

Official Altrua HealthShare Guidelines
Effective January 1, 2010. Please keep for your records.

Contact Information

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monthly contribution, or medical *needs*, contact:

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DISCLAIMER

To those who may be unfamiliar with the concept of people caring for one another and voluntarily sharing their medical needs: Altrua HealthShare is a medical-cost sharing membership that acts as a neutral escrow agent for the member. Our members voluntarily submit monthly contributions into an escrow account with Altrua HealthShare acting as the escrow agent between members. Many organizations like ours have been operating successfully for years. To err on the side of caution we are including the following warning 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 you for medical needs you incur, but is an opportunity for you to care for one another in a time of need, to present your medical needs to others as outlined in these membership guidelines. The financial assistance you may receive will come from other members' monthly contributions that are placed in an escrow account, not from Altrua HealthShare.

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Altrua HealthShare 2010 Guidelines

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

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

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

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

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

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

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

with monitoring the receipt and disbursement of such contributions or gifts. Therefore, any contribution received after the 15th of each month will incur an administrative fee, as will returned checks or returned ACH payments. Contributions made with a check-by-phone will incur an additional fee.

Members wishing to change to a *membership type* with more liberal sharing limits than the *member's* current option must complete and submit a new *membership* application to Altrua HealthShare for approval of the change. Members wishing to change to a *membership type* with more conservative sharing limits than the *member's* current *membership type* must only submit a written request to Altrua HealthShare. A new *membership* application is not required.

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

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

1. **Affiliated Provider** — Medical care professionals or facilities that are under contract with a network of providers with whom Altrua HealthShare works.
2. **Application Date** — The date Altrua HealthShare receives a complete *membership* application.
3. **Combined Membership** — Two or more family *members* residing in the same household.
4. **Contributor** — Person named as *head of household* under the *membership*.
5. **Dependent** — The *head of household's* spouse or unmarried child(ren) under the age of 20 who are the *head of household's dependent* by birth, legal adoption or marriage who is participating under the same *combined membership*. An unmarried child(ren) ages 20 through 24 years of age may participate in the *membership* as a *dependent* if they are a *full-time student* or a *full-time service volunteer*.
6. **Eligible** — Medical *needs* that qualify for voluntary sharing from escrowed funds, subject to the sharing limits.
7. **Escrow Instructions** — Instructions contained on the *membership* application outlining the order in which voluntary *monthly contributions* may be shared by Altrua HealthShare.

8. **Full-Time Service Volunteer**— Person who, without receiving a salary, contributes services on behalf of a charitable or religious organization. *Full-time service volunteer* status begins 30 days before the *dependent's* first day of service of 30 hours or more per week, and ends 90 days after the *dependent* terminates such services.
9. **Full-time Student** — Person enrolled for a total of 12 or more credit hours in a high school, an accredited college or university, or in a certified vocational/technical training school. Credit hours are those derived from courses offered on a semester or term schedule that applies campus-wide.
Full-time student status begins 30 days before the first day of classes in which the *dependent* is already enrolled, and ends 90 days after the most recent term in which the *dependent* was enrolled full-time.
10. **Guidelines** — Provided as an outline for *eligible* medical *needs* in which *contributions* are shared in accordance with the *membership's escrow instructions*.
11. **Head of Household**— *Contributor* participating by himself or herself; or the husband or father that participates in the *membership*; or the wife or mother if the husband does not participate in the *membership*.
12. **Maternity** — Medical *needs* for the mother's care pertaining to prenatal or newborn delivery and routine hospital expenses for the newborn.
13. **Medically Necessary** — A service, procedure, or medication necessary to restore or maintain physical function and is provided in the most cost-effective setting consistent with the *member's* condition. Services or care administered as a precaution against an illness or condition or for the convenience of any party are not *medically necessary*. The fact that a provider may prescribe, administer or recommend services or care does not make it *medically necessary*, even if it is not listed as a *membership limitation* or an ineligible *need* in these *guidelines*. To help determine medical necessity, Altrua HealthShare may request the *member's* medical records and may require a 2nd opinion from an *affiliated provider*.
14. **Member(s)** — A person or persons who qualify to receive voluntary sharing of contributions for *eligible* medical *needs* according to the *membership escrow instructions* and *guidelines*.
15. **Membership Eligibility Manual** — The reference materials that contain the criteria used to determine if a potential *member* is *eligible* for participation in the *membership* and if any *membership limitations* apply.
16. **Membership Limitation** — A specified medical condition for which medical *needs* arising from or associated with the condition are not

eligible for sharing. An associated condition is one that is caused directly and primarily by the medical condition that is specifically not *eligible*.

