Community-based medical expense sharing - Guidelines
Dear Member,

Welcome to the Alliance for Shared Health Community! You have chosen to connect yourself with a wonderful community of people who not only want to affect change in their own lives, but also in the lives of others.

As a non-profit, sharing community, we are committed to helping our members help each other live the most fulfilling, healthy life possible, as well as reducing the heavy burden that traditional health care premiums have placed on most Americans.

We are open community that shares the common value of helping support our fellow brothers and sisters, and staying connected to the community – both for the purpose of helping each other with unexpected medical bills, and engaging in the ideas shared with the ASH community to help each of us grow in our health and well-being journeys.

We are excited you have chosen to be a part of our community. Inside this guidebook, you will find the guidelines by which members share a willingness to help each other with the medical needs. Please make sure you understand the guidelines as it is up to you to research how your membership works and what your participation means.
A. What is ASH?

Alliance for Shared Health (ASH) is a non-profit program designed to provide a member sharing program for access to specific health care needs. Members share in medical needs per the ASH Guidelines in this booklet.

Members voluntarily submit contributions to the program on a monthly basis in order to maintain eligibility for sharing of medical needs, and also for the funds the submit to help share in the needs of others per these guidelines. Alliance for Shared Health acts as a neutral third party to facilitate payments, and may use vendors, at its discretion, to strengthen and support member benefits.

B. Who can be a member?

Our members are made up of like-minded people who want to be a part of something bigger than just paying premium to an insurance company and hoping for the best. ASH members share a core set of beliefs. (see Guideline DD.2.b.4 for more information). These include:

- abstain from tobacco, any smoking device or substitutionary smoking device (including but not limited to cigarettes, cigars, pipes, herbal cigarettes, e-cigarettes, vape pens, etc.); abstain from the illegal use of drugs
- only use alcohol in moderation and do not put themselves or others at risk if intoxicated
- care about their entire well-being: physical, spiritual, emotional, and financial
- have either a U.S. mailing address or consistent, reliable, secure Internet service through which you can receive documents with confidential information (via attachment through an active email address, drop box/FTP capability, etc.). See Guideline C.5 for additional Guidelines for missionaries.

C. Who can be included in my membership?

You, your spouse and your dependent children can be included in your membership. Different units may participate at different sharing levels (see Guideline G). Alliance for Shared Health uses a unit system; a unit is typically defined as a participating individual within a membership. A single person is one unit, a married couple is two units (any two individuals must be two units), and a family is three units, regardless of the number of dependent children. In other words, a family membership has a minimum of two units and a maximum of three units.

1. Single-parent households

If you are legally and financially responsible for the children, your membership will be two units (the parent is the first unit and all children are the second unit).

2. Households with one participating spouse

If one spouse is an ASH member and the other spouse chooses not to be a member, the participating spouse is one ASH unit and all dependent children are an additional unit (a total of two units).
3. **ADOPTED CHILDREN**

When an ASH member adopts a child or otherwise has obtained legal custody with legal responsibility for a child’s medical care, that child can be included in your ASH membership. If any other source is responsible, willing or available to pay the child’s medical bills, these resources must be exhausted before ASH members can share bills. Medical bills for the birth of an adopted child are not eligible for sharing regardless of the circumstances. (See Guideline R.10 for information about adopted children with congenital conditions.)

a) **Adopted disabled children:**

In cases when members choose to adopt a child(ren) with known disabilities, ASH reserves the right to refrain from sharing the child(ren)’s medical bills. The ASH Community has limited resources and recognizes that in most cases, there are other resources and programs better equipped to assist and provide for adopted disabled children. It is the responsibility of the adoptive parent(s) to research what resources are available and to obtain the necessary funding.

4. **ADULT CHILDREN**

Adult children can remain on their parents’ membership until their 26th birthday as long as they meet the following qualifications:

1. they must share the core values of ASH Members;
2. they must be single; and
3. they must be legal dependents. Legal dependents are defined as children who are reported as dependents on their parent’s income tax forms.

Children who are no longer legal dependents can transition seamlessly to their own ASH membership. Immediate transition will allow any issues relating to pre-existing conditions to date back to the original start date when they participated under their parents’ membership.

Notify the ASH Member Assistance department (1-877-232-3811) if your adult child or children choose not to be ASH members. However, remaining a member is to their advantage because with ASH their membership will never be canceled due to an expensive illness, nor will their monthly financial gift be raised because they become sick.

5. **MISSIONARIES**

Missionaries are welcome to join ASH and participate in the community - sharing fellow members healthcare costs. However, please note the following requirements:

- You must have either a U.S. mailing address or consistent, reliable, secure internet service through which you can receive documents with confidential information (via attachment through an active email address, drop box/FTP capability, etc.)

- ASH cannot send any correspondence overseas, such as billing statements, membership notifications, promotional materials, checks for sharing of medical expenses, etc. If you don’t have a U.S. mailing address,
please make sure you designate a relative, friend, or financial and medical power of attorney to receive ASH funds on your behalf; otherwise you may experience unnecessary delay in receiving funds.

- Medical bills must be translated into English and converted to U.S. dollars.
- Bills for alternative treatment—including bills incurred for alternative treatment overseas—cannot be shared by ASH (see Guideline N.1.). Also, ASH cannot share bills for emergency international flights (see Guideline U.3). We strongly encourage you to look into other available resources. Please check with your mission agency for more information.

D. Can groups join ASH?

ASH is a community available to employer groups and to individuals. The monthly contributions can be different based upon the sharing level selected and whether or not you are joining the community as part of an employer group or as individual.

Alliance for Shared Health is not a contract for payments. Employers wishing to join the ASH community should consult with a licensed insurance agent as to the best way to help their company and their employees meet the ACA requirements.

