



## Copper Member Guidelines

A RECOGNIZED HEALTH CARE SHARING MINISTRY

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

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**WHAT DOES IT ALL MEAN?** If you have trouble understanding any of the terms, refer to the *Definition of Terms* section (page 07) for the definitions of the terms that are used throughout these guidelines and membership application.

## Disclaimer

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

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

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

# How it Works

Member submits Member Responsibility Amounts as outlined in Explanation of Sharing\* or special remarks to the provider.



# Contents

## Membership Overview

|                                    |    |
|------------------------------------|----|
| A. Guidelines Purpose and Use      | 06 |
| B. Individuals Helping Individuals | 06 |
| C. Monthly Contributions           | 06 |
| D. Definition of Terms             | 07 |

## Contributors' Instructions and Conditions

|                                               |    |
|-----------------------------------------------|----|
| A. Membership Qualifications                  | 11 |
| 1. Religious Beliefs and Standards            |    |
| 2. Medical History                            |    |
| 3. Application, Acceptance and Effective Date |    |
| 4. Dependents                                 |    |
| 5. Financial Participation                    |    |
| 6. Other Criteria                             |    |
| B. Eligible Needs                             | 12 |
| C. Sharing Limits                             | 16 |
| 1. Religious Beliefs and Standards            |    |
| 2. Medical History                            |    |
| 3. Application, Acceptance and Effective Date |    |
| 4. Dependents                                 |    |
| 5. Financial Participation                    |    |
| 6. Other Criteria                             |    |
| D. Denied Needs                               | 19 |

## Member Rights and Responsibilities

|                     |    |
|---------------------|----|
| A. Rights           | 22 |
| B. Responsibilities | 22 |

## Terms and Escrow Instructions

|                                   |    |
|-----------------------------------|----|
| A. Acknowledgments                | 25 |
| B. Commitments                    | 26 |
| C. Membership Escrow Instructions | 26 |



## Statement of Standards

Because of the biblical beliefs listed in the Altrua HealthShare Statement of Standards, the members agree to live a clean and healthy lifestyle and share the following standards and beliefs.

- › Caring for one another.
- › Keeping the body clean and healthy with proper nutrition.
- › The use of any form of tobacco, illicit drugs and excessive alcohol consumption is harmful to the body and soul.
- › According to the Word of God, sexual relations outside the bond of marriage is morally wrong. Marriage is a bond between a man and woman only.
- › Abortion is wrong, except in a life threatening situation to the mother.
- › Physical, mental or emotional abuse of any kind to a family member or anyone else is morally wrong.

# Membership Overview

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

## A Guidelines Purpose and Use

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

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

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

## B Individuals Helping Individuals

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

## C Monthly Contributions

Monthly contributions are voluntary contributions or gifts that are non-refundable. As a non-insurance membership, neither Altrua HealthShare nor the membership, are liable for any part of an individual's medical need. All contributors are responsible for their own medical needs. Although monthly

contributions are voluntary contributions or gifts, there are administrative costs associated with monitoring the receipt and disbursement of such contributions or gifts. Therefore, any contribution received after the 15<sup>th</sup> of each month will incur an administrative fee, as will returned checks or returned ACH payments.

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

Contributors wishing to discontinue participation in the membership must submit the request in writing by the 20<sup>th</sup> day of the month before which the contributions will cease. The request should contain the reason why the contributor is discontinuing participation in the membership. Should the contributor fail to follow these guidelines as they pertain to discontinuing their participation in the membership and later wishes to reinstate their membership, un-submitted contributions from the prior participation must be submitted with a new application.

## D Definition of Terms

Terms used throughout the Copper Member Guidelines and application are defined as follows.

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

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

**03. COMBINED MEMBERSHIP** Two or more family members residing in the same household.

**04. CONTRIBUTOR** Person named as head of household under the membership.

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

**06. ELIGIBLE** Medical needs that qualify for voluntary sharing of contributions from escrowed funds, subject to the sharing limits.

**07. ESCROW INSTRUCTIONS** Instructions contained on the membership application outlining the order in which voluntary monthly contributions may be shared by Altrua HealthShare.

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

**09. HEAD OF HOUSEHOLD** Contributor participating by himself or herself; or the husband or father that participates in the membership; or the wife or mother if the husband does not participate in the membership.