17. **Member Responsibility Amounts (MRA)** — The amounts of an *eligible need* that do not qualify for sharing because the *member* is responsible for those amounts.
18. **Membership** — All *members* of Altrua HealthShare.
19. **Membership Type** — Gold, Silver or Bronze sharing options are available with different *member responsibility amounts (MRA)* and sharing limits as selected in writing on the *membership* application and approved by Altrua HealthShare.
20. **Monthly Contributions** — Monetary contributions, excluding the annual *membership* contribution, voluntarily given to Altrua HealthShare to hold as an escrow agent and to disburse according to the *membership escrow instructions*.
21. **Need(s)** — Charges or expenses for medical services from a licensed medical practitioner or facility arising from an illness or accident for a single *member*.
22. **Non-affiliated Provider** — Medical care professionals or facilities that are not under contract with a network of providers with whom Altrua HealthShare works.
23. **Licensed Medical Physician** — An individual engaged in providing medical care and who has received state license approval as a practicing Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).
24. **Pre-Existing Condition** — Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms within 12 months prior to the *application date*. Symptoms include but are not limited to the following: abnormal discharge or bleeding; abnormal growth; break; cut or tear; discoloration; deformity; full or partial loss of use; obvious damage, illness or abnormality; impaired breathing; impaired motion; inflammation or swelling; itching; numbness; pain that interferes with normal use; unexplained or unplanned weight gain or loss exceeding 25% of the total body weight occurring within a six-month period; fainting, loss of consciousness, or seizure; abnormal results from a test administered by a medical practitioner.
25. **Usual, Customary and Reasonable (UCR)** — The lesser of the actual charge or the charge most other providers would make for those or comparable services or supplies, as determined by Altrua HealthShare.

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

A. Membership Qualifications — In order to become and remain a *member* of Altrua HealthShare, a person must meet the following criteria:

1. **Religious Conviction and Standards** — The person must have a religious conviction of the importance 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 committing the violation may be subject to removal from participation in the *membership*.
2. **Medical History** — The person must meet the criteria to be qualified for a *membership* on his/her *application date*, based on the criteria set forth in the *Membership Eligibility Manual*.

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

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

3. **Application, Acceptance and Effective Date** — The person must submit a *membership* application and be accepted into the *membership* by meeting the criteria of the *Member Eligibility Manual*. The *membership* begins on date specified by Altrua HealthShare in writing to the *member*.
4. **Dependent(s)** — A *dependent* may participate under a *combined membership* with the *head of household*. However, a *dependent* who is 20 through 24 years of age may participate in such a

combined membership only if he/she is either a **full-time student** or a **full-time service volunteer**. Proof of **full-time student** or **full-time service volunteer** status is required with his/her **membership** application. Proof of **full-time student status** must be submitted at the beginning of every semester or term.

Dependents may continue their **combined membership** if they are medically unable to continue as either a **full-time student** or a **full-time service volunteer** because of illness or injury, physical or mental. A physician or qualified health professional must verify this disability.

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

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

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

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

5. **Financial Participation** — To keep a **membership** active, a **member** must submit an annual **membership** contribution of \$100.00 and submit their contributions monthly in the amount specified by Altrua HealthShare.

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

Annual **membership** contributions are due on the 15th day of the **member's** anniversary month. If the annual **membership contribution** is not submitted by the last day of the anniversary month, a **membership** will become inactive as of the last day prior to the anniversary date.