E. How do I join?

It’s vitally important that you read and understand all ASH literature explaining who we are, what we do and how we do it. (This information is available to all prospective members via these Guidelines, printed ASH Information Pack and through our website.) Based on that understanding, complete the Member Application online, and submit it to ASH. You can do so online at www.ASHCommunity.com. (Your online acceptance is considered a digital “signature.”)

Reading our materials will help you understand that ASH is not insurance. Health insurance requires a contract between you and a third party. The contract says that if you have medical bills covered by a health insurance policy, the company will be legally obligated to pay those bills for you. If the company doesn’t pay, you and/or your medical provider can take action against it in a court of law.

Members of ASH do not have a contract. Instead, members believe in helping one another share in their expenses. ASH helps people come together as a community and share each other’s needs to the best of our ability. We have a common focus on the need, a personal desire to assist with that need, and a common commitment to voluntarily assist one another with that need.

In order to get a different result in the health care challenges we all face, we must all come together and decide to take a different action. That is what the ASH Community is all about. ASH regularly consults with those in the health care arena to help with best practices for sharing in medical needs and to help our members with the personal tools to take actions that positively impact their health.
F. What happens when I join?

1. **Welcome Packet and Summary of Understanding**

You will receive ASH membership cards and a Welcome Packet within several weeks of submitting your Member Application. The packet includes all the forms you need to submit medical bills for sharing. Make copies of and keep these forms for future use (if you need them).

The Summary of Understanding (SoU) also is included in the Welcome Packet and on the ASH website. **Complete this form and return it to ASH as quickly as possible.**

The SoU states that you understand that ASH is a voluntary cost-sharing community and not a health insurance company. The SoU must be on file with Alliance for Shared Health before we can share your medical needs. This is an important document: it proves you understand the key differences between voluntary health cost-sharing and health insurance.

2. **Member Gift Form**

Each month members receive a statement (Member Gift Form) with the amount of their voluntary sharing financial gift. The amount is sent directly from one member to another through an escrow account that is audited according to generally accepted accounting principles (GAAP), as is required by federal law. The amount of your gift is based on the sharing level you choose and the number of units in your membership.

Your financial gift to ASH is either deducted from your checking account or credit card (if available) on a monthly basis.

3. **Alliance Shares: the ASH monthly newsletter**

Each month you will receive an Alliance Shares issue electronically, which also is a must-read piece of information. Announcements of changes and explanations of procedures are included in the newsletter.

It also contains valuable information on living a healthy life—spiritually, physically and emotionally. ASH has a consulting doctor and other contributing writers who write on health and medical issues of interest to you and your family. There are stories from fellow members telling of their experiences and the ASH Community has had a positive impact on their lives. *Alliance Shares* is an important source of encouragement and a vital tool in keeping members up-to-date on the wonderful things happening through the ASH Community.

4. **Email Communications**

Members will receive regular email communications from ASH with new handy tips and updates on the community. Please keep your email address current so we can keep you informed.
G. How much does it cost to participate in ASH? Does ASH have different programs from which I can choose?

ASH has an employer program and individual programs. Monthly gift amounts are determined by the sharing level you choose to join at and whether or not you are joining as an individual or a group. These are called “participation levels,” “sharing levels,” or “programs.” Different units may participate at different sharing levels (see Guideline C). Make your choice and wisely, because different programs offer different levels of health cost sharing support.

**Employer Programs**

Employers can be list billed for ASH participation by their employees. Generally, it is recommended that the employer couple ASH with a catastrophic health share option.

**Individual Sharing Options**

a) See Supplemental Individual Options

ASH shares 100 percent of bills for any medical incident exceeding the AMA (Alliance Member Amount) as long as all other Guidelines are met and funds are available for sharing up to the agreed upon contracted about for that service as agreed upon by the ASH Community. Any medical expense less than the AMA per incident is the member’s responsibility.

You must be current with all monthly financial gifts throughout the time medical bills are being processed for sharing.

- Once a member enrolls in a certain sharing level, they must stay in the level for six months before changing to a different membership level.
- For information on changing to a higher level, please see Guideline Z.1.
- If you discontinue your membership, your medical bills will not be eligible for sharing.

If you intend to change your sharing level, number of units, discontinue your participation or change the status of your membership in any way, please allow 30 days for the change(s) to take effect.

**Delinquent Giving and Cancellation by ASH**

Alliance for Shared Health reserves the right to automatically cancel your membership after three months of not receiving a monthly financial gift from you. ASH takes care to notify members when their membership is delinquent and will work with you to catch up on your giving if you demonstrate intent to remain a member. If your membership is more than three months delinquent, ASH will not be able to share any medical bills you have submitted until your account has a zero balance due. If your membership is automatically cancelled after three months of delinquency, you can reinstate your membership by catching up on your giving. However, any
medical bills submitted but not yet shared at the time of cancellation—or any medical bills incurred between the time of cancellation and reinstatement—cannot be shared by Alliance for Shared Health.

H. Are my financial gifts tax-deductible?

The monthly financial gift amount that you must give in order to continue as a member in good standing is not tax deductible. All giving above that amount qualifies as a charitable contribution for income tax purposes—many people make donations to ASH above their required monthly financial gift. ASH is a 501(c)3 tax-exempt organization.

Missouri members only: Missouri law provides residents with a special state income tax advantage. The Missouri Form MO-1040 lists a “healthcare sharing ministry” line item deduction. When you file your taxes, write on this line the total amount you sent to ASH in the previous calendar year. (The amount will be indicated on a statement the ASH office will send to you.)

I. What should I do if I need medical care?

If you become ill or injured, you should seek appropriate care from the healthcare provider of your choice. Do keep in mind that ASH members pay a monthly fee to a national network for contracted rates and ASH members have agreed to only reimburse medical needs under the guidelines for contracted providers using the PHCS Network.

Give providers your ASH membership card if they ask for proof of insurance. ASH pays part of your monthly fee to a national network provider. This provides you access to contracted rates for services which the ASH Community shares expenses.