**10. LICENSED MEDICAL PHYSICIAN** An individual engaged in providing medical care and who has received state license approval as a practicing Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).

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

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

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

**14. MEMBERSHIP** All members of Altrua HealthShare.

**15. MEMBERSHIP ELIGIBILITY MANUAL** The reference materials that contain the criteria used to determine if a potential member is eligible for participation in the membership and if any membership limitations apply.

**16. MEMBERSHIP** All members of Altrua HealthShare.

**17. MEMBERSHIP TYPE** Copper 10 or Copper 75 sharing options are available with different member responsibility amounts (MRA) and sharing limits as selected in writing on the membership application and approved by Altrua HealthShare.

**18. MONTHLY CONTRIBUTIONS** Monetary contributions, excluding the annual membership fee, voluntarily given to Altrua HealthShare to hold as an escrow agent and to disburse according to the membership escrow instructions.

**19. NEED(S)** Charges or expenses for medical services from a licensed medical practitioner or facility arising from an illness or accident for a single member.

**20. NON-AFFILIATED PRACTITIONER** Medical care professionals or facilities that are not participating within our current network.

**21. OFFICE VISIT/URGENT CARE** Allowed up to \$300.00 to be applied to MRA per visit. Will share up to \$300.00 per visit if MRA has been met.

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

**23. USUAL, CUSTOMARY AND REASONABLE (UCR)** The lesser of the actual charge or the charge most other providers would make for those or comparable services or supplies, as determined by Altrua HealthShare.



## Contributors' Instructions and Conditions

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

## A Membership Qualifications

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

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

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

If, at any time, it is discovered that a member did not submit a complete and accurate medical history on the membership application, the criteria set forth in the Membership Eligibility Manual on his/her application date will be applied, and could result in either a retroactive membership limitation or a retroactive denial to his/her effective date of membership.

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

**03. APPLICATION, ACCEPTANCE AND EFFECTIVE DATE** The person must submit a membership application and be accepted into the membership by meeting the criteria of the Member Eligibility Manual. The membership begins on a date specified by Altrua HealthShare in writing to the member.

**04. DEPENDENT(S)** A dependent may participate under a combined membership with the head of household. However, a dependent who is 20 and younger to participate in such a combined membership.

A dependent who wishes to continue participating in the membership but who no longer qualifies under a combined membership must apply and qualify for a membership based on the criteria set forth in the Membership Eligibility Manual.

Under a combined membership, the head of household is responsible to ensure that each individual participating under the combined membership meets and complies with the Statement of Standards and all guideline provisions.

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

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

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

**06. OTHER CRITERIA** Children under the age of 18 may qualify for membership without their parent's mutual participation on a case-by-case basis as determined by Altrua HealthShare. In these cases, the child's parent or guardian must complete and sign the membership application and any associated materials for the child and is responsible to ensure that all application and guideline requirements are met. An adopted child must apply and qualify as a new member and receives no preferential treatment under the Membership Eligibility Manual. Non-U.S. citizens may also qualify for membership as determined by Altrua HealthShare on a case-by-case basis. If the Non-U.S. citizen is 65 years of age or older he/she will continue to submit monthly contributions based on the 60–64 monthly contribution table plus the additional \$525.00 per member.

## B Eligible Needs

Only needs incurred on or after the membership effective date are eligible for sharing under the membership escrow instructions. The member (or the member's provider) must submit a request for sharing in the manner and format specified by Altrua HealthShare. This includes but is not limited to a Need Processing Form, standard industry billing forms (HCFA 1500 and/or most

recent UB form) and may include medical records. All participating members have a responsibility to abide by the Members Rights and Responsibilities published by Altrua HealthShare (attached at the end of these guidelines).

