




GUIDELINES

Guidelines 2022v.1



Important notice: Those who call the CHM office detailing their circumstances and asking if medical bills qualify will be given an opinion, not a decision. Bills cannot be authorized for CHM sharing over the phone. If a member sends bills and details of a medical incident in writing, a decision will be sent by email or return mail. For more information on submitting bills to CHM, see section VI of the Guidelines or visit chministries.org/stepbystep.

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I. Christian Healthcare Ministries

A. The heart of the ministry

Christian Healthcare Ministries (CHM) has empowered Christians to work together to share the burden of medical expenses since 1981. The powerful outcome of this harmonious relationship is that members have shared billions of dollars for medical bills while also keeping participation costs low. This efficient and effective means of health cost sharing allows members to focus on getting and staying well, and through it all, to have complete confidence that their medical bills will be satisfied based on their selected participation level.

The ministry's concept originated 2,000 years ago with the early Church, who "held all things in common" and followed the Apostles as they prioritized meeting the needs of the poor, the oppressed, and their Christian family. Jesus told His followers that the world would know they were His disciples by the way they loved one another (John 13:35 ESV). CHM members are an extension of that testimony as they carry one another's burdens.

Healthcare expenses can be among the most devastating costs known to families. Every year, thousands of individuals face financial ruin because of a major illness or accident. It doesn't have to be this way.

This is where CHM members truly shine—as they help carry the load for their brothers and sisters in Christ. Reflecting the scriptural values outlined in Acts 2 and 4 and in Galatians 6:2, **the mission of CHM is to glorify God, show Christian love, and experience God's presence as Christians share each other's medical bills.**

B. How health cost sharing works

Based on New Testament principles, CHM helps Christian families, churches, and ministries join together as the Body of Christ to share healthcare costs such as medical tests, maternity, hospitalization, and surgery. The ministry serves hundreds of thousands of members in all 50 states and internationally.

CHM is a non-profit health cost sharing ministry, not insurance. Participation is an expression of Christian faith—it's voluntary and doesn't require a contract. Instead, CHM members join the ministry as part of a biblical covenant through which each party desires to help the other.



CHM—a Better Business Bureau accredited charity—has a definable, accountable, and faithful framework. An independent Board of Directors governs CHM and controls its functions. CHM is a

federally certified exemption to the individual mandate under the U.S. Affordable Care Act, and as such, is an eligible option for individuals and families under the national healthcare law.

Program costs are the same regardless of age, weight, health history, or geographical region. Christians can join any time throughout the year and membership can be effective immediately, as CHM has no waiting period. After reviewing the Guidelines, CHM members can select the medical doctors or hospitals they prefer; they aren't bound by an approved healthcare provider list and treatment decisions are made between patient and physician.

CHM combines monthly membership gift amounts from Christians across the country and around the world, enabling ministry members to share medical bills sent in by their fellow members who have received medical treatment. CHM members share 100 percent of qualifying medical bills—that is, bills that are eligible under the ministry Guidelines. CHM staff follow the Guidelines because they serve to protect each ministry member and enable the body of Christ to continue to serve one another through the sharing of medical bills.

As monthly gifts flow through the ministry to bless fellow believers, members are strongly encouraged to lift each other up in prayer. Each month's billing statement includes a prayer request from a CHM member or family. The spiritual support program, Prayers Unceasing, provides members with an opportunity to send cards of encouragement and serves as a reminder to pray for the specific needs of others (James 5:6).

The faithfulness of CHM members has enabled CHM to encourage believers and share eligible medical bills since 1981. Our ministry model sets us apart. CHM members and staff pray with you and serve you—as Christians serving Christians.

**Incident occurs and
you seek medical
treatment**



**Request itemized bills
and discounts from your
provider; submit Sharing
Request Packet to CHM**



**Eligible bills are
processed and CHM sends
you a check to pay your
provider(s)**



How can we be sure our members will honor their commitment to carry each other's burdens?

We point to our history:



Since 1981 CHM members have exercised their faith and shared 100 percent of eligible medical bills.



Our bill sharing model

CHM provides a cost-effective, accountable, and faith-based framework to help fellow believers facing a health crisis. Likewise, brothers and sisters in Christ step in to help you in your time of need. Members' pre-set monthly financial gifts to CHM are the funds used to share each other's healthcare costs.

Learn more about the medical bill sharing process and see the complete explanation in section VI ("Submission of medical bills").

C. Statements of Beliefs

1. Statement of Faith

- a. We believe the Holy Bible to be the only inspired, trustworthy and true, without error Word of God (2 Timothy 3:16-17).
- b. We believe there is only one God who eternally exists in three persons: Father, Son, and Holy Spirit (Matthew 28:19).
- c. We believe Jesus Christ is God, in His virgin birth, in His sinless life, in His miracles, in His death that paid for our sin through His shed blood, in His bodily resurrection, in His ascension/rising up to the right hand of the Father, and in His personal return in power and glory (John 1:1; Matthew 1:18,25; Hebrews 4:15; Hebrews 9:15-22; 1 Corinthians 15:1-8; Acts 1:9-11; Hebrews 9:27-28).
- d. We believe that acceptance of Jesus Christ and the corresponding renewal of the Holy Spirit are the only paths to salvation for lost/sinful men and women (John 3:16; John 5:24; Titus 3:3-7).
- e. We believe in the present ministry of the Holy Spirit, who lives within and guides Christians so they are enabled to live godly lives (John 14:15-26; John 16:5-16; Ephesians 1:13-14).
- f. We believe in eternal life, and that through belief in Jesus Christ as the Son of God, we spend eternity with the Lord in Heaven. We believe that in rejecting Jesus Christ as Lord and Savior, we receive eternal suffering in hell (Matthew 25:31-46; 1 Thessalonians 4:13-18).
- g. We believe in the spiritual unity of believers in our Lord Jesus Christ, that all believers are members of His body, the Church (Philippians 2:1-4).
- h. We believe God's design for sexual intimacy is to be expressed only within the context of marriage. God instituted marriage between one man and one woman as the foundation of the family and the basic structure of human society. For this reason, we believe that marriage is exclusively the union of one man and one woman (Genesis 2:24; Matthew 19:5-6; Mark 10:6-9; Romans 1:26-27; 1 Corinthians 6:9).
- i. We believe that God created all human beings in His image. Therefore, we believe that human life is sacred from conception to its natural end; that we must honor the physical and spiritual needs of all people; following Christ's example, we believe that every person should be treated with love, dignity, and respect (Psalm 139:13; Isaiah 49:1; Jeremiah 1:5; Matthew 22:37-39; Romans 12:20-21; Galatians 6:10).



Those who call the CHM office detailing their circumstances and asking if medical bills qualify will be given an opinion, not a decision. Medical bills cannot be authorized for CHM sharing over the phone.

2. Doctrinal Disputes

If a dispute arises with regard to the doctrine and teachings of the Holy Bible, the Board of Directors is the organization's final interpreter of said doctrine and teachings, but any such interpretation shall not differ in any respect from this Constitution.

3. Statement of Gender and Sexuality

We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God (Gen. 1:26-27). We believe that rejection of one's biological sex is a rejection of the image of God within that person.

We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God (Matt. 15:18-20; 1 Cor. 6:9-10).

We believe that in order to preserve the function and integrity of Christian Healthcare Ministries as a healthcare sharing ministry and to provide a biblical role model to the staff and membership of Christian Healthcare Ministries, it's imperative that all persons employed by Christian Healthcare Ministries in any capacity, or those who are members of Christian Healthcare Ministries, or who serve as volunteers, agree to and abide by this Statement on Gender and Sexuality (Matt. 5:16; Phil. 2:14-16; 1 Thess. 5:22).

We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ (Acts 3:19-21; Rom. 10:9-10; 1 Cor. 6:9-11).

We believe that every person must be afforded compassion, love, kindness, respect, and dignity (Mark 12:28-31; Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the doctrines of Christian Healthcare Ministries, Inc.



If a member sends bills and details of a medical incident in writing, a decision will be sent by email or return mail. For more information on submitting bills to CHM, see section VI of the Guidelines or visit chministries.org/stepbystep.



Manges family
Pennsylvania

II. Membership

A. Membership qualifications

Christians are free to join the ministry regardless of age, weight, geographic location, or health history. The qualification requirements for membership in CHM—a body of believers who have agreed to share the costs of one another's healthcare expenses—are simple.

1. Personal testimony

To be a CHM member and to have medical bills shared with other members, participants must

- a. live a Christian lifestyle consistent with CHM's Statements of Beliefs,
- b. attend worship regularly as health permits (Hebrews 10:25), **-and-**
- c. actively follow the teachings of the New Testament in its entirety. *

** CHM members must follow biblical principles with respect to the use of alcohol and abstain from practices inconsistent with a biblical lifestyle, including but not limited to illegal drugs, tobacco, nicotine, marijuana, any smoking device (including but not limited to cigarettes, cigars, pipes, herbal cigarettes, e-cigarettes, vape pens, etc.), and sexual immorality (as defined in the Scriptures and expressed in CHM's Statements of Beliefs).*

2. Contact information

Participants must have either a U.S. mailing address or an active email address and consistent, reliable, secure internet service to receive documents with confidential information. CHM cannot send funds outside of the U.S. See Guidelines II.A.3 and V.B.2 for additional information.

3. Members serving outside the U.S.

Missionaries and members serving abroad are welcome to participate in the ministry. However, please note the following requirements:

- a. CHM cannot send any correspondence outside the U.S. If you don't have a U.S. mailing address, please designate a relative, friend, or financial and medical power of attorney to receive CHM funds on your behalf.
- b. Members must translate medical bills into English and convert foreign currency to U.S. dollars.
- c. Refer to Guideline V.B.2 for additional information about medical bills incurred outside of the U.S.

4. Adopted children

Upon the adoption or the assumption of legal custody of a child by a CHM member, that child can be included in the CHM membership.

The following criteria will apply to the sharing of medical bills for adopted children:

- a. If other funding sources are responsible, willing, or available to pay the adopted child's medical bills, all such sources must be exhausted before medical bills for that child are eligible for sharing.
- b. Medical bills for the birth of an adopted child are not eligible for sharing.
- c. For information about adopted children with birth defects or congenital conditions diagnosed *after* the adoption, please review Guideline V.C.9.b.
- d. *Adopting children with disabilities:* When members are considering the adoption of one or more children with pre-existing illnesses or disabilities, CHM strongly advises the prospective parents to make sure they fully understand the CHM Guidelines regarding the sharing of pre-existing conditions *prior* to adopting. Refer to Section IV for detailed information on pre-existing conditions.

5. Members age 65 and older

Please see Guideline VII.C for specific information regarding how CHM's SeniorShare™ cost reduction can be applied to Medicare-age members (individuals 65 and older). Sharing limitations will apply for members aged 65 and older who do not participate in Medicare parts A and B.

B. Understanding membership units

CHM uses a unit system; a unit is defined as a participating individual(s) within a membership.

1. Individual membership

A membership may consist of one individual.

2. Family membership

An individual, their spouse, and any dependent children can participate on the same membership (Guideline I.C.1.h).

- a. A family membership has a minimum of two units and a maximum of three units.

Examples of units

A unit is defined as a participating individual(s) within a membership.

Below are examples of how units work. Each unit may participate at a different program level.

1
UNIT



One individual

2
UNITS



Husband and wife

OR



Adult plus
dependent child(ren)

OR



Two or more children
without a parent on the
membership

3
UNITS



Husband, wife, and
dependent child(ren)

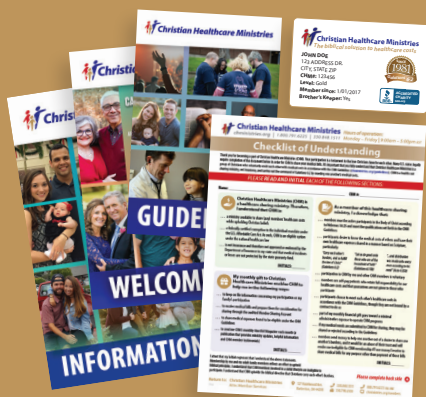
- b. All dependent children on a membership are combined as a single unit as long as an adult is actively participating on the membership.
- c. Without an adult on the membership, two or more children must participate as two units.
- d. Individual units within the same membership may participate at different program levels. Refer to Guideline III.B for detailed information about CHM program levels.

