurate health history information, by agreeing to the Statement of Standards and by accepting all Acknowledgments.

MEMBERSHIP COMMITMENT FORM An electronic form you must complete and provide to Altrua HealthShare to demonstrate your commitment to the Membership, Acknowledgments, Statement of Standards, Commitments, and the Escrow Instructions

MEMBERSHIP NEEDS PROCESSING FORM (NPF) An electronic form you must complete, if requested by Altrua, and provide to Altrua HealthShare to determine eligibility for sharing of your medical needs.

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

MEMBERSHIP LIMITATION A two-year or five-year waiting period, or lifetime limitation on the eligibility for sharing of medical needs. Any condition associated with or directly related to an ineligible medical condition is also subject to the Membership Limitations. Membership limitations can be placed at any time based on the information you, your physician, or facility provides and may be subject to medical record review.

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

N

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

O

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

P

PREFERRED PROVIDER Any medical provider that works in conjunction with your Altrua HealthShare Membership to provide services for you.

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

PRIMARY CONTACT A designated adult, age 18 or older who is responsible for signing and submitting a Membership Commitment Form on behalf of all active members and ensuring monthly contributions are received.

R

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

RE-ENROLLMENT is considered a new membership and is subject to pre-existing condition limitations.

REQUIRED SCREENINGS are medical tests required as part of your Altrua HealthShare Memberships. For example, routine mammograms, routine PSA, and routine pap or pelvic exam.

ROUTINE SCREENINGS are medical tests that doctors use to check for diseases and health conditions before there are any signs or symptoms. Screenings help find problems early on, when they may be easier to treat.

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

RETROACTIVE LIMITATION A two-year or five-year waiting period or lifetime limitation on the eligibility for sharing of medical needs or associated medical needs for an illness or medical condition for which you have received medical advice or treatment at any time during the 10-year look back period preceding your membership effective date that was not disclosed on your Membership Application. This limitation will be retroactive to your membership effective date.

REVENUE CODE (Rev Code) A method of coding used by hospitals or healthcare systems to identify the department in which medical service was rendered to the patient or the type of item or equipment used in the delivery of medical services.

S

SHARING The process in which the Membership shares on eligible medical needs. Sharing may be applied to your MRA, payment to the provider/facility, or member reimbursement.

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

T

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

U

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

W

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

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

Y

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



Dear Member,

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

Prayer Support

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

Your 60 Second Devotion

Whether you are going through a hard day, week, month, or season, we send out a weekly

encouragement based on biblical principles that help you lead your best life. Regardless of what you are dealing with, Altrua Ministries believes it will be a blessing to your life as you receive these messages of encouragement each week.

Social Media

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

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

With our warmest blessings,

Dr. Kevin Hull | Director of Ministries

State Notices and Disclosures

ALABAMA Code Title 22-6A-2

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

ALASKA Statute 21.03.021(k)

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

ARIZONA Statute 20-122

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

ARKANSAS Code 23-60-104.2

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

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

FLORIDA Statute 624.1265

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

GEORGIA Statute 33-1-20

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

IDAHO Statute 41-121

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

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

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

INDIANA Code 27-1-2.1-1

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

KENTUCKY Revised Statute 304.1-120 (7)

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

LOUISIANA Revised Statute Title 22:318,319

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

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

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

MARYLAND Article 48, Section 1-202(4)

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

MICHIGAN Section 550.1865-1867

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

MISSISSIPPI Code 83-77-1

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

MISSOURI Section 376.1750

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

MONTANA Sections 33-1-102 AND 33-1-201, MCA

Notice: The health care sharing ministry facilitating the sharing of medical expenses is not an insurance company and does not use insurance agents or pay commissions to insurance agents.

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

NEBRASKA Revised Statute Chapter 44-311

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

NEW HAMPSHIRE Section 126-V:1

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

NORTH CAROLINA Statute 58-49-12

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

this organization continues to operate, you are always personally liable for the payment of your own medical bills.

OKLAHOMA Statute 36 Section 110(11)

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

PENNSYLVANIA 40 Penn. Statute Section 23(b)

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

SOUTH DAKOTA Statute Title 58-1.3.3

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

TENNESSEE Code 56-7-2005

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

TEXAS Code Title 8, K, 1681.001-3

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy.

Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

Void where prohibited: Although Altrua HealthShare offers memberships nationwide, some of the sharing options contained in the Membership Guidelines may NOT be available to Members in all geographic locations or jurisdictions. Adoption and Funeral sharing options are NOT available to Texas residents.

UTAH Code 31A-1-103

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

VIRGINIA Code 38.2-6300-6301

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

WASHINGTON

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

WEST VIRGINIA Statute 35-1B-4

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

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

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

WYOMING 26.1.104 (a)(v)(C)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.

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