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

- 01.** Treatment or referrals received or obtained from any family member including, but not limited to: father, mother, aunt, uncle, grandparent, sibling, cousin, dependent or any in-laws, etc.
- 02.** Pre-existing conditions will be limited for the first twelve months of membership. Certain limitations may apply for more than 24 months' dependent upon the condition.
- 03.** Illnesses or injuries for which there is a pre-existing.
- 04.** Illness or injuries caused by member negligence or for which the member has acted negligently in obtaining treatment. This could be documented by, but is not limited to, review of medical records or treatment plans by a licensed medical physician.
- 05.** Procedures or treatments that are not recognized and approved by the American Medical Association (AMA) or that are illegal. Includes procedures not approved by the AMA for a given application, procedures still in clinical trials or procedures that are classified as experimental or unproven interventions and therapies.
- 06.** Lifestyles or activities engaged in after the application date that is in conflict with the Statement of Standards (on the membership application).
- 07.** Transportation (e.g., ambulance, etc.) for conditions that are not life-threatening, unless failure to transport the member immediately will seriously jeopardize the member's life; the additional expense for transportation to a facility that is not the nearest facility capable of providing medically necessary care; or charges in excess of \$10,000 for transportation by air.
- 08.** Congenital birth defects.
- 09.** Elective cosmetic surgery.
- 10.** Breast implants (placement, replacement or removal) and complications related to breast implants, including abnormal mammograms, unless related to an otherwise eligible need.
- 11.** Elective abortion of a viable fetus/embryo, unless medically necessary to protect the life of the mother.

**12.** Infertility testing or treatment, as well as any birth control measures to prevent conception (i.e., the pill, IUDs, shots, etc).

**13.** Sterilization or reversals (vasectomy and tubal ligation).

**14.** Hysterectomy without first obtaining two independent opinions (neither physician may not be a partner or other affiliate of the other). Both doctors must examine the patient prior to surgery and both must find that a hysterectomy is medically necessary. The member is responsible to ensure that both physicians submit medical necessity to Altrua HealthShare prior to surgery. Failure to follow these procedures will result in a finding of ineligibility for sharing by the membership.

**15.** Maternity needs or any medical diagnosis related to pregnancy, delivery, complications to mother or child.

**16.** Obesity and any diagnosis, condition or complication, according to the Centers for Disease Control and Prevention;  
<http://www.cdc.gov/obesity/adult/defining.html>

**17.** Weight control and management including nutritional counseling for weight loss, weight gain or health maintenance.

**18.** Hospital stays exceeding 60 days per medical need or additional charges for a private hospital room if a semi-private hospital room is available.

**19.** Any exams, physicals or tests for which there are no specific medical symptoms, diagnosis in advance or risk assessment testing. Screening colonoscopies, subject to MRA's will be eligible for sharing for members over the age of 55 every 5 years not to exceed 3 per lifetime.

**20.** Adult immunizations, HPV and Flu shots.

**21.** Chelation.

**22.** Physical therapy or occupational therapy that is not pre-authorized. Pre-authorized treatments are limited to a combined 20 visits in any calendar year.

**23.** Charges for emergency room visits and/or surgical removal for foreign objects placed in nose or ears by a child over five (5). Removal of foreign objects that can be done in an office setting will be reviewed under regular MRA's or the Office Visit MRA Option.

**24.** Medication or procedures not requiring a prescription.

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

- 26. Needs for active members submitted after they are over 9 months old. Needs for inactive members submitted after they are over 6 months old.
- 27. Dental services and procedures, including periodontics, orthodontics, temporomandibular joint disorder (TMJ) or orthognathic surgery. Includes hospital charges for dental work done under general anesthesiology.
- 28. Optometry, vision services, glasses, contacts, supplies, vision therapy, refraction services or office visits.
- 29. Psychiatric or psychological counseling, testing, treatment, medication and hospitalization.
- 30. Mental or psychiatric health, learning disability, developmental delay, autism, behavior disorders, eating disorders, neuropsychological testing, alcohol/substance abuse counseling, attention deficit disorder or hyperactivity.
- 31. Speech therapy (except for a deficit arising from stroke/trauma).
- 32. Circumcisions.
- 33. Self-inflicted or intentional injuries.
- 34. Acts of war.
- 35. Exposure to nuclear fuel, explosives, or waste.
- 36. Occupational injury resulting from an injury incurred while performing any activity for profit.
- 37. Consumption of alcohol, consumption of a prescription drug not prescribed for the member or prescription drug prescribed for the member and taken in excess that causes an adverse reaction or illicit drug use by a member.
- 38. Illness or injury caused by the illegal activities of the member or the member's family, including misdemeanors and felonies, regardless of whether or not charges are filed.
- 39. Treatment, care or services that is not medically necessary or appropriate.
- 40. Emergency room services, unless treatment at an emergency room is the only legitimate option because of the severity of the condition and lack of availability of treatment at an alternative facility.
- 41. Sexually transmitted diseases.
- 42. Diseases, including HIV/AIDs due to tattoos, body piercing, or life-style choices.
- 43. Allergy testing or immunotherapy treatment.