3. Adult children

- a. Adult children can remain on their parent's membership until their **26th birthday** as long as they meet the following criteria:
 - 1) They must meet the membership qualifications stated in Guideline II.A.1.
 - 2) They must be unmarried.
 - 3) They must be legal dependents (children who are reported as dependents on their parent's income tax forms).
 - 4) *Parents are required to submit a signed CHM Dependent Form that must be renewed annually.* Forms will be issued prior to a child's 19th birthday and prior to subsequent birthdays thereafter.
- b. To avoid a membership gap, children who are no longer legal dependents and wish to transition to their own membership should take the following steps:
 - 1) Notify CHM of intent to begin an individual membership within 30 days of becoming ineligible to remain on their parent's membership. Contact Member Services by phone at 800-791-6225 ext. 5993 or email at info@chministries.org.
 - 2) Complete and submit a CHM membership application and the included Checklist of Understanding.
- c. Immediate transition to an individual membership provides continuous participation without a gap, which is important in the case of pre-existing conditions. Refer to Guideline VI for detailed information about pre-existing conditions.

C. Applying for membership

When considering CHM membership, it's important to understand the ministry and how it operates. Prospective members should read the Guidelines thoroughly and understand CHM's Statements of Beliefs (Guideline I.C) before joining.



What is the Checklist of Understanding?

Many U.S. states legally require completion of this document in order for CHM to share members' medical bills. It confirms that members fully understand that CHM is a group of Christians who voluntarily assist each other with medical costs in accordance with the CHM Guidelines. It verifies that CHM members know that CHM is a health cost sharing ministry, not insurance, and carries out the command of Galatians 6:2 by helping Christians to meet one another's medical costs.

1. When to join

Membership can begin any time throughout the year.

2. How to join

Complete and submit the Member Application—including the Checklist of Understanding, featured on the previous page—in one of the following ways:

- a. **Online:** join.chministries.org
- b. **Mail:** 127 Hazelwood Ave., Barberton, OH 44203
- c. **Fax:** 330-798-6100

3. After the selected membership start date

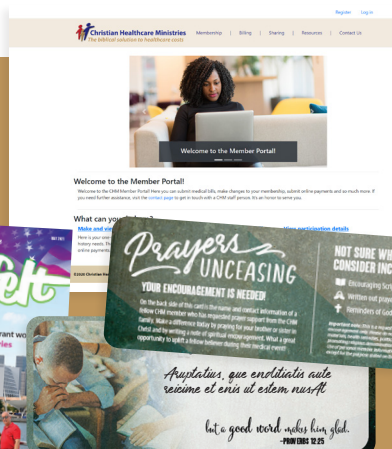
Members will receive the following communications:

- a. **Welcome Packet**—arrives within several weeks of submitting the application and will include the following items:
 - 1) Membership cards—an individual card for each membership participant listed on the application.
 - 2) Instructions for Member Portal registration (portal.chministries.org)
 - 3) CHM Guidelines booklet
 - 4) Tips for making the most of CHM membership
 - 5) Resources to use when interacting with healthcare providers
- b. **Member Gift Form**—CHM's monthly billing statement with a letter from the ministry leadership detailing important ministry highlights. Details included:
 - 1) Program gift amounts and account balance (Financial gifts are due by the 10th of each month; gift amounts received after the 10th of the month will not be reflected on the next statement.)
 - 2) A member prayer request through the Prayers Unceasing program.
 - 3) Member Portal access code for the membership.

Maryland exception: To remain in compliance with state laws, CHM membership for Maryland residents is member-to-member. As such, Maryland members cannot make payments through the Member Portal. Please see chministries.org/chm-membership-for-maryland-members or contact our Member Services department at 800-791-6225 for more information about Maryland membership.

Prayers Unceasing: A unique way to spiritually uplift your brothers and sisters in Christ

Through this program, you can encourage CHM members by lifting them up in prayer and sending them cards, letters, or emails of encouragement. Members receive a name and contact information each month in their Monthly Gift Form of someone who has requested prayer. It's an opportunity to put your faith into action.



Three reasons why Bring-a-Friend helps everybody:



HEART: Something that sets CHM apart is the love that members have for each other, as evidenced by the encouraging cards, letters, and emails sent across the country by members to others who are going through difficult times.



HANDS: As Christians, we are called to be the hands of Jesus! One way to do that is by supporting your brothers and sisters in Christ through their medical difficulties.



FEET: "...beautiful are the feet of those who preach the good news" (Rom. 10:15). CHM enables Christian individuals, families, ministries, and missionaries to not worry about their healthcare. Instead, they focus on the life God has called them to live.

- c. **Heartfelt Magazine**—CHM's monthly publication in which members can find ministry updates, testimonials, health information, CHM's Prayer Page listings, and more. An online version is available anytime at chministries.org/magazine.

Members may choose to receive *Heartfelt Magazine* via email by visiting info.chministries.org/heartfelt. To sign up for DirectGift and eBilling, members must contact CHM at 800-791-6225.

4. Using the Member Portal

The CHM Member Portal is a vital tool for members as they securely manage their membership, make payments, update personal information, and submit medical incidents for sharing.

- a. Members can activate their portal accounts after the membership start date.
- b. Registration requires
 - 1) an assigned portal access code* found on the Monthly Gift Form, **-and-**
 - 2) the six-digit CHM member number located on both the CHM membership card (included with the Welcome Packet) and on the Monthly Gift Form.
- c. Step-by-step directions for portal registration are included in the Welcome Packet or found online at portal.chministries.org.
- d. Members may contact Member Services at 800-791-6225 ext. 5993 for further assistance.

** Members submitting an online application will receive a confirmation email with a seven-digit confirmation number. This is **not** the portal access code and will not work for portal registration.*

D. Bring-a-Friend referral program

Bring-a-Friend is a referral program in which members are encouraged to invite Christian friends, neighbors, and extended family to join CHM. Referring others to CHM strengthens the ministry, rewards existing members, and blesses new members with all the advantages of CHM membership.

1. Members receive a free month of CHM participation for each new membership they bring into CHM (*limited to 12 credits per calendar year; credits cannot be carried into future years*).*
2. The free month is applied after the friend submits their third consecutive monthly gift.

3. To receive proper credit, members should make sure that their name and member number appears in the "Friend Information" section of the referred friend's Member Application.
4. **Important note:** Bring-a-Friend credits are not intended to be applied to or received by spouses or by adult children transitioning from a parent's membership to their own.

** Certain state-mandated limitations may apply. Please visit "How it works" on the Bring-a-Friend page at chministries.org/program-costs/bring-a-friend-referral-program for information.*

E. Member commitments

CHM is dedicated to serving members and fostering a covenant relationship. Members rely on the ministry to be faithful and responsible, and CHM counts on members to fulfill their membership commitments. Reading and agreeing to the following expectations will help you and your fellow members to effectively bear one another's healthcare burdens.

1. Pray for CHM members and the ministry.
2. Read and understand the Guidelines.
3. Stay current on monthly financial gifts.
4. Read *all* CHM communications pieces for ministry information and updates. Such items include billing statements, Member Gift Form letters, *Heartfelt* Magazine/eMag, emails, portal notifications, and special mailings. Visit chministries.org for additional information.
5. Complete and return all requested forms, and update required forms as necessary.
6. Report healthcare provider discounts or financial assistance as provision is secured.
7. Pay appropriate providers within 30 days after receiving CHM reimbursement checks.
8. Respect the privacy of fellow members. Prayer requests should not be shared outside the ministry, and soliciting of any kind is not permitted.
9. Contact CHM with membership and eligibility questions as they arise.
10. Avoid any fraudulent activities. If a person engages in one or more of the following actions, that person may be deemed to have committed fraud against this ministry:
 - a. The forgery or unauthorized material alteration of any document used in applying for membership or in the submission of a medical bill for sharing.
 - b. The material misrepresentation to us, or the making of false statements to us, concerning any person's medical condition at the time of application for membership.
 - c. The material misrepresentation to us, or the making of false statements to us, concerning the circumstances of an incident, or the deliberate submission of a false need for sharing.
 - d. The offering of anything of material value to one or more ministry employees in exchange for special consideration in the processing of an application for membership, the submission of medical bills for sharing, or the return of funds due back to the ministry.
 - e. The forgery, alteration, or improper negotiation of one or more of the ministry's checks, or the conversion of ministry funds intended for a medical provider to a person's personal use.
 - f. The improper use of bank account information, routing numbers, or similar information connected with another member for a person's own financial gain. While this is a remote and unlikely possibility for most CHM members, the ministry cannot permit individuals who might attempt this kind of identity theft to remain as members.

- g. If CHM deems a person to have engaged in fraud against this ministry, that person's membership may be immediately canceled without notice to that person, at CHM's discretion.

F. When to contact CHM

CHM exists to assist Christians as they share each other's medical expenses; effective communication will help ministry staff as they diligently work to serve you.

Select membership changes can be completed on the Member Portal (portal.chministries.org). Member Services is also available to assist members by phone at 800-791-6225 ext. 5993 during the business hours of 9 a.m. to 5 p.m. EST, or by email (info@chministries.org).

Please contact CHM with any of the following membership changes or medical bill updates:

1. Contact information—address, phone number, or email
2. Personal information—marital status, name changes, or date of birth
3. Addition or removal of members—due to marriage, birth, death, or changes regarding dependents
4. Addition of individuals who are authorized to discuss or make changes to the membership.
5. Payment information—addition of DirectGift or eBilling; updates of credit card number, bank account information, or payment withdrawal dates
6. Program level changes
7. Membership cancellation
8. Transitioning of adult children to individual memberships
9. Discounts received after medical bill submission or reimbursement

G. Membership cancellation

CHM understands that life circumstances can change, and members may need to cancel their membership for various reasons. If this need arises, please note the following details:

1. Eligible medical costs cannot be shared unless the membership is continuous and current with all financial gifts through the entire sharing process.
2. Upon cancellation, medical bills previously incurred but not yet submitted or shared will not be eligible for reimbursement.
3. Members intending to discontinue their membership should allow 30 days for the change to take effect.



**Notice before
changes take effect**



Those who call the CHM office detailing their circumstances and asking if medical bills qualify will be given an opinion, not a decision. Medical bills cannot be authorized for CHM sharing over the phone.

4. A refund cannot be issued for the month of cancellation or any previous months.
5. If a membership is three or more months delinquent, CHM considers that delinquency as the member's choice to no longer participate in this ministry. Members will receive verification of their cancellation; the membership will be canceled as of the last day of the last month in which their full gift amount was submitted.
6. If a membership is delinquently dropped or terminated by CHM for any reason, medical bills will not be eligible for sharing.
7. Members seeking to re-join CHM after cancellation will receive a new start date, and any active medical conditions as of that start date will be considered pre-existing and therefore ineligible for sharing. See Section IV for detailed information about pre-existing conditions.
8. Memberships for those who join CHM and never pay any financial gifts will be automatically canceled after three months and the stipulations included in this section will apply.
9. Members who intend to end their membership or who are unable to continue sending gifts due to financial hardship should contact Member Services at 800-791-6225 ext. 5993 to inform CHM.

To read CHM's privacy and security policies, please visit chministries.org/policies.



If a member sends bills and details of a medical incident in writing, a decision will be sent by email or return mail. For more information on submitting bills to CHM, see section VI of the Guidelines or visit chministries.org/stepbystep.



Lim family | Missionaries in Singapore

III. Program participation

A. Definition: Illness vs. incident

Two words members hear often when interacting with CHM are *illness* and *incident*. Knowing the difference between these key terms is essential as you submit medical bills and understand Personal Responsibility (Guideline III.B.3) when medical events arise.

1. 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.

- a. The maximum sharing limit per illness is \$125,000.
- b. Sharing limits can be extended up to \$1 million or more per illness by participation in the Brother's Keeper program (Guidelines III.C and VII.A).



2. Incident

An incident is tied to a specific time period; you can have more than one incident for any given illness (see example provided). An incident includes signs, symptoms, testing, diagnosis, or treatment for a particular condition and its complications. An incident continues until one of the following statements applies:

- a. The member's medical condition is cured according to official medical records.
- b. Treatment is at a routine maintenance level.
- c. You experience 90 days without any kind of testing or treatment for that particular condition, and your medical provider states that no further testing or treatment is needed.

For Bronze and Silver members, an incident cannot extend from one calendar year into the next. In such cases, medical bills will be processed as a new incident, and a new Personal Responsibility amount will apply.