Non-network provider expenses shall only be shared on a “usual and customary basis.” This quite likely will leave you with a “balance bill” amount.

J. What should I do with my medical bills?

1. Give your ASH card to your Provider. The Provider’s office can call ASH to verify if the treatment you are seeking is shared by the ASH Community and what your member cost share is for the particular service.

2. Pay your Member Cost Share Amount. As long as you seek your treatment at a network provider, the bill will be submitted to the TPA for ASH, and the ASH Community will send payment to your Provider (minus your member cost share).

3. Medical bills must be submitted within six months of the date of service; however, the sooner ASH receives your bills, the sooner we can get them in the queue for sharing. The older the medical bills, the more difficult it is to obtain discounts, which help keep monthly financial gifts low.
4. Changing sharing levels: You must be current with all monthly financial gifts throughout the time medical bills are being processed for sharing.

- Once you enroll in a sharing level, you must remain in that level of for six months before making changes to your status.
- For information on changing to a higher level, please see Guideline Z.1.
- If you discontinue your membership, your medical bills will not be eligible for sharing.

5. Submitting Bills from non-contracted Providers:

You need to send all of the following items to ASH for your bills to be shared if your Provider is not a Network Provider:

a) Itemized bills

A receipt is not an itemized bill; a receipt only shows what has been paid and doesn’t include information about what services were performed. Please do not send receipts. ASH requires itemized bills for several reasons; the main reason is that itemization reduces the likelihood of billing errors, which speeds sharing time. Be sure to ask your healthcare providers for detailed itemized bills. They contain:

- the patient’s name
- the date of service
- the place of service
- the procedural (CPT) code
- the charge for each service rendered

In lieu of itemized bills, ASH can instead accept a CMS-1450 or UB-04 from your hospital or a CMS-1500 (formerly HCFA-1500) from your doctor—these are standardized billing forms used by healthcare providers. **Members with Medicare only:** Do not send itemized bills, except in the case of prescriptions or bills from non-Medicare participating providers. Instead, please submit your Medicare Summary Notice (MSN) form. You must still submit all of the forms listed below.

b) Needs Processing Form

The Needs Processing Form contains information necessary for ASH staff to process your medical bills: your contact information, medical situation information, medical bill details, etc.

c) Medical Release Form

The Medical Release Form was written by an ASH attorney to conform to current HIPAA regulations. It allows your medical provider(s) to share information with us so we can provide services to you. We must have a signed copy of this form in order to share your eligible medical bills; your medical provider(s) won’t communicate with ASH about your bills unless we have a signed copy of this form.

d) Letter of explanation
Write a short explanation of your medical event and send it with your itemized bills and other forms. The letter helps ASH staff determine how to “assign” each bill to an illness/diagnosis. This process in turn affects your maximum lifetime sharing amount for each illness (see Guidelines X and Y).

For example, a young ASH member underwent treatment for a back injury. He suffered an allergic reaction to his medication, which caused additional problems. ASH did not assign the allergic reaction treatment to the back injury lifetime maximum, thus allowing more sharing eligibility for the member’s back injury. In other words, ASH considered the allergic reaction a separate illness/diagnosis, which was beneficial to the member.

K. What happens when ASH receives my bills?

The ASH third party administrator reviews the Need request. ASH verifies that the contracted rate has been applied and the administrator verifies that the Need Request is eligible for sharing based upon the program the member is enrolled in at the time of the request. Once verified, ASH sends the need request to the Provider from the Community Sharing Funds, less any member responsibility amount.

The sharing process described above takes up 90-120 days from the date ASH receives your Need Request.

L. Should I ever pay my bills at the time I receive medical services?

Remember that if your Need Request is eligible for sharing under the ASH guidelines and based upon the program the member is enrolled in, ASH will share expenses and pay the Provider directly on behalf of the ASH Community.

Since ASH was designed to help provide Need Reimbursement for expenses not generally shared by other health share programs, ASH members are encouraged to join another health share program for catastrophic need reimbursement.

PAYMENT AFTER THE TIME OF SERVICE

It is your responsibility to use funds from ASH only to pay your medical bills or to reimburse yourself for payments made to the appropriate healthcare providers. It is an abuse of members’ trust to use money received for a shared need for any purpose other than payment of that need. Failure to provide accurate information or failure to use shared funds to pay for submitted needs will render you (and everyone else in your membership) ineligible for ASH sharing until all of your providers are paid the accurate amount. Additionally, if your bills are shared and you subsequently receive further discounts, you must promptly return the amount of the overpayment to ASH.

M. Should I apply for hospital financial assistance programs?

ASH member guidelines and need requests are designed to help with “first dollar” health care access and high cost maintenance prescription medications through the SHARx program.
The need for financial assistance from a hospital may be necessary if you have a catastrophic need reimbursement. If you have enrolled in another health share for catastrophic reimbursement, they may give instruction to apply for financial aid so that you can set up a payment plan while waiting for the health share to process your Need Request. Please consult your member guidelines from any other health share program you may be enrolled.

In some cases, generous benefactors fund a program assisting patients with certain types of diseases. For example, a family may set up a foundation in memory of a loved one who has died from a specific disease; the family therefore wishes to fund research and treatment of that condition. Most hospitals are required by law to provide a certain amount of free care to community residents. They set guidelines that patients must meet to be eligible for such benefits. The government also allocates money for patients within a certain economic standard. The amount is pre-set and isn’t determined by the number of patients using the funds. ASH requires members to use these resources if they’re eligible for them. This practice is valuable because it helps keep monthly financial gifts low. The money is available for this purpose and ASH members have as much right to this source of funding as any other citizen.

