



Membership Guidelines

LiveWell MEMBERSHIP

Effective January 1, 2026

DCN 0807 0126

Dear Valued Member,

Thank you for choosing Caring & Sharing for your HealthCare Sharing needs. Altrua Ministries, Inc. dba Caring & Sharing, 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. Caring & Sharing 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 Caring & Sharing, 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 Caring & Sharing 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 HealthWallet 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 Caring & Sharing Membership. The Membership Guidelines are available through the HealthWallet 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 Caring & Sharing Membership.

For any questions or concerns, please call: [1.833.3-ALTRUA \(258782\)](tel:18333ALTRUA)

On behalf of the entire Caring & Sharing 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

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

Contents

I Have Some Questions . . .	9
Membership Qualifications	14
Qualifying for Membership	14
Alignment with Beliefs and Standards	14
Statement of Standards	14
Membership Commitment	15
Application and Upper Age Limit	16
Contributions and Membership Effective Date	16
Complete and Accurate Membership Enrollment Application	16
Spouse and Dependent Children	17
Criteria for Dependents without Parent Participation	17
Financial Participation	18
Monthly Contributions	18
Your Rights, Responsibilities, and Commitments	20
Membership Changes	23
Changes and Upgrades	23
Changes to the Guidelines	23
Changes to Contribution Amounts	23
Voluntary Membership Cancellation	24
Interruption to Membership	24
Using Your Membership	25
How to Submit Eligible Medical Needs	25
Timely Filing	25
Sharing and Communication Process for Medical Needs	25
What Should I Do When I Need Medical Care?	26
What to Do When Your	26
What is a Superbill?	27
Balance Bill	27
Advance Opinion for Eligibility	28
Why get an Advance Opinion for Eligibility?	28
Medical Need Advocacy	28
Negotiations	29
Waiting Periods	29
Sharing Eligibility	30

Medical Treatment Received Outside of the US	31
Limitations for Pre-existing Conditions	31
Records Review	33
Understanding your MRA	34
Eligible Medical Needs and Maximums	35
Primary Care, Specialist Visits and Urgent Care Facilities	35
Emergency Room Visits Eligibility for Sharing	36
Cancer Treatments and Screening Requirements	36
LiveWell Cancer MRA	37
Screening Requirements	37
Waiting Period for Female Reproductive Cancer Sharing	37
Waiting Period for Male Reproductive Cancer Sharing	38
Female Members	38
Male Members	39
Maternity	40
Sharing Limits	40
Midwife	41
Circumcisions	41
Ineligible Pregnancy	41
Ineligible medical needs relating to maternity include:	42
Complications During Pregnancy	42
Life-Threatening Complications	42
Newborns	42
Service-Specific Sharing Limits	43
Alternative Medicine	43
Ambulance	43
Cataracts and/or Glaucoma Diagnostic Testing or Surgery	43
Colonoscopy	44
COVID-19	45
Hospitalization	45
Discount Laboratory Services	45
Laboratory Sharing	45
Medical Needs Regarding the Female Reproductive System Resulting from Post-menopausal Symptoms or Complications	46
Organ Transplants	46
Outpatient Therapy	46
Overnight Sleep Testing	47
Recreational Vehicles	47

Surgery	47
Temporary Long-Term Care Services	48
Vaccinations	48
Ineligible Medical Needs	49
Needs Related to Information Provided on the Membership Enrollment Application	49
Conflict of Interest Exists	49
Carelessness or Failure to Plan	49
Experimental Treatments or Procedures or Treatments not Approved by an Accepted Authority	50
Medical Needs Arising from Lifestyle or Choices	50
Other Ineligible Discretionary Medical Needs	51
Psychological Medical Needs	52
Other	52
Medical Equipment	53
Miscellaneous Charges	53
Extreme Sports	53
Dental	54
Vision	54
Telemedicine	55
Supplemental Insurance	56
Medicare	56
Changes to the Guidelines	56
Appeals and Grievances	57
How to File an Appeal If a Medical Need Is Denied	57
Grievances	57
How to File a Grievance	58
Appendix - Discount Programs	59
Hearing Discounts	59
Glossary of Terms	61
State Notices and Disclosures	69