If a member experiences a 90-day gap between testing or treatment that is eligible *per the member's selected program level*, any future bills will be considered a separate incident. The member must meet a new Personal Responsibility threshold, as Personal Responsibility is determined per incident (Guideline III.B.3). The following chart illustrates separate incidents within the same illness.

Gallbladder Pain (Illness)				
Stomach pain (Incident #1)	MORE THAN  BETWEEN ELIGIBLE EXPENSES	Gallstones (Incident #2)	MORE THAN  BETWEEN ELIGIBLE EXPENSES	Gallbladder removal (Incident #3)
ER visit Prescriptions *		Office visit (including blood work and X-ray)* ER visit (including anesthesia, labs, and radiology)		Gallbladder surgery Follow up visit *
The member must meet a separate Personal Responsibility threshold for each incident according to level of participation.				
* These services are not eligible for Silver and Bronze members.				

B. Understanding program levels

CHM offers three levels of participation: Gold, Silver, and Bronze. It's best to review and understand what each level offers before joining the ministry. Membership at **Gold level with Brother's Keeper** provision offers the highest level of health cost support and provides numerous advantages for those who incur medical expenses. Refer to Guidelines III.C and VII.A for details regarding Brother's Keeper participation.



1. Bronze and Silver level sharing provision includes:

- a. Inpatient and outpatient hospital services
- b. Surgery performed at medical facilities such as, but not limited to, hospitals and ambulatory surgical centers



2. Gold level sharing provision includes:

- a. Inpatient and outpatient hospital services
- b. Urgent care
- c. Incident-related office visits and prescriptions
- d. Independent lab work and radiology
- e. Physical therapy —limitations may apply (Guideline V.C.3)
- f. Home healthcare—up to 45 visits per eligible injury or sickness
- g. Maternity—eligible for sharing on Gold level only (Guideline VII.B)
- h. CHM SeniorShare™ gift reduction—available to Gold members age 65 and older (Guideline VII.C.1)

3. Personal Responsibility threshold

Each sharing level has an assigned Personal Responsibility threshold for eligible incidents; this is defined as the out-of-pocket amount CHM members are responsible to pay for each eligible medical incident. As all members are encouraged to request discounts from their healthcare providers, fulfillment of the Personal Responsibility is determined by totaling the eligible medical costs *prior to* receiving any discounts or reductions. Any expenses which are ineligible per the member's selected program level cannot contribute toward the fulfillment of that level's Personal Responsibility amount.



a. Bronze and Silver members

- 1) Silver members have a Personal Responsibility amount of \$2,500 per incident (referenced in red in the chart).
- 2) Bronze members have a Personal Responsibility amount of \$5,000 per incident (referenced in red in the chart).
- 3) For Bronze and Silver members, an incident cannot extend from one calendar year into the next. In such cases, medical bills will be processed as a new incident, and an additional Personal Responsibility amount will apply.
- 4) Bronze and Silver members' Personal Responsibility amounts can be reduced by healthcare provider discounts, financial aid, insurance, Medicare adjustments, and other forms of assistance (referenced in blue in the chart).



Example of Personal Responsibility for a Silver or Bronze medical incident

CHM shares \$4,500	CHM shares \$4,500		CHM shares \$2,000	CHM shares \$2,000
		\$5,000 Bronze level threshold	Member pays \$5,000 to meet the Bronze threshold before discounts	Member pays \$4,000
Member pays \$2,500 to meet the Silver threshold before discounts	Member pays \$1,500	\$2,500 Silver level threshold		
	\$1,000 in discounts			\$1,000 in discounts
\$7,000 INCIDENT - SILVER MEMBER			\$7,000 INCIDENT - BRONZE MEMBER	



Those who call the CHM office detailing their circumstances and asking if medical bills qualify will be given an opinion, not a decision. Medical bills cannot be authorized for CHM sharing over the phone.



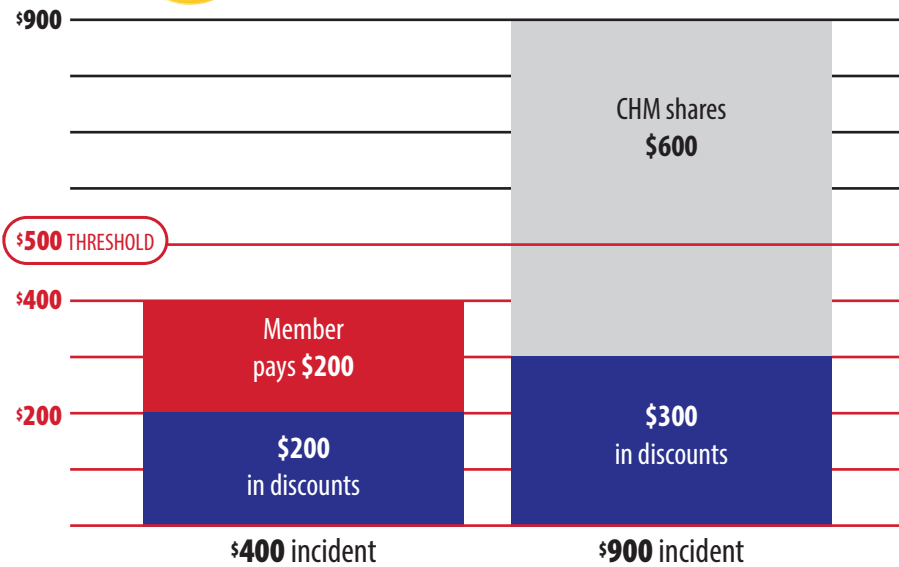
b. Gold members

- 1) Gold members are responsible to pay for incidents totaling less than \$500 per incident (referenced in red in the chart).
- 2) CHM shares 100 percent of eligible bills for medical incidents totaling \$500 or more prior to discounts as long as all other Guidelines are met.
- 3) Gold level incidents can continue from one calendar year to the next until more than 90 days has elapsed between dates of service. After 90 days pass in which no eligible expenses are incurred, the member must meet a new Personal Responsibility threshold before additional treatment can be submitted for sharing.

All CHM members are responsible to pay out-of-pocket medical expenses and ineligible expenses, such as maintenance prescriptions, dental expenses, etc. (Guidelines V.E and V.F).



Example of medical incidents for Gold members






4. Increase sharing support through Brother's Keeper

The maximum lifetime sharing limit per illness is \$125,000 for all program levels. Electing to participate in CHM's Brother's Keeper program increases this limit and safeguards members against catastrophic illnesses. Refer to Guideline Section VII.A for details and advantages of Brother's Keeper participation.

If a member sends bills and details of a medical incident in writing, a decision will be sent by email or return mail. For more information on submitting bills to CHM, see section VI of the Guidelines or visit chministries.org/stepbystep.

5. Program level comparison

While the ministry is committed to notifying members within a reasonable timeframe prior to necessary changes taking place, members can visit chministries.org for current ministry information and program updates.

CHM program features	Gold 	Silver 	Bronze 
Participation level gift amounts per unit	Please visit chministries.org/programs-costs for current costs.		
CHM SeniorShare™ reduction (Guideline VII.C.1)	✓	NA	NA
Incident threshold for sharing	\$500	\$2,500	\$5,000
Personal Responsibility, per eligible incident	\$0	\$2,500	\$5,000
Regular sharing lifetime max, per illness	\$125,000	\$125,000	\$125,000
Brother's Keeper provision, per illness Members must add program prior to experiencing signs and symptoms (Guideline VII.A)	Unlimited sharing	Additional \$100,000 per year, accruing up to \$1 million	
Emergency room visits	✓	✓	✓
Inpatient hospitalization	✓	✓	✓
Outpatient hospital services	✓	✓	✓
Surgical procedures	✓	✓	✓
Free access to CHM's featured telemedicine provider (Guideline VII.E)	✓	✓	✓
Urgent care visits	✓		
Independent radiology/laboratory testing	✓		
Office visits	✓		
Prescriptions non-maintenance, incident-related (Guideline V.C.1)	✓		
Physical therapy up to 45 sessions per injury or sickness (Guideline V.C.3)	✓		
Home healthcare up to 45 visits per eligible injury or sickness	✓		

Medical transportation must meet eligibility criteria (Guideline V.C.2)	✓		
Life-sustaining durable medical equipment (Guideline V.C.6)	✓		
Maternity (Guideline VII.B)	✓		

Note: Each individual unit within the same membership may participate at different program levels. For example, a two-unit membership can have one unit on Gold and one unit on Silver. All dependent children participate as a single unit as long as an adult is actively participating on the membership (Guideline II.B.2.b).

C. Catastrophic medical events

No one anticipates a catastrophic illness or injury. Brother's Keeper is CHM's program that enables members to meet medical bills exceeding the \$125,000 maximum lifetime limit per illness. Adding Brother's Keeper at the time of joining CHM or prior to a medical event is one of the most valuable decisions members can make.

1. Brother's Keeper basics

Members can add Brother's Keeper to individual membership units anytime throughout the year. For illnesses exceeding \$125,000 to be considered for sharing, members must have joined Brother's Keeper prior to experiencing any signs, symptoms, testing, or treatment for that illness.

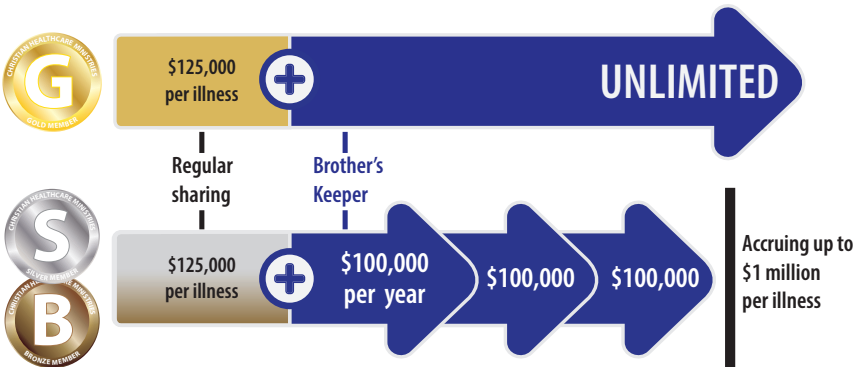


a. Gold members participating in Brother's Keeper are eligible for *unlimited* cost support per illness for eligible medical expenses.



b. Silver and Bronze members receive an additional \$100,000 of cost support per illness, per year. As long as members continuously participate in Brother's Keeper, on each anniversary of the member's join date they'll receive an additional \$100,000 of assistance, accruing up to \$1 million per illness for eligible medical expenses.

Important: Brother's Keeper does not include sharing provision for congenital conditions or birth defects. See Guideline V.C.9 for information regarding congenital birth defects.



2. Brother's Keeper program cost

Brother's Keeper participants contribute a designated gift amount (per unit) to CHM. These amounts are shared with other Brother's Keeper participants who have accrued medical bills exceeding \$125,000 per illness. Please see Brother's Keeper gift amounts at chministries.org/programs-costs.

3. See Guideline Section VII.A for detailed information about how Brother's Keeper works as a complement to CHM program levels.

D. Switching program levels

Members may switch levels at any time; however, it's important to review the following information before making a level change.

Members should allow 30 days for membership change(s) to take effect. Program level switch dates will be effective as of the first of the month which follows the request.



**Notice before
changes take effect**

1. Switching to a lower level

When a member switches to a lower sharing level, all medical bills will be shared at that lower level regardless of when medical bills were submitted or incurred.

2. Switching from Bronze to Silver

- a. All illnesses that begin with signs, symptoms, testing, or treatment on Bronze level will remain at the Bronze level for the lifetime of the membership.
- b. New illnesses with signs, symptoms, testing, or treatment beginning after the Silver level start date will be considered for sharing at the Silver level.

3. Switching to Gold

- a. Once an illness begins with signs, symptoms, testing, or treatment at a lower level, it will remain at that level for the lifetime of the membership or until the member is cured and one year free of signs, symptoms, medication, and treatment. This applies regardless of whether medical bills have been previously submitted for sharing. Medical records may be requested.
- b. New illnesses with signs, symptoms, testing, or treatment beginning after the Gold level start date will be considered for sharing at Gold level.



IV. Pre-existing conditions

A. Definition: Pre-existing conditions

CHM offers two programs for the sharing of pre-existing conditions: the Gold Schedule and the Prayer Page. In order to understand how each program works, it's important to define what qualifies as a pre-existing condition.



Have you talked to a medical professional?