### N. What are the Sharing Level Options?

Alliance for Shared Health members share bills based upon the specific member benefit level the ASH member is enrolled in. The member benefit options are as follows:

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<th>MD Elite</th>
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<tbody>
<tr>
<td>Preventive Care Services (not performed in a hospital)</td>
<td>100% - $50 MRA</td>
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<tr>
<td>Primary Care Physician Office Visit</td>
<td>$30 MRA (max 3 visits per year)</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$75 MRA (max 2 visits per year)</td>
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<tr>
<td>Urgent Care</td>
<td>$100 MRA (max 2 visits per year)</td>
</tr>
<tr>
<td>Diagnostic X-ray and Lab (not performed in a hospital)</td>
<td>$50 MRA (In office, max 3 services)</td>
</tr>
<tr>
<td>Cat-Scan or MRI (not performed in a hospital)</td>
<td>50% MRA</td>
</tr>
<tr>
<td>Outpatient Testing (not performed in a hospital)</td>
<td>50% MRA (1 per year)</td>
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<tr>
<td>Max Need Reimbursement</td>
<td>$1,250</td>
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### Prescription Benefits

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<th>Generics</th>
<th>SHARx Program</th>
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<tr>
<td>Brand Name</td>
<td>SHARx Program</td>
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<td>Specialty</td>
<td>SHARx Program</td>
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**SHARx Program:**

The SHARx program is a unique program that ASH members enjoy as part of their membership. Health Share ministries and sharing programs do not share in expenses for long term maintenance medications (and in general, only share in the short term for “incident or medical-related” prescription needs).

High cost prescription medications can be a huge financial burden, ranging from $5,000 a year to sometimes $500,000 a year or more for certain Specialty Medications. Additionally, there are many high cost maintenance medications such as Victoza and Humalog, or expensive inhalers or dermatological medications that can very cost prohibitive. ASH provides its members access to the SHARx program at $0 access fee (normal monthly access fee is $50).

This program provides access to many maintenance medications at no cost and countless others at a low cost share. ASH members will find this program extremely useful to getting access to the medications and care they need without financially damaging their family.

Some of the medical conditions for which the ASH community shares expenses include:

- Abdominal pain
- Accidental ingestion of harmful substances
- Back problems (excluding chiropractic)
- Blood problems and disorders
- Broken bones/ fractures/ dislocations/sprains (excluding crutches, walkers, etc.)
- Cancer/removal of pre-cancerous tissue
- Carpal Tunnel
- Cataract removal* (See Guideline N.3)
- Certain Preventive Services not performed in hospital
- Diabetes
- Diagnostic imaging tests (MRI, CT scan, EKG, EEG, etc.)
- Diverticulitis
- Endoscopy, colonoscopy, etc.
- Female health issues Gallbladder Gastrointestinal Heart/cardiovascular Hernia repair
- Hip and knee replacement
- Hypertension
- Infections
- Injuries from accidents (for information on motorized vehicle accidents, see Guideline W)
- Internal hemorrhaging
- Joint pain *Gold members only: Prolotherapy treatment is eligible for sharing up to three injections per joint, per lifetime.*
- Kidney stones/ gallstones
- Lung, liver, kidney and pancreas problems
- Maternity and complications (see Guideline R)
- Medically necessary reconstructive surgery
  - Muscle problems
  - Neurological disease
- Pneumonia/influenza
- Ulcers
- Podiatry
- Stroke
- Urology

A list of ineligible expenses appears in the Guidelines Appendix.

1. **Alternative Treatment, Chiropractic and Non-Eligible Bills**

ASH cannot share bills for alternative or chiropractic treatment, including blood work or testing supporting alternative treatment. (Alternative procedures are *not* accepted by the medical community, *have not* been researched and published in medical journals subject to peer review, *are not* widely understood or accepted as mainstream medical treatment and *do not* have properly listed common procedural treatment [CPT] codes.) This Guideline applies regardless of the type of practitioner (naturopaths, homeopaths, medical doctors, etc.).

We don’t pass judgment on the validity of alternative treatments; however, the reason members have chosen not to share these bills is that ASH doesn’t have the capacity to research and test alternative treatments to determine their validity. The reason bills for chiropractic treatment are ineligible for sharing is that ASH members feel expenses for chiropractic care are manageable. When compared to high insurance premiums, most members still save money while setting aside funds for chiropractic expenses.

To view a list of other non-eligible types of bills, please see the Appendix section.

2. **ASH Secondary to Other Payment Sources**

Alliance for Shared Health sharing is not affected by other health share membership, with exception of outpatient testing or Cat Scan and MRIs. Before submitting medical bills for outpatient testing or cat scans / MRIs to ASH, a member must:

1. Confirm which health share program they are in and inform ASH of the sharing level they participate in.

2. receive payment or notice of liability or rejection from such sources.
For these services, in order to protect the ASH Community, these services are not designed to help a member “profit” from seeking medical care, but rather to help offset expenses for conditions which are not fully shared by other membership.

*The following sections are included to protect and be good stewards of the funds you and other members send to share medical bills.*

**a) Double recovery prohibited**

If the amount of bills shared by ASH are more than should have been shared under these Guidelines, ASH may recover the excess amount from one or more of the members it has paid or for whom it has paid or any other person or organization that may be responsible for the costs shared by ASH. No member should benefit from multiple payments for the same cost and thereby creating an expense to our other members. Double recovery by a member takes away resources from other ASH members whose needs have yet to be shared.

**b) Subrogation**

This section of the Guidelines shall apply when ASH shares costs for your personal injury and you have the right to recover costs and/or damages from another. Becoming a member of ASH and sharing such costs constitutes your acceptance and acknowledgment of this Guideline provision.

ASH is subrogated to all of your rights of recovery to the extent of the costs shared by ASH for which you may be entitled to recover payment from any other person. ASH is subrogated to any right you have to recover payment from the person who caused the illness or injury, that person’s insurer or any “uninsured motorist,” “underinsured motorist,” “medical payments,” “no-fault,” “Workers’ Compensation” or other similar coverage provisions.