Contact Information

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

PHONE

1.833.506.0126

EMAIL

memberservices@caringandsharing.org

MAIL

PO BOX 241359
Apple Valley, MN 55124

Privacy Practices

Visit us online: <http://caringandsharing.org/privacy>

MEMBER FORM SUBMISSIONS

Email:

memberforms@caringandsharing.org

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

NEGOTIATIONS

Email: negotiations@caringandsharing.org

Phone: 512-535-5366

ADVANCE OPINIONS

Web: <https://bit.ly/csprovider>

HOW TO SUBMIT TEST RESULTS

Results may be submitted to Caring & Sharing by email:
memberforms@caringandsharing.org

MEMBER PORTAL

<https://bit.ly/csmyaccount>

Download The HealthWallet App here:

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

~ONLINE

www.caringandsharing.org ~

HEALTHCARE CONCIERGE

concierge@caringandsharing.org

COMPLAINTS

complaint@caringandsharing.org

TELEMEDICINE

Call 1.833.506.0126 then follow the prompts.

HEALTHY LIVING SERVICES

For information visit,

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

ADDITIONAL SERVICES

GRIEVANCES

Members may file a written grievance to complaint@caringandsharing.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 HealthWallet App.** With the HealthWallet App, 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 Caring & Sharing.
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.caringandsharing.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://bit.ly/csmyaccount> 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 Caring & Sharing Membership?

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 Caring & Sharing 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.

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.

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:

- Caring & Sharing Membership
- Statement of Standards
- Acknowledgements section of the Membership Enrollment Application
- Escrow Instructions for sharing of Member contributions

The Membership Commitment Form may be signed electronically. Failure to submit the signed Membership Commitment Form may 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 that all life is a sacred gift from God and must be honored and protected. In life-threatening circumstances, we support caring, prayerful decisions that preserve the mother's life while seeking to uphold the value that God places on every life.
- 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 1.833.506.0120 and follow the prompts.

Q How long has Caring & Sharing been in operation?

Caring & Sharing, 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 which also operates Caring & Sharing

Q Is Caring & Sharing insurance?

Caring & Sharing is NOT insurance and 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 Caring & Sharing 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 Caring & Sharing handle my private personal and medical information?

Although Caring & Sharing 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 contribution amount?

Caring & Sharing 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://caringandsharing.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 Caring & Sharing 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 is the deductible amount?

Caring & Sharing Members do NOT have deductibles. Members have Member Responsibility Amounts (MRA) 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 MRA is \$500, then the first \$500 of all eligible medical needs will not be eligible for sharing; it is your responsibility.

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

At Caring & Sharing, we pride ourselves on honesty and integrity. We operate our healthshare according to biblical standards. We keep your Member contributions in an escrow account. Caring & Sharing 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 Caring & Sharing independent certified public accountant regarding any material deficiencies or risks in the financial management or operations of Caring & Sharing. Caring & Sharing 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 (Caring & Sharing) on behalf of our Members.

Q How do claims get processed?

Caring & Sharing is NOT an insurance company and our Members do NOT file 'claims.' Caring & Sharing Members share in eligible medical needs. Caring & Sharing processes eligible medical needs for sharing among the Membership. Your medical provider may submit your medical needs using the instructions within your Caring and Sharing 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 MRA 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 that uses the **First Health Health Share Network** and that they are self-pay patients. Show your provider the Caring & Sharing Member ID card either from the Caring & Sharing HealthWallet 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.

Q What is First Health HealthShare Network? How does it help me?

First Health HealthShare Network is our premiere, directly contracted national network, with more than 5800 hospitals, 152,000 ancillary facilities and over a million professional providers. Our members use the First Health Health Share Network as the exclusive, primary medical network within their service area. **First Health Health Share Network** is NCQA accredited and offers a wide range of high-quality inpatient and outpatient service providers

across the country. You can search for providers in the app or on the website.