Have you had signs, symptoms, treatment, or testing?



Have you taken a prescription?

1. **Pre-existing condition:** any medical condition for which a member experiences signs, symptoms, testing, or treatment (routine and/or maintenance medications included) before joining CHM, regardless of whether the member has received a diagnosis.
2. **A condition is no longer considered pre-existing if**
 - a. you have experienced one year without signs, symptoms, or treatment; **-and-**
 - b. you are not on a maintenance medication regimen for that condition; **-and-**
 - c. it's documented by your official medical records.
3. **Cancer is no longer a pre-existing condition if**
 - a. your doctor has pronounced you cancer-free or cured, **-and-**
 - b. you have gone five years without any signs, symptoms, treatment, or testing (other than routine follow-up appointments).
4. Medical bills considered for sharing on CHM's programs for pre-existing conditions must also follow all CHM Guidelines for sharing, including participation level criteria.

B. Active vs. maintained conditions

CHM distinguishes between two types of pre-existing conditions: active and maintained. When a member joins CHM with a pre-existing condition, that condition must be considered maintained to qualify for sharing. To make this determination, CHM applies the following criteria:

1. **A condition is considered active and medical bills will not be eligible for sharing if**
 - a. members have experienced any signs or symptoms either before or at the time of joining CHM; **-and-**
 - b. the condition actively needs testing or treatment other than maintenance (routine) medications, regardless of whether or not they received a diagnosis.

2. A condition is considered maintained when

- a. at least 90 days have passed without the patient undergoing testing or treatment,
- b. their medical provider states that no further testing or treatment is needed, **-and-**
- c. medical records show that the patient is cured or on a maintenance treatment regimen.

Important: If you’ve experienced a medical condition prior to joining CHM, including but not limited to those on the following list, CHM may request medical records to determine whether related expenses can be shared as a maintained pre-existing condition.

Non-exhaustive list of pre-existing conditions that may be eligible for sharing (Medical records may be requested.)		
Irritable bowel syndrome (IBS)	Kidney disorders	Heart conditions (stents, pacemakers, medications, etc.)
Diabetes	Bunions	High blood pressure
Thyroid issues	Crohn's disease	Arthritis
Joint pain	Glaucoma	High cholesterol
Cataracts	Cancer	Skin Disorders
Asthma	Epilepsy	Congenital conditions*
Back or neck pain	Menorrhagia	Carpal tunnel

*See Guideline V.C.9 for detailed information regarding sharing for congenital conditions.



C. Gold Schedule

Gold level members receive assistance with eligible medical bills for **maintained pre-existing conditions** (Guideline IV.B.2) according to the following schedule:

1. **In the first year of membership**, bills incurred for a pre-existing condition are eligible for sharing up to \$15,000.
2. **In the first two years of membership**, bills incurred for a pre-existing condition are eligible for sharing up to \$25,000 (\$15,000 during the first year plus \$10,000 during the second year).
3. **In the first three years of membership**, bills incurred for a pre-existing condition are eligible for sharing up to \$50,000 (\$15,000 during the first year plus \$10,000 during the second year plus \$25,000 during the third year).
4. **After the third year of membership**, the condition is no longer considered pre-existing and is eligible for regular sharing.

Note: Funds added annually can only be applied to medical expenses incurred after each Gold Schedule anniversary date; they cannot be applied to previously incurred bills.

Eligible medical expenses incurred during the first three years of membership that exceed the schedule limits for Gold members will be considered for sharing on CHM’s Prayer Page.

D. Prayer Page

The Prayer Page is a Spirit-led program that enables the sharing of eligible medical bills for maintained pre-existing conditions.

Members fund the program as they voluntarily contribute donations above and beyond their monthly gift amounts to provide additional support to members with maintained pre-existing conditions.

The Prayer Page listing is updated monthly in *Heartfelt Magazine*. Members give CHM permission to include their names, addresses, condition summaries, and current donation amounts.

1. Prayer Page participants



a. Silver and Bronze members

The Prayer Page program enables sharing for Silver or Bronze members with eligible incidents determined to be maintained pre-existing conditions.

b. Gold members

Eligible medical bills exceeding the Gold Schedule limits described in Guideline IV.C qualify for sharing through the Prayer Page.

- c. For illnesses without Brother's Keeper provision, the maximum sharing limit of \$125,000 will apply.
- d. All CHM Guidelines apply to medical expenses shared on the Prayer Page.

2. How to contribute

a. Financially

CHM members are encouraged to give to Prayer Page needs as they feel led. Members can give a general donation to be disbursed by CHM staff among members currently on the list. *Prayer Page donations qualify as tax-deductible charitable contributions.*

b. Spiritually

Members are invited to send cards and notes of encouragement to fellow members listed on the Prayer Page. Recipients frequently testify of the blessings of having medical expenses and spiritual needs met through the donations and prayers of CHM members. These testimonials are featured often on the CHM website (chministries.org/testimonials) and in *Heartfelt Magazine*.

To learn more about the Prayer Page, call 800-791-6225 or email prayerpage@chministries.org.



“Members from across the country prayed for Mallory’s healing and sent her encouraging cards and letters. Someone even mailed her a handmade stuffed animal!”

The generosity of “strangers” has left me in awe—but it just goes to show that we aren’t strangers at all.

We’re brothers and sisters connected through our Heavenly Father.

—Cassie Millburn,
Virginia

E. Switching levels with pre-existing conditions

Switching participation levels may have an impact on the sharing of current or ongoing medical expenses for pre-existing conditions.

Please read the following about incident and illness eligibility prior to considering switching membership levels.

1. Switching to a lower level

When a member switches to a lower sharing level, all eligible medical bills for a maintained pre-existing condition will be considered for sharing on the Prayer Page at the lower level regardless of when medical bills were submitted or incurred.

2. Switching from Bronze to Silver

- a. All pre-existing illnesses previously shared on Bronze level will continue sharing at the Bronze level for the lifetime of the membership.
- b. New illnesses with signs, symptoms, testing, or treatment beginning after the Silver level start date will be considered for regular sharing at the Silver level.

3. Switching to Gold

- a. Once an illness begins with signs, symptoms, testing, or treatment at a lower level, it will remain at that level for the lifetime of the membership, **or** until the member is cured and one year free of signs, symptoms, and treatment (including medications). This applies regardless of whether medical bills have been previously submitted for sharing. Medical records may be requested.
- b. New illnesses with signs, symptoms, testing, or treatment beginning after the Gold level start date will be considered for sharing at Gold level.

Members should allow 30 days for membership change(s) to take effect. Program level switch dates will be effective as of the first of the month which follows the request.



**Notice before
changes take effect**





V. Understanding eligibility

A. Selecting your healthcare providers

CHM enables members to have the flexibility of selecting their own healthcare providers. There is no required network; however, members should select healthcare providers who offer self-pay discounts, fair prices, and reliable service.

CHM shares the costs of traditional medical treatment ordered or administered by medical doctors according to CHM Guidelines and membership level.

When interacting with healthcare providers:

1. Referrals are not typically required. (*Refer to Guidelines V.C.3 and V.C.7 for exceptions.*)
2. Present yourself as a self-pay patient. Show your membership card to acknowledge that you participate in Christian Healthcare Ministries.
3. Request itemized medical bills (Guideline VI.B.2.b).
4. Ask for discounts and apply for financial aid.
5. Arrange for a monthly payment plan, if necessary, until CHM completes the medical bill sharing process.
6. Pay providers within 30 days of receiving your reimbursement check from CHM.

B. Eligible medical expenses

CHM has established the following eligibility Guidelines to explain which medical expenses qualify for sharing by ministry members.

1. Eligibility requirements

CHM members share medical expenses for healthcare procedures that are

- a. generally accepted by the medical community; **-and-**
- b. researched and published in reputable medical journals subject to peer review; **-and-**
- c. widely understood and accepted as mainstream medical treatment; **-and-**
- d. have the procedural (CPT) codes and/or description of services rendered.

2. Medical bills incurred outside the U.S.

- a. CHM will share medical bills from foreign healthcare providers for members who are serving in a foreign country or traveling outside the country. **Note:** *Expenses incurred by members who choose to travel outside of the country for the purpose of undergoing medical testing or treatment are ineligible for sharing (Guideline V.E.43).*
- b. Medical expenses for foreign providers will be authorized in accordance with the eligibility requirements outlined in Guideline V.B.1 and all other CHM Guidelines.
- c. Members must translate medical bills into English and convert amounts to U.S. currency.
- d. CHM cannot share bills for emergency transportation to the U.S. from a different country or between countries, even if the situation is life-threatening. We strongly encourage you to look into other available resources.



Are your providers and services eligible?

CHM members share eligible expenses for traditional medical treatment according to the CHM Guidelines.

It's important to note that CHM cannot share bills pertaining to care from non-medical providers (chiropractors, psychologists, counselors, naturopaths, homeopaths, etc.) or any medical doctors practicing alternative, integrative, complementary, or functional treatment, as defined in Guideline V.E.2-3.



The following table provides a sample list of common conditions for which medical expenses are regularly shared by CHM members. Eligible expenses are shared according to CHM Guidelines and the member's selected participation level.

Abdominal pain	Hemorrhoids
Arthritis	Hernia repair
Asthma	Hip and knee replacement
Back problems (excluding chiropractic care)	Hypertension
Blood problems and disorders	Infections
Broken bones/fractures/dislocations/sprains (excluding crutches, walkers, etc.)	Injuries from accidents
Bunions	Internal hemorrhaging
Cancer/removal of pre-cancerous tissue	Joint pain
Carpal tunnel	Lung, liver, kidney, and pancreas problems
Cataract removal	Maternity and complications (Gold level only)
Concussions	Muscle problems
Diabetes	Neurological disease
Diagnostic imaging tests (MRI, CT scan, EKG, EEG, etc.)	Pneumonia/influenza
Diverticulitis	Podiatry
Endoscopy, colonoscopy, etc.	Prostate conditions
Female health issues	Sleep apnea
Gallbladder	Stroke
Gastrointestinal	Ulcers
Heart/Cardiovascular	Urology



Those who call the CHM office detailing their circumstances and asking if medical bills qualify will be given an opinion, not a decision. Medical bills cannot be authorized for CHM sharing over the phone.

C. Provisional sharing

Special considerations apply for the following list of medical expenses.



1. Prescriptions (Gold members only)

Prescription Guidelines apply regardless of the means by which the medication is administered, whether orally, topically, by injection, or by infusion. All prescriptions must be part of a qualifying incident.

a. Eligible prescription expenses

- 1) Incident-related prescriptions for treatment of a newly diagnosed illness may be shared for up to the first 90 days of treatment. Refer to Guideline III.A.2 for the definition of an incident.
- 2) Prescriptions for a previously diagnosed condition can be considered for sharing according to the following criteria:
 - i. There is a medically-necessary change in medication.
 - ii. A new medication is added to the treatment regimen.
 - iii. The expense is shared until 90 days elapse without a change in medication, at which time the prescription is considered maintenance medication and therefore no longer eligible for sharing.
- 3) Medications with a *curative* treatment protocol and a definite end date may be eligible for sharing as part of a qualified incident. Examples include but are not limited to the following: oral chemotherapy, certain acne medications, or medications used to treat certain infections. Medical records or treatment plans may be required.



b. Ineligible prescription expenses

- 1) Prescriptions for maintenance treatment regimens are not eligible for sharing.
- 2) Over-the-counter (OTC) medications and supplements are not eligible for sharing.



2. Medical transportation (Gold members only)

a. Eligibility criteria

Medical transportation bills are eligible for sharing if a physician determines (as verified by medical records) that medical transport was:

- 1) necessary to preserve the member's life, limb, or eyesight, **-and-**
- 2) the transport was either from the site of the emergency to the closest medical facility, or between medical facilities because the sending facility lacked the capability of providing the appropriate level of care.

b. International medical transportation

CHM cannot share medical bills for emergency transportation whereby a member is transported to the U.S. from a different country or between countries, even if the situation is life-threatening.

- c. Other resources may be available for medical transportation needs not eligible for sharing according to CHM Guidelines. Recommended providers are listed on our website at chministries.org/how-it-works/recommended-providers.

If a member sends bills and details of a medical incident in writing, a decision will be sent by email or return mail. For more information on submitting bills to CHM, see section VI of the Guidelines or visit chministries.org/stepbystep.