ASH’s right of subrogation applies with equal force to any and all state, federal or common law claims of survivors, wrongful death, consortium or other similar claims. However, ASH’s right of subrogation shall not exceed the amounts shared or to be shared in the future by ASH.

ASH’s subrogation right has first priority to any recovery and takes priority over the injured party, their attorney or any other person or entity with a claim, right or lien upon the recovery. ASH’s right to subrogation will apply even if you have not been made whole, are not fully compensated or only partially recover from another person for your injuries.

**c) Reimbursement**

If at any time you have recovered from any party or through any insurance coverage set forth above, regardless of how you, your legal representative or any other party characterize the recovery, you are obligated to hold in trust for ASH, the whole proceeds of the recovery and must reimburse ASH to the extent of costs shared by ASH within 14 days of receipt of the recovery. At the time of recovery ASH shall have a constructive trust, equitable lien and other equitable rights on the entire funds recovered which can be asserted against any parties who may have possession of a portion of all of the fund.
ASH’s reimbursement right has first priority to any recovery and takes priority over the injured party, their attorney or any other person or entity with a claim, right or lien on the recovery. ASH’s reimbursement right shall not be reduced for any attorney fees or costs incurred by you or any other party. You will be responsible for payment of any expenses, including attorney’s fees and court costs, incurred by ASH to enforce its right of reimbursement.

Any other person or entity with a claim, right or lien on the recovery, ASH’s right to reimbursement will apply even if you have not been made whole, are not fully compensated or only partially recover from another person for your injuries.

d) Duties as a ASH member

- You must provide ASH any information requested by ASH within five (5) days of the request.
- You must notify ASH promptly of how, when and where an accident or incident resulting in personal injury to you occurred and all information regarding the parties involved.
- You must cooperate with ASH in the investigation and protection of ASH’s rights.
- You must not settle or compromise any claims you have with other persons unless ASH is notified in writing at least 20 days before such compromise and settlement.

e) Discretionary authority

ASH shall have discretionary authority to interpret the terms and conditions of the Subrogation and Reimbursement provisions and make determinations or construction which is not arbitrary and capricious and protects the interests of the ASH membership as a whole. ASH’s determination will be final and conclusive.

3. Cataract Surgery

Cataract surgeries for the right and left eye are considered the same medical incident if both procedures occur within 90 days. (See the Guidelines Glossary for the definition of an incident.) If cataract surgery for the second eye occurs more than 90 days after the surgery for the first eye, the surgeries will be considered separate incidents and your personal responsibility amount may be expected (see Guideline O.) Cataract surgery or surgeries occurring in your first year of membership are usually considered pre-existing conditions and bills are authorized according to Guidelines Z and AA.

4. Therapy

Therapy must be ordered by a medical doctor—or a physician’s assistant under a medical doctor’s supervision—and must be performed by a licensed therapist.

Ineligible bills

Bills from therapy ordered or performed by a chiropractor or alternative treatment provider (see Guideline N.1) bills from osteopathic manipulation bills from massage therapy of any kind bills from self-prescribed therapy bills from any therapy performed for developmental or educational reasons
5. Skilled Nursing Facilities, Rehabilitation* Centers and Step-Down Facilities

Facility Charges are not shared through the ASH Community at any time.

O. When I have a medical need, am I responsible to pay part of it?

ASH Members are subject to the Member Responsibility Amount for each service sought based upon the membership level for which they enrolled.

The following items have been defined by ASH members as not eligible for sharing because they are “load” expenses:

- dental expenses. Exception: Bills for the repair of broken teeth are eligible for sharing if:
  1. they were incurred due to an accident -and-
  2. the accident occurred while a ASH member with an account in good standing -and-
  3. the accident was not caused by chewing.
- vision correction (eye exams, eyeglasses, contact lenses, etc.)
- chiropractic treatment
- routine, maintenance prescriptions (these are available through the SHARx program)
- well visits/routine check-ups totaling less than your personal responsibility amount (see Guideline G).
- Preventative Services performed at a hospital
- a more detailed list of other “load” expenses appears in the Appendix section of these Guidelines

P. What should I do about incidental health expenses that aren’t shared by ASH?

ASH Members are encouraged to join other health share programs for the reimbursement of catastrophic needs not shared by the ASH programs.

Q. What should I do if I find out I’m pregnant?

1. Obtain medical care as soon as you know you’re pregnant.

Call the Alliance for Shared Health office if you have questions after reviewing the following instructions. We can share in your joy, help you get the most from our ability to help you, and (in most cases) send you funds for sharing before your baby is born.

R. Are maternity bills eligible for sharing?
ASH offers a maternity program at no extra cost to members. We want this experience to be full of joy and excitement as you welcome new life into the world.

1. **Maternity Visits**

Maternity visits are eligible need sharing based upon the member’s sharing level elected.

2. **Pre-existing Maternity Needs**

ASH does not place a pre-existing condition restriction on the sharing of maternity visits. If you do join and are pregnant, the ASH enrollment form stipulates that you understand ASH is happy to share in bills if you join while pregnant, however, you are agreeing to stay a member for at least 12 continuous months.

3. **Changing Sharing Levels**

You must be current with all monthly financial gifts throughout the time medical bills are being processed for sharing. When switching programs, you must be at the new participation level at least 60 days before the estimated due date in order for your medical bills to be shared at that level.

If you intend to change your sharing level, number of units, discontinue your participation or change the status of your membership in any way, please allow 30 days for the change(s) to take effect.

4. **Babies as ASH Members**

Any reimbursable needs under the program are includable on your newborn baby in the first three months after birth are eligible for sharing. After three months, the ASH staff will automatically add your new baby to your membership. If the new baby is your first child, your membership will increase by one unit and your monthly financial gift also will increase. Your financial gift won’t increase if your membership is already three units. If you wish to remove the baby from your membership, contact the ASH Member Assistance department at 1-877-232-3811.