Caring & Sharing encourages you to contact your provider to verify any new patient status, location, and network participation. We also encourage you to contact Caring & Sharing directly with any questions you may have regarding use of your Caring & Sharing Membership

Q What is considered an Office Visit?

The Membership will share up to \$300 per eligible office visit for LiveWell members.

The office visit designation 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 MRA

Q Can I be a Member of Caring & Sharing 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. Caring & Sharing 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 a Caring & Sharing 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 Caring & Sharing:

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:

- We believe in caring for one another
- We believe in keeping my body clean and healthy with proper nutrition
- We believe that excessive alcohol consumption, as well as the use of tobacco or illicit drugs, is harmful to the body and soul
- We believe sexual relations outside the bond of marriage are contrary to the teachings of the Bible and that marriage should be held in honor.
- We believe that all life is a sacred gift from God and must be honored and protected
- We 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 Caring & Sharing shall have no obligation to reconsider your application.

NOTE: 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:

- Caring & Sharing 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 Caring & Sharing must be met on the date of application for membership enrollment.

THE APPLICANT(S) MUST QUALIFY ACCORDING TO THE FOLLOWING
AGE RANGE 30 Days–64 Years

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 by 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 Caring & Sharing 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 on the last day of the month in which the auto denial was discovered.

Spouse and Dependent Children

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 Qualifications

Additionally, your unmarried dependent child(ren) up to the age of 26 may participate in Caring & Sharing under a combined membership provided they also meet the qualification criteria.

Dependents must be under age 18 at the end of the year, or under age 26 and a full-time student for at least five months of the year, or Disabled.

Once your children no longer qualify to participate under a combined membership, they may contact a Member Services Representative to join in their own Membership. †

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 26 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 Caring & Sharing is to have administrative costs associated with member needs at or near 20%.

Requested Due Date

All contributions are to be made on the first of each month.

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.
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, Caring & Sharing 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, Caring & Sharing 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 Caring & Sharing, You have the right to:

- Try our Membership for 30 days. If within that time you find that you are not satisfied that Caring & Sharing 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 Caring & Sharing Membership is not insurance, and Caring & Sharing does not fall under the federal mandates of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, we at Caring & Sharing 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

You have the responsibility to:

- Treat all licensed medical professionals and personnel in a courteous manner
- Maintain respectful and courteous communication with all Caring & Sharing 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 for sharing.
- Follow the Membership Guidelines, and honor the Statement of Standards.
- Participate fully in negotiation processes, cost reduction programs, and any paperwork required in order to reduce medical needs costs.
- Contact Caring and Sharing at 1-833-506-0126 if you have any questions or need assistance.

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 Caring and Sharing 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 Caring and Sharing App or the Caring and Sharing website (<https://caringandsharing.org/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. Caring & Sharing 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 Caring & Sharing 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 1.833.506.0126.

To assist us in improving the Caring & Sharing 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 15th. 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://altrueministries.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://caringandsharing.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 HealthWallet 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, Caring & Sharingour members use the **First Health HealthShare Network** as the exclusive, primary medical network within their service area. **First Health HealthShare Network** is NCQA accredited and offers a wide range of high-quality inpatient and outpatient service providers across the country. It is best to identify a preferred provider and/or facility in your region before you seek care. To do so, call 1.833.506.0120 and speak to our healthcare concierge to ask about preferred providers in your area. You can also search for providers in the HealthWallet app or on the website.

You must present your Member ID card on the HealthWallet 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 Caring & Sharing Member ID card on the HealthWallet App, please ask if they can apply a self-pay discount. Once you have met the applicable MRA, 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 Caring & Sharing 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

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@caringandsharing.org.

What is a Superbill?