3. Therapy (Gold members only)

a. Provision

- 1) Up to 45 sessions of therapy are allowed per eligible injury or sickness.
- 2) Therapy sessions may be a combination of eligible therapy types; however, the total per injury or sickness cannot exceed 45 sessions.
- 3) Therapy must be ordered by a medical doctor (or a physician's assistant under a medical doctor's supervision) **prior to the start of therapy** and must be performed by a licensed therapist.

b. Eligible therapy

- 1) Physical therapy
- 2) Occupational therapy
- 3) Aquatic therapy

c. Ineligible therapy

- 1) Therapy performed by a chiropractor or alternative treatment provider (Guidelines V.E.2 and 8)
- 2) Osteopathic manipulation
- 3) Acupuncture
- 4) Massage therapy
- 5) Vision therapy
- 6) Self-prescribed or Direct Access therapy
(evaluation and treatment by a licensed physical therapist without first seeing your physician for a referral)
- 7) Any therapy performed for developmental or educational reasons

d. Speech therapy

- 1) Speech therapy to aid in speech or language development is not eligible for sharing.
- 2) However, speech therapy may be considered for sharing if
 - i. the therapy is necessary to treat a condition resulting from an eligible illness, such as a stroke; **-and-**
 - ii. it's performed to restore normal functioning pertaining to swallowing, breathing, etc.; **-and-**
 - iii. it meets the criteria listed in Guideline V.C.3.a.
- 3) Medical records may be requested to determine medical necessity.



4. Regenerative injection therapy (Gold members only)

Treatment such as prolotherapy, stem cell injections, and platelet-rich plasma (PRP) injections must be recommended, prescribed, and administered by a medical professional who is legally licensed in their state to give these types of injections.

- a. Any combination of the injections listed—**limited to three per joint or area, per lifetime**—may be eligible for sharing.
- b. Multiple injections administered on the same day to the same joint count as a single injection.
- c. Prolozone and IV stem cell infusions are considered alternative and not eligible for sharing.
- d. Documentation showing the source of stem cells is required, as CHM cannot share injections which contain fetal or embryonic lines.



5. Skilled nursing facilities (SNF), rehabilitation centers,* and step-down facilities (Gold members only)

Skilled care is healthcare given when you need skilled nursing or therapy staff to treat, manage, observe, and evaluate your care. Inpatient skilled care is administered in a SNF, rehabilitation center, or step-down facility and requires the skills of professional personnel such as registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech-language pathologists, or audiologists.

a. CHM shares medical bills from SNFs for Gold members if

- 1) treatment for an eligible medical condition is rendered in a SNF because hospitalization is no longer required; **-and-**
- 2) the physician has ordered the inpatient services needed for SNF care, which are furnished or supervised by the types of skilled personnel listed above; **-and-**
- 3) the member requires care in a SNF for 20 days or less.

b. CHM assists members with short-term, major medical costs; therefore, sharing of SNF expenses after a 20-day stay must be evaluated on a case-by-case basis, according to medical records.

**Rehabilitation refers to medically necessary follow-up care for an illness, procedure, or injury, not rehabilitation due to the abuse of drugs or alcohol (Guideline V.E.27).*

6. Medical appliances and equipment



a. Silver and Bronze provision

Only devices inserted as part of a surgery are eligible for sharing; the expense is included in the cost of the surgery.



b. Gold provision

- 1) The cost of **life-sustaining medical equipment** prescribed by a medical doctor is eligible for sharing up to \$4,000 per member (lifetime limit). Such expenses include but are not limited to sleep apnea equipment, aerosol machines, insulin pumps, and oxygen supply/generators.
- 2) CHM will share these expenses after all other forms of available assistance have been exhausted.
- 3) The cost of additional accessories or supplies acquired after the initial procurement of medical equipment is not eligible for sharing.
- 4) Rental or repair expenses are not eligible for sharing.



7. Sleep apnea appliances

Sleep apnea appliances and equipment or implantable devices may be considered for sharing with a referral from a physician. The member must undergo a sleep study and receive the physician's referral prior to obtaining the equipment or implantable device. Medical records may be requested, and all other CHM Guidelines criteria must be met.

a. Bronze and Silver members

Only implantable devices inserted as a surgical procedure are eligible for sharing on Bronze and Silver levels; however, the required sleep study may not be eligible for sharing.

b. Gold members

- 1) Sleep apnea appliances and equipment are eligible for sharing up to the \$4,000 lifetime limit allowed for life-sustaining medical equipment (Guideline V.C.6.b).
- 2) Implantable devices are eligible for sharing as part of a surgical procedure.
- 3) Sleep apnea appliances fitted by a **dentist** must occur as the result of a physician's referral after a sleep study has taken place.
- 4) Home sleep studies may be considered for sharing if ordered by an M.D. or D.O.

8. Cataract surgery

- a. Cataract surgeries for the right and left eye are considered the same medical incident **if both procedures occur within 90 days.**

- b. 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 a new Personal Responsibility amount will apply.
- c. When cataract surgery occurs in your first year of membership, medical records may be requested to determine if the condition is pre-existing; bills will be authorized accordingly. Refer to Guideline Section IV for detailed information on pre-existing conditions.

**9. Congenital conditions**

A congenital condition is a medical condition or physical abnormality present at birth. If identified or diagnosed within the first year of life, congenital sharing limitations will apply. Expenses for birth defects or congenital conditions (and bills from resulting conditions) may be submitted for sharing with a maximum total not to exceed \$125,000* per illness, as long as the following requirements are met.

a. Biological children

- 1) The individual who incurred the bills has continuously been a CHM Gold member with no interruptions in membership since birth.
- 2) Maternity expenses for the child's birth must have been eligible and shared at Gold level.
- 3) The child and mother must be Gold members with a membership in good standing.
- 4) The mother must remain a Gold member until \$125,000 is shared.

b. Adopted children

- 1) The individual who incurred the bills has continuously been a CHM Gold member with no interruptions in membership since adoption.
- 2) The child's adoptive parent must be a CHM Gold member with an account in good standing prior to the adoption.
- 3) The child and adoptive parent must remain Gold members while the \$125,000 provision is being shared.
- 4) CHM may consult the official medical records to determine whether the condition was discovered before the adoption was finalized.

Medical bills for birth defects or congenital conditions incurred by individuals who do not meet the above requirements may be submitted for sharing with a maximum total not to exceed \$25,000 per illness.

** Brother's Keeper sharing provision is not available for birth defects or congenital conditions (Guideline VII.A.2.d).*

D. Motorized vehicle accidents

If a motorized vehicle accident occurs, please note the special considerations that apply.

1. Safety requirements for motorized vehicles

If a CHM member is injured while operating or occupying a motorized vehicle, CHM can only share the injured member's medical bills when **all** specified safety equipment was being worn by the injured member in the way recommended by the manufacturer of the motorized vehicle at the time of the injury. This applies regardless of:

- a. the type of motorized vehicle in use,
- b. whether the member was the operator or passenger,
- c. whether the injuries sustained were related to the misuse or nonuse of the recommended safety equipment, **or**
- d. state or county requirements.

2. Motorized vehicle accidents and insurance

- a. If a member is injured in an accident involving a licensed motorized vehicle, and the accident is eligible according to CHM Guidelines, the medical bills resulting from that member's injuries are eligible for sharing up to \$125,000 per accident but only after all other sources of funding have been exhausted. (Participation in Brother's Keeper can increase this sharing limit—see Guideline VII.A for more information.)
- b. If a member is a passenger in or on a motorized vehicle that they do not own, the medical coverage available from the vehicle owner's insurance policy(ies) must be exhausted before that member's medical bills are eligible for sharing.
- c. If the member is injured by the actions of an insured motorist, the liability coverage available to the member under the wrongdoer's insurance policy(ies) must be exhausted before the member's medical expenses are eligible for sharing.

CHM does not set a minimum requirement for members regarding their auto insurance medical coverage. CHM encourages members to set the highest possible limit on the medical assistance available through their auto insurance policy in order to steward members' funds wisely and keep monthly financial gifts low.

3. Non-member passengers

Medical bills for non-members injured in a motorized vehicle accident are not eligible for sharing, regardless of the circumstances.

E. Ineligible medical expenses

CHM's mission is to help members share medical bills in a way that glorifies God through an accountable, faithful framework. With biblical precepts as our guide, CHM shares 100 percent of eligible medical expenses; however, staff must do so in accordance with standards set in place for accountability to protect ministry members.

It's important for you to familiarize yourself with the following list of ineligible expenses so that you're aware of what is or isn't eligible prior to joining or undergoing medical treatment.

Note: *If a condition or treatment is ineligible for sharing, any complication related to that condition or treatment is also ineligible.*

1. **Bills incurred prior to joining CHM**—see Guidelines Section IV for our pre-existing conditions policies.
2. **Alternative treatment**—CHM does not share bills for alternative (integrative, complementary, functional, etc.) treatment, including diagnostic testing supporting alternative treatment. Alternative procedures are not accepted by the medical community; have not been researched and published in mainstream, peer-reviewed medical journals; and do not meet reimbursement criteria per Centers for Medicare and Medicaid Services (CMS). This Guideline applies regardless of the type of practitioner (naturopaths, homeopaths, medical doctors, etc.).
3. **Non-medical and alternative providers**—CHM does not share bills pertaining to care from non-medical providers (chiropractors, naturopaths, homeopaths, etc.) *or any other medical doctors providing alternative, integrative, complementary, or functional treatment.*
4. **Dental expenses**—including, but not limited to, routine care, root canals, extractions, orthodontic procedures, crowns, veneers, etc.
 - a. **Exception:** Dental repair necessary as a result of an accident
 - 1) Only expenses for the initial repair are eligible provided
 - i) the accident occurred after joining CHM, **-and-**
 - ii) the injury was not a result of chewing.
 - 2) Procedures such as dental braces, crowns, veneers, etc. are not included as eligible dental repair expenses.
 - 3) The incident must meet all CHM eligibility Guidelines.
 - b. **Exception:** Sleep apnea appliances, implantable devices, or devices fitted by a dentist must occur as the result of a physician's referral after a sleep study has taken place. Medical records may be requested. Refer to Guideline V.C.7 for information pertaining to sleep apnea.
5. **Maxillofacial expenses**—expenses from Temporomandibular Joint Disorders (TMJ/TMD) and similar dental-related conditions are not eligible for sharing. This exclusion applies regardless of variations in diagnostic terminology or coding (i.e. malocclusion, micrognathia, congenital malformations of the jaw, etc.), where treatment is being rendered, or the type of practitioner (DDS, DMD, or other) providing the treatment.
6. **Vision correction**—optometrist services, eye exams, eyeglasses, contact lenses, vision therapy, etc.
7. **Audiological expenses**—routine hearing tests, hearing aids, cochlear implants, etc.
8. **Chiropractic treatment**
9. **Out-of-pocket medical expenses**—including, but not limited to, ineligible prescriptions, over-the-counter medications, supplements.
10. **Immunizations** —including complications arising from their administration.
11. **Telephone or digital consultations with healthcare personnel**

- 12. Medical transportation**—refer to Guideline V.C.2 for Gold level exceptions.
- 13. Genetic testing**—Testing required to diagnose an illness or to determine treatment for a current medical condition may be eligible. In such cases, medical records may be requested to determine medical necessity.
- 14. Maternity expenses for pregnancies conceived prior to Gold membership**
- 15. Births from unwed mothers**
- 16. Abortions**
- 17. Birth control expenses**—including, but not limited to, contraceptives, vasectomies, tubal ligations, reversals (Guideline VII.B.4).
- 18. Infertility testing or treatment** (Guideline VII.B.4)
- 19. Pregnancies and complications resulting from in vitro fertilization and embryo implants, transfers, or adoptions** (Guideline VII.B.4)
- 20. Surrogate maternity procedures and associated maternity bills** (Guideline VII.B.4)
- 21. Sexual dysfunction or gender dysphoria**—medication, hormone therapy, surgery, etc.
- 22. Developmental or educational therapy** (Guideline V.C.3.c.7)
- 23. Psychological or psychiatric treatment, testing, or counseling**—Only emergency room bills incurred to physically stabilize a patient are eligible for sharing. This includes but is not limited to the following types of disorders: mental, sensory processing, or behavioral (ADD, ADHD, etc.).
- 24. Counseling sessions**—such as mental health, marriage, family, individual, group, etc.
- 25. Eating disorders**—inpatient or out-patient treatment, testing, or counseling.
- 26. Self-inflicted, non-accidental incidents**
- 27. Drug and alcohol abuse**—including injuries and illnesses relating from such abuse.
- 28. Cannabinoid product (CBD oil, medical or recreational marijuana, etc.)**—including complications related to their use, regardless of the state's legal position. The use of these items may result in sharing limitations for other conditions.
- 29. Failure to utilize proper safety equipment when operating motorized vehicles**—bills incurred from motorized vehicle accidents in which members were not wearing a helmet or the proper safety equipment (Guideline V.D.1).
- 30. Extreme sports and hazardous activities**—CHM cannot share medical bills incurred due to participation in professional or semi-professional extreme sports or activities; organized contests for extreme sports or activities; or hazardous activities. Such activities include but are not limited to: BASE jumping, bull riding, BMX/motocross, bungee jumping, paragliding, racecar driving, scuba diving, etc.
- 31. Long-term nursing home care or custodial nursing care**—See Guideline V.C.5 for skilled nursing facilities sharing information.
- 32. Membership fees**—including health or medical practice memberships, gym memberships, personal trainers, etc.
- 33. Weight reduction programs or procedures**
- 34. Nutritionist services**—counseling, classes, therapy, lactation services, etc.