5. **Ineligible Bills**

- Contraceptives or birth control expenses (some are available through the SHARx program).
- Bills for fertility procedures or treatments, or bills from any complications arising from such treatment.
  - Bills for gestation or surrogate maternity procedures, including but not limited to in vitro fertilization (IVF) and pregnancies resulting from IVF, embryo implants or transfers, and gestation or surrogate procedures.
  - Bills for sterilization or reversal procedures, or bills from any complications arising from such treatment.
  - Bills for genetic testing are ineligible unless testing is required to determine treatment for a current medical condition. In all such cases, you or your doctor must submit your medical records.
  - Bills for treatment of sexual dysfunction (medication, hormone therapy, surgery, etc.)
6. **Adoption**

When an ASH member adopts a child or otherwise has obtained legal custody with legal responsibility for a child’s medical care, that child can be included in your ASH membership. If any other source is responsible, willing or available to pay the child’s medical bills, these resources must be exhausted before ASH members can share bills. Medical bills for the birth of an adopted child are not eligible for sharing regardless of the circumstances.

a) **Adopted disabled children:**

In cases when members choose to adopt a child(ren) with known disabilities, ASH reserves the right to refrain from sharing the child(ren)’s medical bills. The non-profit has limited resources and recognizes that in most cases, there are other resources and programs better equipped to assist and provide for adopted disabled children. It is the responsibility of the adoptive parent(s) to research what resources are available and to obtain the necessary funding.

7. **Unwed mothers**

There are times that unwed women become pregnant. ASH is aware that other health share programs do not share in expenses for this, however ASH will share in the expenses based on the sharing level the member is enrolled in.

8. **Congenital conditions**

Needs for birth defects or congenital conditions (and bills from resulting conditions) may be submitted for sharing under the guidelines of the program in which the member has enrolled.

9. **Midwives**

ASH does not share bills incurred for midwives. The birth of a child through a mid-wife may be shared by other catastrophic need sharing programs. Check their guidelines before seeking the services of a mid-wife.

S. **How does ASH work for medicare-eligible people?**

ASH members or prospective members of Medicare-eligible age must have Medicare parts A and B to become/remain ASH members with full sharing eligibility. If you aren’t eligible for Medicare, your membership will be approved on a case-by-case basis.

If you are Medicare age but choose not to participate in Medicare, ASH can only share the amount of your eligible medical bills that Medicare would not have paid (typically 20 percent). The outstanding balance will be your responsibility.

1. **ASH as a supplement**
Many members use ASH as a Medicare supplement. ASH was designed to help offer first dollar need reimbursement and high dollar prescription access for expenses other health shares do not reimburse.

The SHARx program does work very well for medicare members who have a high cost prescription need.

**T. Prescriptions through ASH?**

ASH members have incredible access through a program offered through. This program offers access to a vast array of maintenance medications and high cost specialty medications. Many prescriptions are available to ASH members at no cost and other maintenance medications provide for a one year supply at very low cost shares. This program is included in your ASH membership and there is no additional access fee for ASH members. Normal access fee is $50 per month. ASH members enjoy this benefit at no cost. There is no “need reimbursement” under ASH for prescriptions accessed outside of the SHARx program.

**U. Does ASH share bills for medical transportation?**

**These expenses are not reimbursable under your ASH membership. They are likely reimbursable under your catastrophic health sharing membership.**

**V. Does ASH share bills for medical appliances and equipment?**

ASH does not share bills for medical appliances and equipment.

**W. Are bills from motorized vehicle accidents eligible for sharing?**

1. **Licensed motorized vehicles**

If members are involved in an accident involving licensed motorized vehicles, bills resulting from the members’ injuries are eligible for sharing. Reimbursements are coordinated with other protection you may have through your insurance policies or other health share membership.

If members are riding in a non-member’s vehicle, the amount available in the non-member’s insurance policies must be exhausted before ASH can share medical bills for the members. If the members or non-member driver are not at fault, the amount available in the offending party’s insurance policies must be exhausted first.

2. **Automobile insurance**
There are many variations in insurance policy offerings and numerous state rules and regulations regarding auto insurance. However, for the sake of keeping monthly financial gifts low, we strongly urge you to include medical assistance available through your auto insurance policy.

3. SAFETY REQUIREMENTS FOR MOTORIZED VEHICLES

ASH can only share medical bills when all safety equipment is worn properly. A **helmet must be worn at all times when operating any vehicle commonly known as an ATV.** ATVs include (but aren’t limited to) four-wheelers, three-wheelers and motorcycles. Farm vehicles for which manufacturers don’t recommend a helmet (such as tractors and Gator-type vehicles) are an exception to this rule.

4. NON-MEMBERS

ASH cannot share medical bills for non-members injured in an accident, regardless of the circumstances. Please take this Guideline into consideration when choosing your auto insurance medical pay limit.

X. What is the maximum amount ASH will share for a medical need?

ASH sharing limits are determined by the number of visits included under the membership selected by each individual member and the sharing level they have enrolled in.

Y. What about medical bills exceeding the maximum sharing amount?

ASH encourages its members to have catastrophic need reimbursement membership with other health sharing entities. If you are uncertain as to what options might be best for you, reach out to the ASH office or contact your insurance agent.

Z. What is a pre-existing condition?

A pre-existing condition is any medical condition for which you experience signs, symptoms, testing or treatment before joining ASH. (Routine or maintenance medications are considered treatment.)

ASH members are not subject to pre-existing condition limitations, however, it is important to note that other catastrophic health share programs do have pre-existing condition limitations the first three years. Because of this, health share programs may not be a good option for someone currently in the midst of medical treatment plan prior to joining. Read the member guidelines carefully.

1. Changing Sharing Levels

Members can change their program at each anniversary of their joining date or after six months of continuous enrollment.
AA. Are bills from pre-existing conditions eligible for sharing?