- 44. Second surgeries are eligible for sharing based on member's treatment plan and are subject to third party case management approval. Second surgeries on a previously eligible surgical need are not eligible unless the member has followed through with the treatment plan laid out for him or her by their physician or complications occur within 15 days of eligible surgery.
- 45. Genetic testing and counseling.
- 46. Handling charges, conveyance fees, stat fees, shipping/handling fees, administration fees, missed appointment fees, telephone/email consultations, additional charges for services supplied in an after-hours setting.
- 47. Drug testing unless required by membership.
- 48. Sexual dysfunction services.
- 49. Cancer diagnoses or cancer hospitalization within 12 months of the effective date will render that cancer diagnosis or hospitalization ineligible for sharing until the member's first year anniversary except for Prostate, Breast, Cervical, Endometrial and Ovarian cancers. (Please see 48. Maximum sharing limits will apply.)
- 50. Prostate, Breast, Cervical, Endometrial and Ovarian cancers will be eligible for sharing 12 months after the receipt of clean test results by Altrua HealthShare.
- 51. Adenoid removal surgery eligible for sharing only at 50% if member has had a prior surgery to remove tonsils and the adenoids were not removed at the same time.
- 52. Personal aircraft includes hang gliders, parasails, ultra-lights, hot air balloons, sky-diving and any other aircraft not operated by a commercially licensed public carrier.
- 53. Extreme sports: for a complete list of ineligible activities, please log into your member portal. Proceed to Member Resources.

## C Sharing Limits

Total eligible needs shared from escrowed funds are limited as defined in this section and as further limited in writing to the individual member.

- 01. LIFETIME LIMITS** The maximum amount shared for eligible needs over the course of an individual member's lifetime.
- 02. ANNUAL LIMITS** The maximum amount shared for eligible needs per member per calendar year (January 1st through December 31st).

**03. MEMBER RESPONSIBILITY AMOUNTS (MRA)** Eligible needs are limited to the amounts in excess of the MRA, which are applied per individual member per calendar year.

**a** MRA(s): The eligible amount that does not qualify for sharing based on the membership type chosen by the member. 100% of the Advantage MRA must be met before the membership will share on your behalf.

**b** Office Visit/Urgent Care: Allowed up to \$300.00 to be applied to MRA per visit. Will share up to \$300.00 per visit if MRA has been met.

**04. NON-AFFILIATED PRACTITIONER** For services rendered by a non-affiliated practitioner, will not be eligible for sharing nor will any amount be applied to your MRA.

**05. ORGAN TRANSPLANT LIMIT** Eligible needs requiring organ transplant may be shared up to a maximum of \$150,000 per member not to exceed the maximum sharing limit of a membership type.

This includes all costs in conjunction with the actual transplant procedure. Needs requiring multiple organ transplants will be considered on a case-by-case basis.

**06. OVERNIGHT SLEEP TESTING LIMIT** All components of a polysomnogram must be completed in one session. A second overnight test will not be eligible for sharing under any circumstance. Overnight sleep testing must be medically necessary and will require pre-authorized (see item 08.). Allowed charges will not exceed the Usual, Customary and Reasonable for the area.

**07. OTHER RESOURCES** Needs do not qualify for sharing to the extent that they are payable by an institutional source such as insurance, Medicare/Medicaid, VA, Tricare, private grants, or by a liable third party (primary, auto, home insurance, educational, etc). If the member does not cooperate fully and assist Altrua HealthShare in determining if his/her need is discountable or payable by another party, the need will not be eligible for sharing. This limitation includes needs payable by Medicaid, if the member qualifies for Medicaid. If the member is 65 years of age or older and is eligible for Medicare, this limitation also includes needs that are payable by Medicare A or B. The MRA's are waived up to the maximum MRA's per membership type only if a liable third party or institutional source pays on the member's behalf. Sharing of monthly contributions for a need that is later paid or found to be payable by an institutional source or a liable third party will automatically allow Altrua HealthShare full rights to recover from the member the amounts shared in their behalf.