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

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

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

B. Eligible Needs — Only *needs* incurred on or after the *membership* effective date are *eligible* for sharing under the *membership escrow instructions*. The *member* (or the *member's* provider) must submit a request for sharing in the manner and format specified by Altrua HealthShare. This includes but is not limited to a Need Processing Form, standard industry billing forms (HCFA 1500 and/or UB 92) and may include medical records. All participating *members* have a responsibility to abide by the *Members Rights and Responsibilities* published by Altrua HealthShare (attached at the end of these *guidelines*).

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

1. Treatment or referrals received or obtained from any family member including, but not limited to: father, mother, aunt, uncle, grandparent, sibling, cousin, dependent or any in-laws, etc.
2. Pre-existing conditions for the first twelve months of *membership*.
3. Illnesses or injuries for which there is a *membership limitation*.
4. Illness or injuries for which the *member* has acted negligently in obtaining treatment. This could be documented by, but is not limited to, review of medical records or treatment plans by a *licensed medical physician*.
5. Procedures or treatments that are not recognized and approved by the American Medical Association (AMA) or that are illegal. Includes

procedures not approved by the AMA for a given application, procedures still in clinical trials or procedures that are classified as experimental or unproven interventions and therapies.

6. Lifestyles or activities engaged in after the **application date** that are in conflict with the Statement of Standards (on the **membership** application).
7. Surgery during the first 90 days of **membership**, unless the delay of surgery could result in serious impairment to bodily functions, serious dysfunction of a bodily organ or part, or place the patient's health in serious jeopardy.
8. Transportation (e.g., ambulance, etc.) for conditions that are not life-threatening, unless failure to transport the **member** immediately will seriously jeopardize the **member's** life; the additional expense for transportation to a facility that is not the nearest facility capable of providing **medically necessary** care; or charges in excess of \$10,000 for transportation by air.
9. Congenital birth defects, except for any newborn that is born under an **eligible need** for **maternity**.
10. Elective cosmetic surgery.
11. Breast implants (placement, replacement or removal) and complications related to breast implants, including abnormal mammograms, unless related to an otherwise **eligible need**.
12. Elective abortion of a viable fetus/embryo, unless **medically necessary** to protect the life and health of the mother.
13. Infertility testing or treatment, as well as any birth control measures to prevent conception (i.e., the pill, IUDs, shots, etc).
14. Sterilization or reversals (vasectomy and tubal ligation).
15. **Maternity** resulting from adultery or fornication by the **member**.
16. Hysterectomy without first obtaining two independent opinions (neither physician may not be a partner or other affiliate of the other). Both doctors must examine the patient prior to surgery and both must find that a hysterectomy is **medically necessary**. The **member** is responsible to ensure that both physicians submit medical necessity to Altrua HealthShare prior to surgery. Failure to follow these procedures will result in a finding of ineligibility for sharing by the **membership**.
17. Weight control and management.
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. Routine exams, physicals or tests for which there are no specific medical symptoms or diagnosis in advance (e.g., check-ups, well-baby, pap smears, mammograms). Screening colonoscopies, subject to *MRA's* will be *eligible* for sharing for *members* over the age of 55 every 5 years not to exceed 3 per lifetime.
20. Chelation.
21. Physical therapy or chiropractic care in lieu of physical therapy in excess of 20 sessions in any calendar year. Treatment must be referred by a *licensed medical physician* and must be *medically necessary*.
22. Manipulation therapy.
23. Homeopathic, holistic, or naturopathic treatments, biofeedback or neurofeedback.
24. Medication used more than 90 days for each medical *need* that arises. Medical testing necessitated by potential adverse reactions to any medically prescribed drug will only be *eligible* during the same 90 day period.
25. Medication or procedures not requiring a prescription.
26. Custodial, long-term care or other care that does not treat an illness or injury. *Eligible* long-term care is limited to 40 days or visits.
27. Purchase or rental of durable or reusable equipment or devices (e.g., oxygen, orthotics, hearing aids, prosthetics and external braces), including associated supplies.
28. *Needs* for active members submitted after they are over 9 months old. *Needs* for inactive members submitted after they are over 6 months old.
29. Dental services and procedures, including periodontics, orthodontics, temporomandibular joint disorder (TMJ) or orthognathic surgery. Includes hospital charges for dental work done under general anesthesiology.
30. Optometry, vision services, glasses, contacts, supplies, vision therapy, refraction services.
31. Psychiatric or psychological counseling, testing, treatment, medication and hospitalization.
32. Mental or psychiatric health, learning disability, developmental delay, autism, behavior disorders, neuropsychological testing, alcohol/substance abuse counseling, attention deficit disorder or hyperactivity.
33. Speech therapy (except for a deficit arising from stroke/trauma).