35. **Cosmetic surgery**—elective, non-health related procedures and complications arising from such procedures.
36. **Prophylactic procedures**—for example, mastectomies or hysterectomies to prevent cancer from developing in the future, when the disease is not currently present.
37. **Organ donation**—CHM cannot share the expenses for members who donate organs or complications which arise from the donation. If a CHM member is the recipient of the organ, expenses for the donor and transportation costs for the organ are not eligible for sharing.
38. **Prosthetics**
39. **Medical appliances and equipment**—including, but not limited to, orthotics, blood pressure machines, breast pumps, crutches, slings, etc. (Guideline V.C.6—some equipment qualifies, but limits apply).
40. **Medical supplies**—including, but not limited to, syringes, test strips, lancets, compression socks, shoe inserts, batteries, etc.
41. **Non-medical expenses**—such as postage, shipping, finance charges, interest charges, phone calls, administrative fees, etc.
42. **Travel expenses**—such as personal transportation, lodging, and meals.
43. **Medical tourism**—medical expenses incurred by members who choose to travel outside of the country of residence for the purpose of receiving medical testing or treatment.
44. **Relatives as providers**—reimbursement for services rendered by a healthcare professional who is also a family member.
45. **Double recovery**—Members will not be reimbursed for bills that are eligible for reimbursement through other programs such as insurance, other health cost sharing programs, financial assistance, etc. (Guideline VI.G.1).

F. Out-of-pocket health expenses

CHM members will encounter necessary medical expenses that are not eligible for sharing (Guideline V.E). Common out-of-pocket health expenses include dental, vision, chiropractic care, routine prescriptions, immunizations, medical equipment costs, and more.

1. Planning for ineligible costs

- a. Set up a personal savings account with designated funds for ineligible incidental expenses.
- b. Comparison shop for providers discount programs that can offer cost savings on dental, vision, and prescriptions.
- c. Read *Heartfelt* Magazine and the CHM blog, which often contain helpful resources for these expenses.

2. Health Savings Accounts

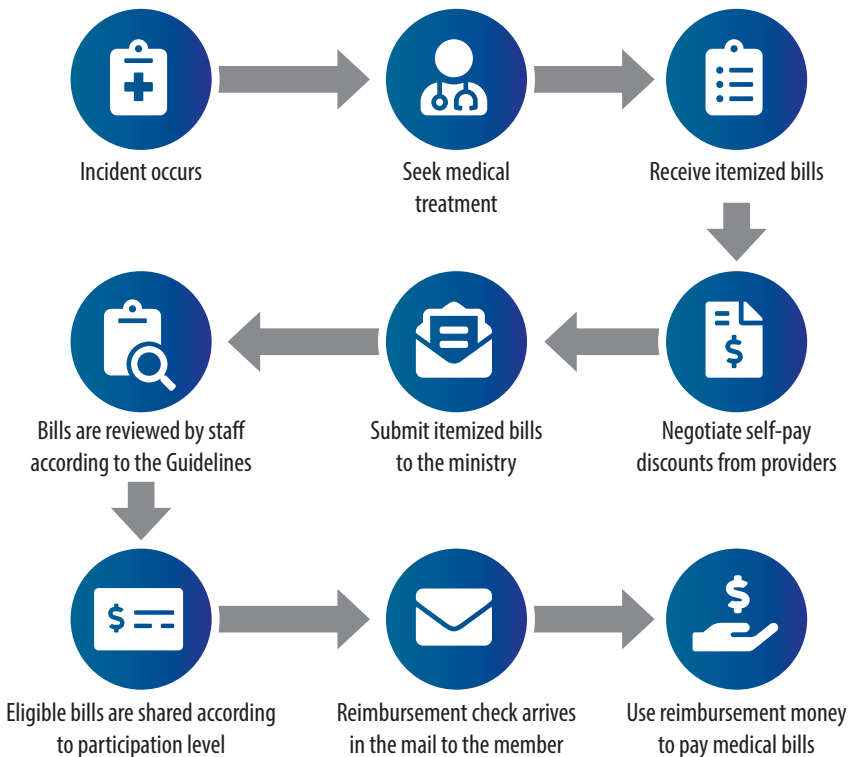
CHM members with a previously funded Health Savings Account (HSA) may use their remaining balance until the account is exhausted; however, members are unable to add funds to the account. An HSA is compatible with insurance only, therefore CHM is not HSA-compatible.



VI. Submission of medical bills

Please review and follow the steps below before submitting bills for a medical event.

Visit our website at chministries.org or contact Member Services at 800-791-6225 ext. 5993 if you have any questions about medical bill submission.



Are you ready to submit medical bills? Review this check list to be sure:



My incident meets CHM eligibility Guidelines.



My medical expenses meet my Personal Responsibility threshold.



I'm submitting medical bills within the six-month timeframe.



I've pursued other available sources of payment (medical insurance, auto/home insurance, financial aid, third-party payers, special programs).



My medical bills are itemized.



I've completed my required forms.

Maryland members only: To comply with Maryland state law, medical bill sharing is experienced through member-to-member giving. Please visit chministries.org/chm-membership-for-maryland-members.

A. CHM is secondary to other payment sources

CHM takes joy in caring for God's people and helping members to provide healthcare support for one another through the sharing of medical bills. However, CHM is a ministry and as such, when a member has insurance or when another party is liable for medical bills, CHM is secondary to other payment sources.

1. Members should submit bills to the appropriate insurance (auto, home, school, supplemental, etc.), Medicare, Workers' Compensation, fraternal benefits, or any other resource available to pay all or part of the bills.
2. When applicable, a receipt of payment, notice of liability, or letter of rejection from such sources should be included along with medical bill submissions.
3. Members may also choose to submit medical bills to Medicaid before submitting them to CHM.
4. Medical bills can be submitted to CHM while primary payment sources are pending.

B. Medical bill sharing process

Submitting medical bills to CHM is a collaborative effort. Members initiate the sharing processing by submitting the required forms, documentation, and itemized medical bills in a timely manner so that CHM staff can process the requests and send out funds for eligible expenses as quickly as possible.

1. Timeframe for submission

Medical bills must be submitted within **six months from the date of service.**

The sooner CHM receives members' medical bills, the sooner staff can put them in the queue for medical bill processing. Additionally, when it's necessary for

Bills must be submitted within

SIX MONTHS

from date of service

our Member Advocate team to assist members in securing discounts,* it's more advantageous to negotiate closer to the incurred date.

**Securing discounts is essential to keeping monthly financial gifts low.*

2. Submitting medical bills

Please use the following instructions when submitting a new incident:

a. Complete the Sharing Request Packet(chministries.org/resources/forms-documents).

- 1) Sharing Request Form—provides contact information and incident overview.
- 2) Medical Bill Worksheet—lists itemized bills submitted along with reductions applied and payments made.
- 3) Medical Release Information Form (HIPAA compliant)—CHM must have a signed copy of this form on file in order to communicate with providers and share your medical bills. *Members who are 18 years and older must sign their own form.*
- 4) Letter of Explanation—provides a short explanation of your medical event. The letter helps CHM staff determine how to assign each bill to an illness/incident.
- 5) Please see VI.B.2.c for additional forms that may be required.

b. Obtain itemized medical bills relating to the illness/incident.*

An itemized bill includes *all* of the following information:

- 1) Patient name
- 2) Date of service
- 3) Place of service/provider name
- 4) Procedural (CPT) code and/or description of services rendered
- 5) Charge for each service rendered

** If the payment receipt does not include the five details listed above, request an itemized bill from your provider. If your provider cannot offer a printed itemized medical bill, handwritten information will be accepted only if it includes the same five itemization details and is accompanied by a dated signature of the provider or authorized medical personnel from the servicing facility.*






c. Complete additional forms, if applicable.

- 1) Prayer Page Form—if your incident involves a pre-existing condition.
- 2) Accident Verification Form/Reimbursement Agreement Affidavit—if your incident was the result of an accident.
- 3) Maternity Verification Form—this form along with the Medical Release Information Form replaces the Sharing Request Packet for pregnant members.

d. Submit your incident bills and forms to CHM.

- 1) Online: The Member Portal (portal.chministries.org) is the preferred method.
- 2) U.S. Postal Service: 127 Hazelwood Ave., Barberton, OH 44203
- 3) Fax: 330-848-4322

THE FIVE ELEMENTS OF AN ITEMIZED BILL

- 1  PATIENT NAME
- 2  DATE(S) OF SERVICE
- 3  PROVIDER OR PLACE OF SERVICE
- 4  PROCEDURAL (CPT) CODES OR DESCRIPTION OF SERVICE
- 5  TOTAL CHARGE OF EACH SERVICE

e. Submit add-on bills as they are incurred.

Additional expenses, or “add-on bills,” can be submitted as part of your current incident as long as no more than 90 days have elapsed since the last eligible date of service.

However, when Bronze or Silver members reach the end of a calendar year, additional medical expenses will be processed as a new incident.

- 1) Add-on bills can be submitted without additional Sharing Request Forms.
- 2) The new bill may be submitted by your method of choice. Please write “add-on” and your CHM member number at the top of the new bill so it may be appropriately filed.

f. Report discounts as you receive them

- 1) If a provider issues a new bill with updated totals or discounts, please submit the new document to CHM to facilitate accurate reimbursement for the medical services rendered.
- 2) If a verbal discount is extended by a provider after a medical bill has been submitted, please contact CHM at 800-791-6225 ext. 5993 to communicate the updated information.

3. Sharing time

- a. The sharing process begins the date CHM receives medical bill(s), not when charges are incurred or the date bills are submitted. Add-on bills submitted for an on-going incident will be processed individually based on the date they’re received.
- b. Current information about average sharing time is available on the CHM website at chministries.org/resources/bill-sharing-process.
- c. Extended sharing time may occur if:
 1. The Sharing Request Packet is incomplete.
 2. Medical bills are not itemized or the copy received is unreadable.
 3. CHM is waiting for a reply from the healthcare provider regarding discounts, financial aid approval, etc.
 4. CHM is waiting to receive medical records from the healthcare provider to determine incident eligibility.
- d. Members who have insurance (Medicare, Medicaid, auto insurance, etc.) or Workers' Compensation should submit the Explanation of Benefits or documentation of payments received as soon as possible to avoid processing delays.

C. The medical bill’s journey

CHM has established a process to maintain the utmost financial integrity while efficiently processing medical bills.

1. Member Records

Staff receives bills and forms through the online Member Portal, by fax, or by mail and sorts them for processing by date of receipt.

2. Member Bill Processing

- a. **Data Entry:** Staff reviews bills for itemization and enters them into CHM’s database.
- b. **Authorization:** Staff reviews and categorizes bills and authorizes them according to the CHM Guidelines.

3. Member Advocate

Staff audits medical bills for accuracy and, when necessary, verifies amounts with the provider to make sure the maximum discount has been obtained. Members should notify CHM of any discounts received that are not reflected on the itemized statement.

4. Member Reimbursement

Staff performs a final review and releases funds for sharing from the audited Member Sharing Account.

D. Discounts and financial assistance

Hospitals often are willing to extend discounts to self-pay patients and most offer financial assistance programs. The average discount varies from state to state; members may receive discounts up to 60-70 percent, depending on their location.