### **08. PRE-AUTHORIZED**

**a** Non-Emergency Surgery, Procedure or Test: The member must have the following procedures or services pre-authorized as medically necessary prior

to receiving the service. Failure to comply with this requirement will render the service not eligible for sharing.

Hospitalizations—non-emergency prior to admission; emergency visits notification to Altrua HealthShare within 48 hours

- › MRI Studies/CT Scans/Ultrasounds
- › Sleep Studies/must be completed in one session
- › Physical or Occupational Therapy
- › Speech Therapy—under limited circumstances only
- › Cardiac Testing, Procedures and Treatments
- › Inpatient or outpatient Testing, Surgeries and Procedures
- › Inpatient Cancer Testing, Procedures and Treatments
- › Infusion Therapy within facility
- › Nuclide Studies
- › EMG/EEG
- › Ophthalmic Procedures

**b** ER Visits, Emergency Surgery, Procedure or Test: Non-emergent use of the emergency room is **Not** eligible for sharing. Altrua HealthShare **must be notified of all ER visits within 48 hours**. Medical records will be reviewed for all ER visits to determine eligibility. An emergency is defined as treatment that must be rendered to the patient immediately for the alleviation of the sudden onset of an unforeseen illness or injury that, if not treated, would lead to further disability or death. Examples of an emergency include, but are not limited to, severe pain, choking, major bleeding, heart attack or a sudden, unexplained loss of consciousness.

**09. ELIGIBILITY FOR CANCER NEEDS** In order for needs related to cancer hospitalization of any type to be eligible (e.g., breast, colorectal, leukemia, lymphoma, prostate, skin, etc.) the member must meet the following requirements:

**a** The member is required to contact Altrua HealthShare within 30 days of diagnosis. If the member fails to notify Altrua HealthShare within the 30 day time frame, the member will be responsible for 50% of the total allowed charges after the MRA(s) has been assessed to the member for inpatient cancer hospitalization.

**b** Early detection provides the best chance for successful treatment and in the most cost effective manner. Effective January 1, 2016, the membership will require that all members age 40 and older receive appropriate screening tests every other year—mammogram or thermography and pap smear with pelvic

exams for the women and PSA testing for the men. Failure to obtain biennial mammograms and gynecological tests listed above for the women or PSA tests for the men will render future needs for Breast, Cervical, Endometrial, Ovarian or Prostate cancer ineligible for sharing.

**10. OFFICE VISIT/URGENT CARE** The Office Visit will apply to the office visit only with a maximum sharing limit of \$300. Any amount that exceeds the maximum sharing limit of \$300.00 will not be applied to the MRA but will remain the responsibility of the member.

## D Denied Needs

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

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

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

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

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

- › What information does Altrua HealthShare have that is either incomplete or incorrect?

- › How do you believe Altrua HealthShare has misinterpreted the information already on hand?
- › What provision in the Altrua HealthShare guidelines do you believe Altrua HealthShare applied incorrectly?

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



# Member Rights and Responsibilities

## A Rights

### YOU HAVE THE RIGHT TO:

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

## B Responsibilities

### YOU HAVE THE RESPONSIBILITY TO:

- › Treat all doctors, personnel and Altrua HealthShare employees courteously
- › Take charge of your health, make positive choices, seek appropriate care and follow your doctor's instruction
- › Provide all pertinent information to your doctor to assess your condition and recommend treatment
- › Ask questions and make certain that you understand the explanations and instructions you are given
- › Ask questions and understand the consequences of refusing a recommended medical treatment. Refusal of treatment may mean future medical needs will not be eligible for sharing
- › Communicate openly with your doctor and develop a patient/doctor relationship based on trust and cooperation

- › Participate in understanding your health problems and developing mutually agreed upon treatment goals
- › Read and understand the membership guidelines and any applicable membership limitations or needs that are eligible and call with any questions you may have
- › Constructively express your opinions, concerns or complaints to the appropriate people
- › Follow the membership guidelines of Altrua HealthShare. Contact Altrua HealthShare at **1.888.244.3839** if you need assistance



## Terms and Escrow Instructions

## A Acknowledgments

**I UNDERSTAND** that the membership is not insurance but is a voluntary medical needs sharing program, and that there are no representations, promises, or guarantees that my medical expenses will be paid. I also understand that sharing for medical needs does not come from an insurance company, but from the membership according to the guidelines and membership Escrow Instructions.