34. Circumcisions performed after the newborn is discharged from the hospital. An exception will be made for circumcisions that would unusually threaten the health of the newborn. This limit will be extended 30 days after such condition is resolved based upon review of medical records.
35. Self-inflicted or intentional injuries.
36. Acts of war.
37. Exposure to nuclear fuel, explosives, or waste.
38. Occupational injury, if the *member's* employer is required by law to carry workers compensation insurance.
39. Consumption of alcohol, consumption of a prescription drug not prescribed for the *member* or prescription drug prescribed for the *member* and taken in excess that causes an adverse reaction or illicit drug use by a *member*.
40. Illness or injury caused by the illegal activities of the *member* or the *member's* family, including misdemeanors and felonies, regardless of whether or not charges are filed.
41. Treatment, care or services that is not *medically necessary* or appropriate.
42. Emergency room services, unless treatment at an emergency room is the only legitimate option because of the severity of the condition and lack of availability of treatment at an alternative facility.
43. Sexually transmitted diseases.
44. Diseases, including HIV/AIDs due to tattoos, body piercing, or lifestyle choices.
45. Allergy testing or immunotherapy treatment.
46. Second surgeries on a previously *eligible* surgical *need* are not *eligible* unless a second surgery is *medically necessary* based on a immediate complication from the first surgery and must occur within 15 days of the original surgery. Second surgery exclusions apply, but are not limited to, knees, shoulders, noses, backs, hernias, sinuses.
47. Genetic testing and counseling.
48. Handling charges, conveyance fees, stat fees, shipping/handling fees, administration fees, missed appointment fees, telephone/email consultations, additional charges for services supplied in an after-hours setting.
49. Drug testing unless required by *membership*.

50. Sexual dysfunction services.
51. Cancer treatments for diagnosis made within one year of effective date. Cancer treatments if *member* is over 40 and fails to get an annual mammogram or PAP smear (women) or PSA testing (men). See section C.12.
52. Adenoid removal surgery covered only at 50% if *member* has had a prior surgery to remove tonsils and the adenoids were not removed at the same time.
53. 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**.

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

1. **Lifetime Limits** — The maximum amount shared for *eligible needs* over the course of an individual *member's* lifetime.
2. **Annual Limits** — The maximum amount shared for *eligible needs* per member per calendar year (January 1st through December 31st).
3. **Member Responsibility Amounts (MRA)** — *Eligible needs* are limited to the amounts in excess of the *MRA*, which are applied per individual *member* per calendar year.
 - a. **First MRA**—The amount that does not qualify for sharing based on the *membership type* chosen by the *member*.
 - b. **Second MRA** — The percentage of the amount specified based on the *membership* type chosen by the *member*, after the first *MRA* has been met.
 - c. **Office Visit MRA** — (only for *members* who elect to add on this option) The *member* will pay a set amount to *affiliated providers* and will pay 50% of allowed charges to *non-affiliated providers* for each *eligible* office visit. *Eligible* office visit *MRA's* do not count towards the First or Second *MRA*.
 - d. **Pre-Payment of Services** — *Members* who pre-pay at the time of service without providing the *membership* the opportunity to discount *eligible needs*, will only have those *needs* shared at 50% including first and second *MRA's*. The only exception to this policy will be if the *member* has pre-authorized the agreement with Altrua

HealthShare or provides documentation to receiving a minimum discount of 30% for having pre-paid at the time of service.