When you visit a provider who isn't familiar with Caring & Sharing or who has chosen not to work with HealthCare Sharing Ministries., you will want to ask for a Superbill to submit for reimbursement from Caring & Sharing. A Superbill is a document used by healthcare providers that provide important information used by Caring & Sharing 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

Optional but helpful information includes:

- Caring and Sharing 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@carinandsharing.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://bit.ly/csadvancedopinionform>

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. Caring & Sharing

offers this support upon Member request and automatically for certain medical conditions. Caring & Sharing 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. Caring & Sharing 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

- Office Visits
- 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
- 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

12 Month

- 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 MRA to be satisfied first
- Type of Medical Need
- Membership limitations
- 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.

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)
- Morbid Obesity (pending weight loss)
- 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 MRA

MEMBERSHIPS	MRA
LiveWell 5	The member is responsible for \$5000 per person per calendar year.
LiveWell 10	The member is responsible for \$10,000 per person per calendar year.

Your **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 MRA.

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 Caring & Sharing 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 under the office visit co-share. A 90 day waiting period is required before you use your primary care office visits or specialist office visits. Urgent care visits do not have a 90 day waiting period. Member households are 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 MRA, and any such charges are ineligible for sharing.

LiveWell 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 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 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. Caring & Sharing will review medical records for your emergency room visits in order to assess eligibility for sharing.

For eligible Emergency Room visits LiveWell Membership members submit a **\$500 co-share amount** to the provider, and the Membership will share up to \$5,000 per incident on the Member’s behalf. Emergency Room visit co-share is not applied to MRA.

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. Sharing for cancer treatment needs is based on the Membership Guidelines in effect as of the date of service.

CANCER WAITING PERIOD	
LiveWell Memberships	90 days from the membership effective dates*

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

Cancer limitations apply.

LiveWell 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 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 annual and lifetime maximum limits
YEAR 3 +	\$2,000	Subject to the annual and 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 annual and lifetime limits.

EXAMPLE: MEMBER EFFECTIVE DATE – JUNE 1, 2023	
September 1st, 2023 - May 31st, 2024	Cancer MRA is \$4,000 Maximum Sharing Limit is \$10,000
June 1st, 2024 - May 31st, 2025	Cancer MRA is \$3,000 Maximum Sharing Limit is subject to the annual and lifetime maximum limits

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 Caring & Sharing by email to: memberforms@caringandsharing.org or via fax **512-649-8604**

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 LiveWell members is 90 days from the date of the Member's effective date. 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 LiveWell members is 90 days from Member's effective date. 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 Caring & Sharing. 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 MRA 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 MRA. Once the member has met their MRA, the membership will share in the allowed amount for eligible medical needs up to any sharing maximums listed in the Membership Guidelines.

NOTE: If cancer sharing was not selected as part of your membership, diagnostic testing and any medical needs related to cancer will be ineligible for sharing.

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 Caring & Sharing. 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 MRA 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 MRA. Once the member has met their MRA. After the 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 Caring & Sharing by email to:
memberforms@caringandsharing.org

NOTE: If cancer sharing was not selected as part of your membership, diagnostic testing and any medical needs related to cancer will be ineligible for sharing.

Maternity

When a LiveWell 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 Caring & Sharing website.

A female Member of the Caring & Sharing 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 Caring & Sharing 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
- 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

NOTE: Caring & Sharing recommends 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.

Midwife

Caring & Sharing 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.

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.

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

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.

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 MRA.

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 MRA. 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.

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 6 with a maximum \$30 shared per eligible visits per Member, per calendar year
- MRA applies

Ambulance

Eligibility for sharing purposes will focus on the Member's presenting symptoms rather than the final diagnosis. Caring & Sharing 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
- MRAs apply

Air/water transport is subject to the following:

- Maximum of \$10,000 per incident
- MRA applies

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)
MRA applies

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 or Cologuard 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)
- Limited to one colonoscopy per Member, per Member per 12 months
- Cologuard or Cologuard like screening are eligible for sharing.
- Maximum of three colonoscopies, per Member, during the lifetime of the Membership
- MRA applies

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 or eligible hospital services.