ASH members do enjoy sharing of bills from first day of enrollment. Please read member guidelines for other health share programs prior to joining to make sure you understand their sharing limits for ongoing medical conditions.

BB. How can I contribute toward Community Caring Page needs?

ASH members are encouraged to give to Community Caring Page needs over and above their monthly financial gift. They can send their gift to the ASH office. ASH then sends the Community Caring donations to members listed on the Page, who use the funds to pay their medical bills. Donations sent to Community Caring recipients through the ASH office qualify as charitable contributions for tax purposes.

CC. How to I tell people about ASH membership?

ASH offers a referral link page. ASH is working toward a referral program and will alert ASH Members when it is available.

DD. What measures are in place to make sure ASH operates with integrity and accountability?

1. **Board of Directors and Internal Controls**

   In accordance with good business practices and the laws governing not-for-profit tax-exempt organizations, Alliance for Shared Health has an independent Board of Directors that controls its functions.

   a) **Mission and Organization**

      1. To create a community that focuses on personal health and the health of its members by making healthy choices and sharing the medical expenses of members who experience the need for medical care.
      2. Must be led with and designated by the IRS as a nonprofit 501(c)(3) tax-exempt organization.
      3. The organization should have written personnel policies—approved by the board trustees/directors—governing the work and activities of all employees.

   b) **Governing Body**

      1. The board should have no fewer than three (3) unrelated trustees/directors.
      2. The majority of board members should be independent (not employees or relatives of employees).
3. The board should meet as frequently as necessary to fully and adequately conduct the business of the organization. At a minimum, the board should meet four times a year. Board meetings may be conducted in person or by telephone, video, or online conferencing.

4. The board, among other things, should be responsible for:
   • determining the mission of the organization;
   • establishing policies for the effective management of the organization;
   • establishing and approving the organization’s conflict of interest policies;
   • approving the organization’s budget and periodically assessing the organization’s financial performance in relation to the budget;
   • reviewing the results of the annual audited financial statements and evaluating recommendations made in the independent CPA’s management letter;
   • hiring the president, determining his/her compensation, and evaluating performance annually;
   • periodically reviewing the appropriateness of the overall salary structure of the organization
   • acting as the final authority in interpreting the ASH membership qualification of what it means to be an ASH member.
   • reviewing and approving written meeting minutes reflecting board actions.

5. ASH shall be formed as a non-profit the United States Virgin Islands so that it can also serve the residents of the USVI. One of the original goals of the ASH board was to bring a more affordable way for USVI residents to access medical needs.

c) Conflict of Interest

1. The organization should have a written conflict of interest policy applicable to board members, staff, and volunteers that is approved by the board.
2. Conflict of interest statements should be provided to and signed by board members, staff, and volunteers, both at the time of the individual’s initial affiliation with the organization and periodically thereafter.

d) Financial and Legal Accountability

1. The organization must operate in accordance with an annual budget approved by the board.
2. Internal financial statements must be prepared monthly and be provided to, and reviewed by, board members at each board meeting.
3. Annual financial statements must be audited by an independent Certified Public Accounting firm.
4. Copies of the organization’s audited financial statements must be provided to anyone upon request.
5. Copies of the organization’s IRS Form 990 must be provided to anyone upon request.
6. The organization must be in compliance with all applicable federal, state, and local laws and regulations.
7. The organization must be a corporation in good standing within the United States Virgin Islands where it was incorporated.

8. The organization must provide employees with a confidential means to report suspected financial impropriety or misuses of the organization’s resources.

9. Program
   a. Limits its membership to individuals who are of similar set of beliefs regarding health and caring for each other’s needs and who desire to live by these principles.
   b. Open to participation regardless of current medical conditions; provision should be made to share all needs under the sharing guidelines—including pre-existing conditions—even if through different sharing methods.
   c. Individual sharing levels do not change or vary because of age or medical conditions.
   d. No one is dropped from membership because of medical conditions.
   e. Members have freedom to choose their own healthcare providers, however sharing may be limited for non-contracted providers.
   f. Summary of Understanding and Membership confirms that members may contribute with (a) no assumption of risk or promise to pay among the members and (b) no assumption of risk or promise to pay by the organization to the members and (c) no assumption of risk or promise to pay the providers.
   g. Provides in a written disclaimer on or accompanying all promotional documents distributed by or on behalf of the organization, including applications and guideline materials that is the same as or substantially similar to the following: Notice: This program 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 program should never be considered insurance. Whether you or your provider receive any payments for medical expenses and whether or not this program continues to operate, you are always personally responsible for the payment of your own medical bills.

Appendix: Bills ineligible for sharing

1. **Bills incurred prior to joining** Alliance for Shared Health (see Guidelines Z and AA for our pre-existing conditions policy)

2. **Dental expenses**
a. Exception: Bills for the repair of broken teeth are eligible for sharing if:
   a. they were incurred due to an accident -and-
   b. the accident occurred while a ASH member with an account in good standing -and-
   c. the accident was not caused by chewing.

b. Expenses from Temporomandibular Joint Disorders (TMJ/TMD) are not eligible for sharing. This exclusion applies regardless of variations in diagnostic coding (i.e. micrognathia, congenital malformations of the jaw, etc.), where treatment is being rendered, or the type of practitioner providing the treatment.

c. Bills for sleep apnea treatment or equipment prescribed, administered or recommended by a dentist are not eligible for sharing. (See Guideline V.1.)

3. Incidental medical expenses: vision correction (optometrist services, eye exams, eyeglasses, contact lenses, etc.); audiological expenses; chiropractic treatment; routine, maintenance prescriptions; over-the-counter medications; well visits/routine check-ups and related testing (see Guidelines O and P)

4. Elective, non-health related cosmetic surgery and any complications arising from such procedures. Exception: Bills from medically necessary breast reductions are eligible for sharing.