4. **Non-Affiliated Provider**—For services rendered by a *non-affiliated provider*, total *eligible needs* shared are limited to not more than *usual, customary and reasonable* charges (UCR).
5. **Recreational, Occupational and Activity Limits** — *Eligible needs* arising from any of the following are shared up to a maximum \$5,000 per *need*:

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

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

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

- b. **Occupational Limit** — Injuries resulting from the *member's* occupation or livelihood will be shared up to a maximum of \$50,000 if the *member* submits an additional *monthly contribution*, as specified and approved by Altrua HealthShare.
- c. **Activity Limit** — Injuries resulting from participation in the following activities: band, baseball, basketball, bowling, camping, cheerleading, dance, drill team, fishing, football, golf, hiking, hockey, hunting, lacrosse, soccer, swimming, tennis, volleyball, wrestling or any other type of activity such as school or community programs will be shared up to a maximum of \$25,000 if the *member* submits an additional \$300.00 annual contribution per participant.

Injuries resulting from participation in a rodeo event or an organized racing event that uses animals, skis/snowboard, or motorized devices of any kind will be shared up to a maximum \$5,000 per *need*. Injuries resulting from horseback riding not associated with racing or rodeo participation will be shared up to a maximum \$10,000 per *need*.

6. **Organ Transplant Limit**— *Eligible needs* requiring organ transplant may be shared up to a maximum of \$150,000 per *member* not to exceed the maximum sharing limit of a *membership type*.
This includes all costs in conjunction with the actual transplant procedure. *Needs* requiring multiple organ transplants will be considered on a case-by-case basis.
7. **Home Infusion Therapy Limit**-- *Eligible needs* requiring home infusion therapy will be shared up to a maximum of 50% of allowed charges. The remaining 50% will be the *member's* responsibility.
8. **MRI MRA**—*Eligible needs* requiring an MRI will have an additional *MRA* of 10% of the allowed charges. This is an additional *MRA* above the first and second *MRA's* and is applicable to all MRI's regardless of the reasons. MRI's must be *medically necessary* and require pre-notification (see item number 11).
9. **Overnight Sleep Testing MRA**— *Eligible needs* requiring overnight sleep apnea testing will have an additional *MRA of* 10% of the allowed charges. This is an additional *MRA* above the first and second *MRA's*. 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-notification (see item 11).
10. **Other Resources**—*Needs* do not qualify for sharing to the extent that they are discountable by the provider or payable by an institutional source such as insurance, Medicare/Medicaid, VA/Champus, private grants, or by a liable third party. If the *member* does not cooperate fully and assist Altrua HealthShare in determining if his/her *need* is discountable or payable by another party, the *need* will not be *eligible* for sharing. This limitation includes *needs* payable by Medicaid, if the *member* qualifies for Medicaid. If the *member* is 65 years of age or older, this limitation also includes *needs* that are payable by Medicare A or B, whether the *member* is enrolled in Medicare or not.

The *MRA's* are waived up to the maximum *MRA's* per *membership type* that 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.

11. **Pre-notification** —

- a. **Non- Emergency Surgery, Procedure or Test:** The *member* or the *member's* provider must pre-notify Altrua HealthShare of the *eligible* non-emergency surgery, procedure or test, provide the relevant diagnosis, procedure codes, medical records and any other information Altrua HealthShare deems necessary to determine eligibility. Upon receipt of all required information, Altrua HealthShare will review the expected *need* and notify the *member* or the *member's* provider of whether or not the *need* will be *eligible* for sharing. Failure to comply with this requirement prior to the surgery, procedure or test will increase the *member's responsibility amount* to 50% of the allowed charges after the first and second *MRA* have been assessed to the *member*.

However, if there is not sufficient time to review the expected *need* and render a decision prior to surgery, procedure or test or if additional information that was withheld is later discovered, nothing in this provision shall prevent Altrua HealthShare from later finding that a *need* is not *eligible* for sharing. Further, because sharing of medical *needs* is voluntary, compliance with this provision does not guarantee sharing on behalf of the *member* or the *membership*.

- b. **Emergency Surgery, Procedure or Test:** Prenotification of an emergency surgery, procedure or test is met if notification is made within 48 hours of the emergency. Failure to comply with this requirement will increase the *member's responsibility amount* to 50% of the allowed charges after the first and second *MRA* have been assessed to the *member*.