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.
- MRAs apply
- Limited to the Annual and/or Lifetime sharing Maximum

Discount Laboratory Services

Members of all Caring & Sharing 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 Caring & Sharing. See Healthy Living Services in the Contact Information section for possible discount services.

Laboratory Sharing

LiveWell 5 & 10 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.
- 100% sharing of the allowed amount after applicable MRA.

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
- MRA applies

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
- MRA applies
- Eligible medical needs include all costs related to the 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
- MRA appl
- 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
- MRA appl
- 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
- MRA applies
- 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.
- MRA applies
- 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 15 visits or days per calendar year
- MRA applies

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
 - MRA applies
 - May be obtained at a local pharmacy.
 - Member will need to submit a reimbursement request.
 - Sharing limits 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 applies.
- May be obtained at a local pharmacy. Member 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

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

- 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.
- 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

(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

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)
- Obesity (as defined as exceeding the Altrua HealthShare height/weight requirements) and any complication relating to that diagnosis. Go to the Altrua App for information and help in your weight loss journey.

- 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

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:

Telemedicine

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

Lyric Virtual Primary Care, Virtual Urgent Care and Behavioral Health Virtual Counseling are a 24/7/365, 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 Lyric virtual care, use the HealthWallet App. If you have any questions regarding telemedicine, you can also call 1.833.506.0126 and follow the prompts.

Coordination of Sharing

Caring & Sharing 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 MRA 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, Caring & Sharing has full rights to recover all sharing amounts that were shared on your behalf by the membership.

Caring & Sharing 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.

Caring & Sharing 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 Caring & Sharing Member Services via 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 MRA, 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.

Caring & Sharing 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.

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 Caring & Sharing 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

Caring & Sharing 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. Caring & Sharing 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, Caring & Sharing 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@caringandsharing.org . You should receive a return acknowledgment of your grievance within 5 business days. Appropriate action as necessary will be taken.

Appendix - Discount Programs

The following are Healthy Living Services offered by our partner Careington . These are discount programs only and will not be shared in by the membership.

Vision Discounts

Members save 5% to 30% off the retail price of eyewear with the Superior Vision discount program. Members are eligible for discounts on exams, eyeglasses, contact lenses, and LASIK at more than 40,000 participating provider locations. Comprehensive eye exams can help detect signs of serious health conditions like glaucoma, diabetes, high blood pressure, and high cholesterol.

Hearing Discounts

Careington members have access to hearing aid discounts from 30% to 60% at over 5,000 network providers nationwide. The latest in hearing aid technology by name brand manufacturers is available.

EPIC offers a service satisfaction guarantee: Members have a 45-day, no-obligation trial period on products purchased. If members are not completely satisfied, their money will be refunded (less applicable professional service fees).

Members can unlock additional savings by completing four fun, educational activities, which include:

- A brief video about hearing health
- A quiz about hearing loss
- An online hearing screening identifying signs of hearing loss

Information about the stages of hearing loss and hearing gain technology

After completing these activities, members will receive a congratulatory email with a reward coupon that can be applied to a hearing aid purchase through EPIC Hearing Healthcare.

(Members can earn wellness reward savings up to \$400 off the purchase of two hearing aid devices.)

Members will also receive additional services at no extra charge:

- Routine hearing test
- One-year to a lifetime supply of batteries per instrument (per hearing aid)*
- Extended, three-year manufacturer's warranty including loss or damage (standard is one to two years)

- Follow-up visits for one year (valued at \$439, assuming no greater than six visits)
- Pricing starting as low as \$495 for digital, brand name hearing aids (including the professional services)

HEALTHY LIVING DISCOUNTS

Your Membership may include Healthy Living Services.

The ChooseHealthy® program provides members with savings on a wide variety of specialty health and wellness services.

Members save 25% on services from specialty health care providers. The ChooseHealthy program's full chiropractic/musculoskeletal provider network features more than 70,000 participating providers nationwide.