1. Discounts

Medical bill discounts are essential to enabling CHM to serve all members well. The Member Advocate department is knowledgeable about medical bill discounts and assists with discount negotiation for eligible bills exceeding \$1,000. Following the Guidelines provided in this section will help CHM steward members' funds wisely:

- a. Always ask for a self-pay discount first.
- b. CHM recommends negotiating a 40 percent self-pay discount whenever possible. *Providers routinely offer 40 percent or more in discounts for insurance policyholder's medical bills; CHM members are requesting the same consideration.*
- c. If you're unable to pay your medical expenses at the time of service, please ask for a payment plan.
- d. Prior to paying bills totaling \$1,000 or more from an individual healthcare provider, please contact Member Advocate when the following circumstances apply:
 - 1) You're unable to obtain a self-pay discount.
 - 2) You obtain a significant discount but
 - i. the provider has a deadline for payment **-and-**
 - ii. you're unable to pay out-of-pocket.
- e. In addition to member-negotiated discounts, CHM may negotiate discounts on a member's behalf. Most of these agreements for payment are time-sensitive.



“ I've been incredibly pleased with my CHM membership for myself, my kids and my wife —just as I've been pleased with CHM as a physician who takes care of CHM members and works with the ministry on the provider side of it as well.”

— Jeff Erdner,

Emergency Medical
Specialist,
Texas

If a discount is lost due to member negligence (Sharing Request Forms not returned, payment due date missed, etc.) members are responsible for any lost discounts. Your prompt attention will enable CHM to continue processing your bills in a timely manner.

2. Financial assistance

Most hospitals are required to provide certain types of medical care for free or at a reduced cost. As self-pay patients, CHM members may qualify for financial assistance programs which are offered by the hospital.

Likewise, state and federal governments also allocate money toward healthcare for individuals whose incomes fall within a defined economic level. CHM requests that qualifying members use financial assistance resources when available, though it's not a requirement.

E. Paying providers after reimbursement

It's the member's responsibility to use funds received from CHM to pay the appropriate healthcare providers or to reimburse themselves for payments already made. **It's an abuse of members' trust to use money received from CHM for any purpose other than satisfying payment to the applicable healthcare providers.**

1. Paying healthcare providers promptly is a CHM membership requirement.
2. Failure to pay your providers within 30 days of receiving your reimbursement check may result in membership termination.
3. If sharing checks are not cashed or deposited within six months, CHM will conclude that the disbursed funds are meant to be returned to the ministry and applied toward the sharing of another member's medical bills.
4. Review the Explanation of Sharing, located on the reverse side of the check stub, to determine which medical bill reimbursements are included in the received check.
5. If you have questions regarding the amount shared, please contact CHM at 800-791-6225 ext. 5993.
6. Failure to provide accurate information or failure to use shared funds to pay for submitted bills will render your entire membership ineligible for CHM sharing until all of your providers are paid the accurate amount.
7. There are certain occasions when CHM will reserve the right to pay providers directly for services rendered to members.

F. Reporting discounts after reimbursement

Providers occasionally offer new discounts when a member contacts them to settle balances. If this happens, members are required to return the extra money back to CHM. Members should return funds to CHM in one of the following ways:

1. **Send a check** made payable to "Member Sharing Account" with "overpayment" written in the memo line to: Christian Healthcare Ministries, 127 Hazelwood Ave., Barberton, OH 44203. Please include a note explaining which provider issued the discount and the member to whom it applies.

2. **Call the CHM office** at 800-791-6225, dial “0”, and ask the operator to connect you with the Gift Processing department. Members may be able to make a payment over the phone via credit or debit card or automatic bank draft.

G. Stewardship and integrity

The following sections are included for the protection of the funds that members have contributed for the purpose of sharing other members’ medical bills. These sections apply when a member is injured due to the negligence of another person, such as motorized vehicle accidents, personal injuries sustained on someone else’s property, dog bites, or any other situation that could involve liability insurance or that could result in litigation.

1. Double recovery prohibited

If an accident or other circumstance results in injury to a member due to someone else’s actions, injured members are encouraged to promptly submit their medical bills to CHM. However, medical expenses cannot be reimbursed or paid by both CHM and another payment source. If a member receives a settlement or payment of medical expenses from insurance or another source after CHM has already shared those expenses, CHM must be reimbursed the amount of the duplicate payment in full. In order to properly steward the ministry’s funds, when the member expects to recover funds from another party, CHM may require as a condition of sharing that the member seeking payment confirms their intent to reimburse the ministry upon receipt of a double recovery.

2. Reimbursement

If a member recovers funds that are due to CHM because of a double recovery discussed in the preceding paragraph, the member is obligated to hold these funds in trust for CHM and transfer them to the ministry within 14 days of receipt. In that event, CHM will be deemed to hold a constructive trust, an equitable lien and other rights to these funds.

Members who expect to recover funds from another source may voluntarily choose to assign their right to those funds to CHM. If that occurs, these rights may be asserted against any other person or organization that has possession of the funds.

This right of reimbursement shall not be reduced through payment of attorney fees or costs incurred by the member or any other party without the written permission of CHM. The member holding the funds belonging to CHM shall be responsible for payment of all expenses, including attorney’s fees and court costs, incurred by CHM in the enforcement of this right of reimbursement.

3. Member legal obligations

At the reasonable request of CHM, members shall:

- a. Provide any information requested by CHM within five (5) days of the request.
- b. Notify CHM promptly of how, when, and where an accident or incident resulting in the injury to the member occurred and provide all information regarding the parties involved.
- c. Cooperate with CHM in the investigation of the accident or incident and protection of CHM’s rights.
- d. Notify CHM in writing at least 20 days before entering into any compromise or settlement that may affect the rights of CHM.



VII. Specialized membership programs

A. Brother's Keeper

Brother's Keeper is a low-cost, biblically-based program enabling CHM members to meet medical bills that exceed the \$125,000 limit per illness specified in the CHM Guidelines. Participation in this program provides a safeguard against catastrophic illness or injury. Members have the option to add Brother's Keeper anytime, but will receive the most support by choosing to participate from the start of their membership.

1. Participating in Brother's Keeper

- a. Brother's Keeper participants contribute *monthly* designated gift amounts per unit. These amounts are shared with other Brother's Keeper participants who have incurred out-of-pocket medical expenses exceeding \$125,000 per illness.
- b. Refer to chministries.org/programs-costs for additional information on Brother's Keeper participation costs.

2. Brother's Keeper sharing

Adding Brother's Keeper to a membership unit increases the maximum lifetime limit per illness.

- a. Members must add Brother's Keeper prior to experiencing any signs, symptoms, testing, or treatment for illnesses exceeding \$125,000 to qualify for extended sharing. Otherwise, the standard sharing limit of \$125,000 per illness applies for all participation levels.

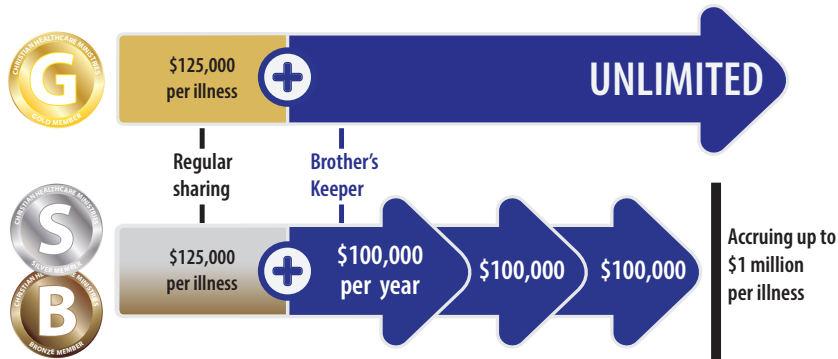


- b. **Gold members**—Brother's Keeper provides *unlimited* cost support per illness for eligible medical expenses.



- c. **Silver and Bronze members**—Brother's Keeper provides an additional \$100,000 of cost support per illness, per year for eligible medical expenses. The first \$100,000 is available as of the date the member adds Brother's Keeper to their membership. As long as the member continuously participates in Brother's Keeper, on each anniversary of their join date, they'll receive an additional \$100,000 of assistance, accruing up to a total of \$1 million per illness. **Note:** *Funds added annually can only be applied to medical expenses incurred after the Brother's Keeper anniversary date; they cannot be applied to previously incurred bills.*





- d. Brother's Keeper does not include sharing provision for congenital conditions or birth defects. See Guideline V.C.9 for information regarding congenital birth defects.

3. Adding Brother's Keeper after joining CHM

When a member adds Brother's Keeper after having an illness shared by CHM, that illness will not initially qualify for Brother's Keeper sharing; however, extended sharing can be applied to new illnesses.

Previously shared illnesses may eventually qualify for Brother's Keeper sharing if they meet the following criteria:

- The member has participated in Brother's Keeper for three full consecutive years; **-and-**
- The illness is a maintained condition:
 - At least 90 days have passed without the patient undergoing testing or treatment,
 - their medical provider states that no further testing or treatment is needed, **-and-**
 - medical records show that the patient is cured or on a maintenance treatment regimen.

Once a member reaches the third anniversary date of Brother's Keeper participation, new incidents within that illness will be considered for extended Brother's Keeper sharing.

4. Brother's Keeper provision for pre-existing conditions

When a member joins CHM with a **maintained pre-existing condition***, medical bills for that condition exceeding \$125,000 per illness can be shared through the Prayer Page based on the following criteria, as long as all other CHM Guidelines are met:

- Brother's Keeper must be added at the time of joining CHM and participation must remain continuous throughout the membership.
- Gold level members**—When eligible medical bills relating to maintained pre-existing conditions exceed \$125,000, Brother's Keeper offers unlimited cost support through CHM's Prayer Page program. After a member has participated continuously for three full years on the Gold level with Brother's Keeper, the condition is no longer considered pre-existing and the member would have access to regular Brother's Keeper sharing.
- Silver and Bronze level members**—Through the Prayer Page program, Brother's Keeper will offer an additional \$100,000 per illness, per Brother's Keeper participation year, up to \$1 million for eligible medical bills incurred for maintained pre-existing conditions.

*See Guidelines Section IV for definitions and details relating to maintained pre-existing conditions.

5. How switching levels affects Brother's Keeper

a. Switching from Bronze or Silver to Gold

When a member who participates in Brother's Keeper switches from the Bronze or Silver level to the Gold level, the following provisions apply:

- 1) The Brother's Keeper program provides unlimited cost support for new illnesses as of the date Gold level membership begins. This only applies to medical illnesses for which no signs, symptoms, testing, or treatment have occurred prior to the switch to Gold level.
- 2) Illnesses which have signs, symptoms, testing, or treatment prior to switching to the Gold level will be shared according to Brother's Keeper specifications for Bronze and Silver levels, as defined in Guideline VII.A.2.c.

b. Switching from Gold to Bronze or Silver

When a Gold level member who participates in Brother's Keeper switches to Silver or Bronze level, the Brother's Keeper program will provide an additional \$100,000 of cost support per illness, per Brother's Keeper participation year. This is accrued annually up to a maximum limit of \$1 million per illness.

B. Maternity (Gold level only)

CHM members love to share in the blessings of new life. The ministry's Gold maternity program includes many services and shares 100 percent of eligible maternity expenses.

Maternity sharing offers members with qualifying pregnancies a maximum of \$125,000 per pregnancy. With the addition of Brother's Keeper prior to becoming pregnant, the per-pregnancy amount of assistance is unlimited. Guidelines III.C and VII.A provide more information about Brother's Keeper participation.

If a member joins CHM while she is pregnant, bills for that pregnancy, or any related complications thereof, cannot be shared through any of CHM's programs or through the Prayer Page.

“ Seeing our medical bills shared helped give us strength to fight against our daughter's cancer.

Ministry members sent us numerous cards and letters with meaningful words of encouragement and prayer.

Without question, our family is blessed to be part of such an amazing group of believers!”

— *Adam Abolafia,*
California



1. Qualifying for maternity sharing

To qualify for maternity sharing, CHM members must meet the following criteria:

- a. The member must be married at the time of conception.
- b. The member must participate at Gold level at least 300 days prior to the expected due date. This generally means that members must wait at least 30 days—or one month—after joining the ministry or participating on the Gold program before becoming pregnant.

The **entire** maternity incident is ineligible for sharing if the member does not meet the preceding qualifications. This applies to new members as well as members switching to Gold from a lower participation level.