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.

12. **Eligibility for Cancer Needs** – In order for *needs* related to cancer of any type (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 first and second *MRA's* have been assessed to the *member*.

- b. Early detection provides the best chance for successful treatment and in the most cost effective manner. Effective January 1, 2010, the *membership* will require that all *members* age 40 and older receive appropriate screening tests on a yearly basis: mammograms and gynecological tests for the women and PSA testing for the men. Failure to obtain yearly mammograms and gynecological tests for the women or PSA tests for the men will render future *needs* for breast cancer, cervical cancer or prostate cancer *ineligible* for sharing. *Members* who elect to participate in the Office Visit MRA Option will have these visits counted toward their six (6) allowed visits per year. *Members* who elect not to participate in the Office Visit MRA Option will be granted an exception to the wellness checkup sharing exclusions for these members (over 40) and these tests (mammogram, gynecological, PSA) only and will be allowed to have these visits reviewed under regular *MRA's*. No other exceptions are allowed.

13. Office Visit MRA Option — (only for *members* who elect to add on this option) This option includes 6 office visits per person per calendar year maximum with one office visit available for a preventive service of the *member's* choice of either an annual pap smear/GYN visit, a standard mammogram, PSA testing, or a general physical exam. Well-child check-ups in conjunction with regular scheduled AMA-approved immunizations (not including annual flu, pneumococcal vaccines, meningococcal vaccines, HPV vaccines, or immunizations for adults over age 19) qualify for consideration as an office visit *MRA*. *Maternity*, physical therapy or chiropractic care visits do not qualify as an office visit nor do services contracted out to other providers or facilities as a result of an *eligible* office visit such as lab work, x-rays or other testing. Subject to the amount specified by Altrua HealthShare, the *member* will pay a set amount to *affiliated providers* and will pay 50% of allowed charges to *non-affiliated providers* for each *eligible* office visit. *Eligible* office visit *MRA's* do not count towards the first or second *MRA*. Only female *members* over the age of 40 participating in the office visit *MRA* option, will be eligible for both an annual mammogram and a wellness visit of the *member's* choice. Wellness visits will be shared up to \$200 per exam, not to exceed \$400 combined.

- D. Maternity — For a mother who has been a *member* for 10 consecutive months in a combined *membership* with a gold or silver *membership type* prior to conception, *needs* for *maternity* are limited to \$4,000 per pregnancy

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

Complications of pregnancy or medical *needs* for the newborn beyond routine hospital care are not subject to *maternity* sharing limits. A complication of pregnancy is a disease or condition that is distinct from pregnancy but is adversely affected or caused by pregnancy, and occurs during the pregnancy and not just at the time of labor or delivery, for example, pregnancy related acute nephritis, nephrosis, cardiac decompensation, puerperal infection, eclampsia and toxemia. Complications of pregnancy does not include false labor, occasional spotting, doctor-prescribed rest during the pregnancy, morning sickness, cesarean section or other conditions of comparable severity associated with management of a difficult pregnancy.

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

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

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

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

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

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

If the original denial is upheld, the appeal fee is not returned. If the denial is overturned, an amount equal to double the total of all appeal fees deposited will be returned to whoever made the appeal.

To have any degree of merit, an appeal should address at least one of the following three questions:

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

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

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

A. Member Rights — You have the right to:

- Receive considerate, courteous service with respect for personal privacy and dignity
- Receive accurate information regarding *membership guidelines*
- Have *needs* processed accurately once all necessary documentation has been received
- Participate in and make decisions regarding your healthcare, regardless of whether treatment is *eligible* for sharing by the *membership*

- Have all medical records and other information handled in a confidential manner
- Be informed so you may make educated decisions before you receive treatment
- Be informed about available *affiliated providers* and faculties
- Express concerns regarding your processed medical *needs*
- Make recommendations regarding *membership guidelines*
- Receive a copy of the *Member* Rights and Responsibilities

B. Member Responsibilities — You have the responsibility to:

- Treat all doctors, provider 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 policies and procedures of Altrua HealthShare. Contact Altrua HealthShare at 1-888-244-3839 if you need assistance