Members can also choose from more than 9,000 participating fitness centers and YMCAs with the Active&Fit Direct program for \$25 a month (plus a \$25 enrollment fee and applicable taxes).

Glossary of Terms



Use these definitions to better understand the terminology contained within the Caring & Sharing 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 Caring & Sharing 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.

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 Caring & Sharing under the same Membership.

COMMITMENTS The requirements you acknowledge you must follow in order to maintain an active membership in Caring & Sharing.

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.

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 26, whom you have included on a Membership Enrollment Application.

E

EFFECTIVE DATE The date your Membership and limitations begin.

ELDEST ACTIVE MEMBER: The eldest 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 Caring & Sharing 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 and eligibility is determined. 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.

ESCROW INSTRUCTIONS Authorized detailed instructions given to Caring & Sharing to manage the Membership escrow account as the escrow agent.

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

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.

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.

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 Caring & Sharing.

H

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

HEALTHWALLET 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.

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.

I

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.

L

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.

M

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 Caring & Sharing 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 Caring & Sharing 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.

MEMBERSHIP The membership sharing options that are available with Member Responsibility Amount (MRA) 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 amount you are responsible for payment to the physician or facility before the Membership shares in eligible medical needs.

MEMBERSHIP ENROLLMENT APPLICATION An electronic application that must be completed by the Primary Contact in order to enroll in Caring & Sharing 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 Caring & Sharing 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 Caring and Sharing , and provide to Caring & Sharing 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 Caring & Sharing 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 Caring & Sharing 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 Caring & Sharing Memberships. For example, routine mammogram, 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 Caring & Sharing 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.

SHARING MAXIMUMS The maximum amount(s) the Membership will share on your behalf. Once met, the member will be responsible for any additional costs of medical needs

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.

HEATHER NANNI

Director of Ministries

Altrua Ministries

 <https://www.am.family>

 info@altruaministries.org

 1.800.597.1183

“

*And do not forget to
do good and to
share with others, for
with such sacrifices
God is pleased.*

HEBREWS 13:16

WELCOME TO ALTRUA MINISTRIES

We're so thankful that you've chosen to walk this journey of faith and care with us. By joining Altrua Ministries, you've become part of a compassionate community, one that glorifies Christ by serving others through prayer, generosity, and purpose-driven action.

My name is Heather Nanni, and I have the honor of serving as the Director of Ministries. More importantly, I'm here to serve you. Our ministry exists to extend God's love through every season of life, offering prayer, encouragement, and community when you need it most. At Altrua Ministries, we believe prayer is our first response, compassion is our calling, and people are our priority. Here's how we live that out together:

Prayer Support

You can request prayer at any time—24 hours a day, 365 days a year—at www.am.family. Our team will lift your needs before God and stand in faith with you.

Community Prayer Blasts

When you submit a medical need or a procedure request through Altrua HealthShare, our ministry team is alerted to pray. With your permission, we share a confidential prayer request with the broader community through our member newsletter, joining hearts and voices in powerful, collective prayer. (Your personal information is never shared.)

Weekly Encouragement: Pulse Check

Every week, our "Pulse Check" video offers a moment of reflection and encouragement rooted in God's Word. Whether you're celebrating or struggling, it's a reminder that you're not alone, God is with you, and so are we. You can watch each week's message through our newsletter or at www.am.family.

Personal Welcome

A member of our Ministry Team will be calling soon to personally welcome you. Until then, please don't hesitate to reach out at 1.800.597.1183 if you have a prayer need or simply want someone to listen.

Together, we'll continue to impact communities and strengthen one another through prayer, generosity, and service, bringing hope and healing wherever God leads.

With heartfelt blessings,

Heather Nanni

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

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 550.1867

Notice: Caring & Sharing 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 Title 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 Code 36 O.S. § 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.

TEXAS Code Title 8, K, 1681.001

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 Caring & Sharing 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.

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.

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

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 Caring and Sharing) 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.