5. Weight reduction programs or procedures

6. Abortions or births from unwed mothers (see Guideline R.9)

7. Infertility testing or treatment; sterilization or reversal (see Guideline R.7)

8. Gestation or surrogate maternity procedures; in vitro fertilization and associated maternity bills (see Guideline R.7). Genetic testing is ineligible unless required for determining treatment for a current medical condition. Medical records must be provided.

10. Congenital conditions (limits apply; see Guideline R.10)

11. Psychological treatment, tests or counseling. Only emergency room bills incurred to physically stabilize the patient are eligible for sharing.

12. Prosthetics

13. Medical supplies, including (but not limited to): syringes, test strips, lancets, orthotics, batteries, etc.

14. Medical appliances and equipment, including (but not limited to): hearing aids, breast pumps, crutches, etc. (Some equipment qualifies but limits apply; see Guideline V.)

15. Alternative treatment (See Guideline N)

16. Non-medical expenses such as travel expenses, postage, shipping, finance charges, interest, nutritionist services, phone calls, private room, etc.

17. Bills incurred as the result of the abuse of drugs or alcohol; costs incurred from self-inflicted, non-accidental incidents

18. Bills incurred from motorized vehicle accidents in which members were not wearing a helmet or wearing the proper safety equipment (see Guideline W)

19. Medical transportation (limits apply; see Guideline U)

20. Immunizations

21. Nursing home care/rehab housing (See Guideline N.5 for information on Skilled Nursing Facilities)
22. Any therapy performed for developmental or educational reasons; only therapy related to an eligible illness is eligible for sharing. (See Guideline N.4.)
23. Health or medical practice membership fees, gym membership fees
24. Telephone or digital consultations with healthcare personnel
25. Colonoscopies
26. Preventative Care Services performed at a hospital

Alliance for Shared Health Glossary

You’ll find that familiarizing yourself with these terms is very helpful in managing your ASH membership and understanding the health cost sharing process.

Alternative treatment: Alternative procedures are not accepted by the medical community, have not been researched and published in medical journals subject to peer review, are not widely understood or accepted as mainstream medical treatment and do not have properly listed common procedural treatment [CPT] codes. ASH cannot share bills for alternative or chiropractic treatment (see Guideline N.1).

Authorize: Authorization is the process all medical bills undergo once they are submitted to the ASH office. ASH’s Needs Processing representatives approve bills for sharing according to the ASH Guidelines and the member’s participation level.

Share-in-ASH: Share in ASH is the program that allows ASH members to refer others to ASH and receive a credit toward their AMA.

Summary of Understanding (SoU): The Summary of Understanding (SoU) is a form new ASH members receive with their welcome packet that must be completed and returned to ASH as quickly as possible. The SoU is a legal document stating you understand that ASH is a voluntary cost-sharing non-profit entity and NOT a health insurance company. The SoU must be on file with ASH before we can share your medical needs; it corrects insurance regulators who may incorrectly assume that ASH members do not understand the difference between voluntary health cost-sharing and health insurance.

Illness: An illness is a diagnosis of a disease, injury or medical condition that has been identified and can be treated once or multiple times (multiple incidents). ASH sharing limits are determined by illness and the sharing level program selected.

Incident: An incident includes signs, symptoms, medical treatment or testing that lasts until one of the following events occurs: 1) a certain medical condition is cured according to official medical records; 2) treatment is at a routine maintenance level.

Member Gift Form: The Member Gift Form is a monthly statement notifying you that your financial gift amount has been debited from your checking account or credit card. Periodically, you will receive a newsletter. Reading the letter keeps you informed on policies, activities and events.
Need: A need is an individual medical bill. It’s necessary for ASH members and staff to distinguish between individual medical bills. A need is categorized under a particular incident, which falls under a certain illness/diagnosis.

Newsletter: ASH Community, the ASH monthly newsletter, contains articles and information helpful and relevant to ASH members. All members are strongly encouraged to read each issue to stay up-to-date on ASH news, activities, and policy changes. The newsletter, when available, will be sent via email.

Personal responsibility (AMA): Personal Responsibility is the amount ASH members are responsible to pay for a medical event. For members, ASH shares 100 percent of bills for any medical incident exceeding Alliance Member Amount as long as all other Guidelines are met. (see Guideline O), up to the contracted rate or value-based pricing levels allowed.

Pre-existing condition: A pre-existing condition is any medical illness with signs, symptoms or treatment predating membership in Alliance for Shared Health (even if it has not been diagnosed). (see Guidelines Z and AA).

Reduction (discount): A reduction is a discount negotiated with the health care provider by the ASH administrator on your behalf down to a value based reimbursement level.

Share/sharing: Sharing occurs when ASH sends funds (members’ monthly financial gifts and extra gifts) to providers on behalf of members whose medical bills are eligible according to the ASH Guidelines, or when ASH reimburses members who paid for eligible medical needs out-of-pocket and submit the appropriate forms for reimbursement of Needs. We take care to make sure our members understand that ASH is not insurance and does not assume the legal obligation to pay your medical bills. Your fellow members voluntarily share your medical bills and ASH is authorized to use those funds to pay your providers.

Sharing level: There are three service levels from which members can choose: The dollar amounts are called monthly financial gifts and are required for medical bill sharing eligibility. Medical bills are approved for sharing based on the ASH Guidelines and the member’s sharing level. Switching levels affects the amount and type of medical bills eligible for sharing.

Submit needs/bills: ASH is not an insurance company and cannot be billed by healthcare providers, however we do allow providers to submit bills through an outside vendor relationship, so long as the provider agrees to a value-based reimbursement amount. Bills are shared based on when they are received by the ASH offices, not on when they are incurred.

Units: A unit is one qualifying individual. Two units are two qualifying immediate family members; three units are three or more qualifying immediate family members. No family’s monthly financial gift exceeds three units, regardless of the number of immediate family members. The number of units determines monthly financial gift and personal responsibility amounts. For more details, see Guideline C.