**I UNDERSTAND** that acceptance into the membership is not an entitlement but a privilege based, in part, on the medical history information I provide in the application. I also understand that any medical condition that is inquired about but not disclosed on the application, whether meeting the definition of a pre-existing condition or not, and then discovered after my membership is effective will be treated as if it had been disclosed at the time of application by applying the governing standards set forth in the Membership Eligibility Manual retroactively to my effective date of membership.

**I UNDERSTAND** that failure to uphold my commitments (See Commitments) and to abide by the Statement of Standards may result in my membership becoming inactive and ineligibility of my medical needs.

**I UNDERSTAND** that the guidelines in effect on the date of medical services supersede any spoken or verbal communication and all previous versions of the guidelines. I also understand that with notice to the general membership the guidelines may change at any time based on the preferences of the membership, and decisions, recommendations and approval of the Board of Trustees.

**I UNDERSTAND** that the guidelines are not a contract and do not constitute a promise or obligation to share, but instead are for the reference of Altrua HealthShare in following the Membership Escrow Instructions. I also understand that the guidelines are part of and incorporated into the Altrua HealthShare application as if appended to it.

**I UNDERSTAND** that each child must be a dependent to participate on their parent's membership. I also understand that eligibility for the membership for anyone, a dependent or otherwise, is based on the guidelines and that continued payment of monthly contributions does not extend an ineligible participant's membership.

**I UNDERSTAND** that there is an annual membership fee built into each monthly contribution amount.

**I UNDERSTAND** that there is a \$25 tax deductible donation to Altrua Ministries that is non-refundable.

**I UNDERSTAND** that monthly contribution amounts are based on operating and medical needs and the total number of members and that monthly contri-

butions are figured on a periodic basis as needed and are subject to change at any time. I also understand that the payment of my monthly contributions is voluntary and that I am not obligated in any way to send any money.

## B Commitments

I have read and understand the guidelines and accept them as the governing document for determining eligibility of my, or anyone else's medical needs submitted to Altrua HealthShare.

I further agree to hold Altrua HealthShare and its trustees, officers, employees, representatives and service providers harmless, and to limit any dispute I may have over the eligibility of my, or anyone else's medical needs to the appeal procedure described in the guidelines.

So as not to take advantage of my fellow members, I have answered all questions in the application in good faith, truthfully, completely and accurately.

In recognition of the voluntary nature of the membership, I hereby promise that in the event of a disagreement over the payment of my or anyone else's medical needs, my dependents and I will bring no legal claim, demand or suit of any kind for unpaid medical needs, but will follow the appeal and mandatory mediation procedure described in the guidelines. I and my dependents also accept and appoint Altrua HealthShare as the final authority on the interpretation of the guidelines and Membership Eligibility Manual and, agree to indemnify and hold harmless Altrua HealthShare and its trustees, officers, employees, representatives and service providers from any damages or expenses, including legal fees, arising from any breach of these promises, from any failure to follow the guidelines, or from any failure to provide accurate, complete and honest information the Altrua HealthShare.

## C Membership Escrow Instructions

**I, the membership participant, direct Altrua HealthShare to hold in escrow, as escrow agent, all membership monthly contributions that I deliver to Altrua HealthShare and then to distribute all monthly contributions pursuant to the following escrow instructions and in the following order:**

**02.** First, to pay the expenses of operating the membership, including all of Altrua HealthShare's needs necessary to provide for the continued viability of the membership;

**03.** then, to pay eligible needs pursuant to the guidelines as modified from time to time by Altrua HealthShare and as interprets and applied by Altrua HealthShare;

**04.** then in the event the membership is to be terminated, and after Altrua HealthShare determines that the funds held in escrow are sufficient to pay for the items listed above, any remaining funds shall be disbursed to qualified charities, as determined by Altrua HealthShare.

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

The escrow arrangement does not create any rights in or benefits for membership participants or third parties to any escrowed monthly contributions.



# Membership Perks

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

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

\*\*A Healthy Lifestyle Credit will be given to any household who does not submit a single medical need for an entire calendar year. Credits vary based on membership type and specific contribution amounts determined by Altrua HealthShare.

*Caring for One Another* 

ALTRUA MINISTRIES IS A 501(C)(3) NON-PROFIT CORPORATION

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