2. Eligible maternity expenses

CHM will share medical bills for:

- a. Obstetricians **or** legally practicing midwives—CHM shares bills from either
 - i. one obstetrician, **-or-**
 - ii. one midwife (including one assistant, if necessary).
- b. Prenatal visits.
- c. Ultrasounds—up to three, provided they're medically necessary. More than three will be evaluated on a case-by-case basis, and medical records may be required.
- d. Immunizations related to the mother's prenatal care.
- e. Labor and delivery facility charges—includes hospital facilities, birthing centers, and home births.
- f. Complications for mother and baby.
- g. Postnatal care—up to six weeks.
- h. Circumcision within 90 days of birth.
- i. Tongue-tie within 90 days of birth.

Note: *If a maternity incident is determined ineligible for sharing, then any services listed or complications related to the pregnancy are also ineligible.*

3. Medical records or healthcare provider notes are required for the following services:

- a. Genetic testing—must be non-invasive **and** required to determine treatment for a current medical condition.
- b. One lactation consultant visit if medically necessary—an itemized charge must appear on the bill or the member must submit a note from the healthcare provider.



“ We’re forever thankful to CHM and the generous members who have taken such good care of us. We’re able to give our three happy, healthy babies our love and attention without distraction from the worry of giant bills.

CHM has been the biggest blessing in our lives.”

— Cara Chatwin,
Utah

4. Ineligible maternity expenses

- a. Pregnancies for unwed mothers
- b. Contraceptives or birth control expenses
- c. Doula services
- d. Breast pumps
- e. Fertility procedures or treatments
- f. Gestation or surrogate maternity procedures
- g. In vitro fertilization (IVF) and maternity expenses or complications resulting from IVF
- h. Sperm donation and pregnancy as a result of sperm donation
- i. Embryo implants, transfers, or adoptions and maternity expenses or complications resulting from such procedures
- j. Tubal ligations, vasectomies, or reversal procedures
- k. Invasive genetic testing such as amniocentesis or chorionic villus sampling
- l. Travel expenses for members, midwives, etc.

5. Maternity submission process

- a. Obtain and submit a *global fee* from your OB/GYN as soon as possible. It must include the following information: provider name, description of service or CPT codes, charge amount, and payment due date.
- b. Submit a completed, signed, and dated Maternity Verification Form and Medical Release Information Form (HIPAA compliant) with your initial medical bills.
- c. Submit the prepayment agreement or flat rate from the hospital, if provided. It must have all of the information listed in point a, and specify the length of the hospital stay and whether the newborn charges are included.
- d. Request itemized bills for any additional charges not included in the original agreement(s)—such as labs or ultrasounds—or when an agreement is not available.

6. Change of provider

Members who change providers prior to delivery must submit a final itemized bill from the original provider **and** an itemized bill for the new provider. If funds have already been shared, the member must return any over-shared amounts or CHM will pro-rate sharing for the new provider accordingly.

7. Switching sharing levels

If the pregnant member changes from Gold to Silver or Bronze at any time before CHM shares the maternity bills, the maternity incident will no longer be eligible, and any outstanding bills cannot be shared. The membership must be current with all monthly financial gifts throughout the time maternity bills are being processed for sharing.

Note: *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.*



Notice before
changes take effect

8. Babies as CHM members

For babies born to mothers who are eligible for CHM's Gold maternity program, the following will apply:

- a. Medical bills for the baby incurred in the first three months after birth may be considered for sharing under the mother's membership unit. **Exception:** Babies with a congenital birth defect must transition immediately from their mother's membership unit to their own unit. Reference Guideline V.C.9 for sharing information about congenital birth defects.
- b. The new baby must be added to the mother's membership for continued sharing eligibility. Please contact Member Services at 800-791-6225, ext. 5993 within the first three months after delivery with the following information:
 - 1) baby's full name
 - 2) date of birth
 - 3) Social Security number
 - 4) baby's participation level (Please indicate whether the baby will participate in the Brother's Keeper program detailed in Section VII.A.)
- c. If the new baby is the first child on a membership, the unit number will increase by one and the monthly financial gift also will increase. The financial gift amount will not increase if the membership already includes a child unit.
- d. Members who wish to remove the baby from their membership must contact the CHM Member Services department.

A step-by-step maternity guide is available at chministries.org/maternity-sharing.



Brown family
Minnesota

C. CHM SeniorShare™ and Medicare-age members

As CHM members approach retirement age, they can have great comfort in knowing that CHM participation can continue without interruption into the next phase of life.



1. CHM SeniorShare™ gift reduction

CHM members age 65 or older who participate at Gold level are eligible for a CHM SeniorShare™ program gift reduction. This advantage begins the month of the member's 65th birthday. Please see chministries.org/programs-costs for more detailed information about a significant gift reduction available to qualifying members.

Important note about changing

levels: If you are a Silver or Bronze member and would like to change to Gold, please review Guidelines III.D and IV.E for additional information about how changing levels impacts medical bill sharing eligibility. CHM requires a 30-day advance notice.



2. CHM for Medicare-age members

Notice before changes take effect

CHM members 65 and older can participate in any of the ministry's cost-sharing programs (Gold, Silver or Bronze) as a complement to Medicare Parts A and B; however, membership at the Gold level combined with Brother's Keeper is the best option for members of all ages and offers the highest level of cost support.

Members should plan ahead regarding their Medicare start date to avoid gaps in full CHM sharing eligibility.

- a. Members eligible for Medicare—for example, those qualifying for Social Security disability—and members 65 or older must have Medicare Part A and Part B (or a Medicare Advantage Plan) to be considered Medicare-participating members who can receive full sharing eligibility.
- b. Otherwise, CHM shares up to 20 percent of the total eligible medical expenses that were incurred during months in which members were 65 or older but did not participate in Medicare (regardless of the reason), and the balance becomes the member's responsibility.

“We joined CHM in 1984. Marie had quite a bit of heart problems and...

...they never hesitated about taking care of her. It was the same way with me.

I've had a hip replacement, one knee replacement and CHM was always good to work with. I am so thankful for all the help through the years.”

-Kenneth Peterson Sr.

Kansas



- c. Likewise, CHM shares up to 20 percent of eligible medical expenses when Medicare-participating members receive treatment from a non-participating Medicare provider.
- d. Expenses incurred by members who choose to travel outside of the country for the purpose of undergoing testing or treatment are ineligible for sharing.

3. Submission process for members on Medicare

Medicare-age members should follow these important steps:

- a. Submit the complete Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) for incident-related medical expenses.
- b. Submit itemized bills only for expenses incurred for medical services or prescriptions from non-Medicare participating providers.
- c. Complete the Sharing Request Form, Medical Release Information Form, and Letter of Explanation.
- d. Do not submit the Medical Bill Worksheet. Instead, please note directly on your MSN or EOB which charges belong to your submitted incidents and indicate additional discounts applied.

4. The Medicare website (medicare.gov) can help members:

- a. Learn more about Medicare programs. (Medicare will not be able to answer any questions about CHM or how we interact with this government program.)
- b. Obtain local contact information for Medicare-knowledgeable representatives.
- c. Make changes to Medicare participation during Medicare Open Enrollment.

D. Groups

CHM group memberships provide a budget-friendly healthcare solution for non-profit ministries and Christian organizations to offer to their employees. CHM has hundreds of participating groups—among them are church groups; non-profit organizations; and Christian schools, universities, and colleges. Group members must meet CHM membership requirements as detailed in Guideline II.A.

CHM can help organizations and ministries of varying sizes create a solution that satisfies the requirements of the Patient Protection and Affordable Care Act (the PPACA, more commonly known as Obamacare). However, a group health program must be set up properly to avoid incurring heavy fines. Therefore, all groups should seek guidance from attorneys and CPAs knowledgeable about the law's requirements. CHM can provide referrals to reliable, independent professionals.

Because of the specific requirements of the Affordable Care Act (ACA), it's usually not practical for for-profit organizations to pursue an ACA-qualified group healthcare solution with CHM.

More information about how CHM serves groups can be found at chministries.org/groups or by emailing groups@chministries.org.

E. Telemedicine

CHM is pleased to offer a valuable service for members that should help to keep families healthier, decrease visits to the doctor, and reduce out-of-pocket costs. Through this telemedicine partnership, CHM members can connect with doctors free of charge over the phone or through

video chat. Commonly addressed general medical conditions include respiratory infections, cold and flu symptoms, allergies, skin irritations, pink eye, and much more. Telemedicine provides a practical solution for a wide range of non-emergency conditions.

This modern-day service to address general medical conditions is available to all members at no additional cost beyond their regular monthly financial gifts. Members of any age can participate and receive quality care from licensed physicians. CHM's telemedicine support offers unlimited free and convenient 24-hour access seven days a week. The program travels with members throughout the country and meets them where they are—even in the comfort of their own homes.

Visit chministries.org for more details about this complementary program and the free services available to CHM members.

Access to consultations for mental health, dermatology, and nutritional counseling may be available at an additional fair market price. **Important note:** Telemedicine is available to members through this CHM-partnering service; telephone and digital consultations outside of this service may not be eligible for sharing (Guideline V.E.11).

VIII. CHM support teams

A. Provider Relations

We're devoted to empowering you to find quality healthcare service. This is why members have flexibility when choosing a healthcare provider and aren't bound by a provider network. It's another reason why CHM has a Provider Relations team that specializes in building relationships with healthcare providers across the country.

We call the providers with whom we've established pre-determined discount agreements our "CHM-friendly providers." You can receive accessible, quality care at competitive cash-pay prices—simply by mentioning your CHM membership. A list of these CHM-friendly providers can be found at chministries.org/resources/chm-friendly-providers.

Fellow members often recommend providers who offer quality care and fair pricing. You can find a list of these recommended providers at chministries.org/how-it-works/recommended-providers.

B. Eligibility Review

The Eligibility Review team's mission statement is "To strive for excellence and accuracy with an open mind and heart for our members and the ministry," based on Ruth 3:11 (AMP). This mindset is reflected in every task the team undertakes.



The eligibility review process consists of two distinct parts:

1. The Eligibility Review team

- a.** Evaluates special case scenarios and applies the Guidelines accordingly
- b.** Assists CHM staff as they process medical bills
- c.** Reviews Guidelines for potential revision and clarification

2. The Eligibility Review Board (ERB)

The ERB consists of a group of select staff members who meet regularly to review and make determinations on complex eligibility considerations. Voting takes place to maintain a platform of fairness and consistency throughout medical bill sharing. This board is represented by CHM's leadership team, the legal department, and the CHM Medical Director, among other qualified staff members and supervisors.

The consistent, transparent process and broad representation amongst the ERB participants maintains full consideration of member and ministry interests during Guidelines development and case adjudication.

IX. Disclosures

A. Integrity and accountability

CHM has implemented the following measures to make sure the ministry operates with integrity and accountability.

1. Board of Directors and internal controls

In accordance with good business practices and Ohio law, Christian Healthcare Ministries has an independent Board of Directors that oversees and controls its operations. In addition, the ministry has the following controls in place:

- a.** A stringent board member conflict of interest policy requires full disclosure of all conflicts of interest and appropriate recusal from the discussion or vote on such topics.
- b.** Management and the board regularly receive and review ministry financial reports. The board also reviews and approves the ministry's annual budget.
- c.** An audit is conducted and certified annually by an outside independent public accounting firm with not-for-profit accounting and auditing experience. These audits review all aspects of ministry operations from the receipt and disbursement of money to the systems and procedures that control its core functions.
- d.** Christian Healthcare Ministries employs a highly qualified and effective chief financial officer and a general counsel, both of whom are subject to professional ethics and conflict of interest disclosure requirements.
- e.** CHM has implemented and abides by the provisions of the Sarbanes-Oxley Act of 2002, which directly concerns corporate fraud prevention. As a non-profit organization, CHM is not legally required to take this action, but it does so voluntarily as an additional safeguard.
- f.** CHM staff members who receive money do not disburse money.
- g.** CHM staff members who prepare checks for payment do not sign the checks.
- h.** CHM staff members who sign the checks do not reconcile bank statements.



- i. All disbursements—whether from escrow funds or operating funds—are reviewed by CHM leadership and the chief financial officer.

2. Christian Healthcare Ministries standards

a. Mission

To glorify God, show Christian love, and experience God's presence as Christians share each other's medical bills.

b. Organization

- 1) We will remain at all times an IRS-determined non-profit 501(c)(3) tax-exempt organization.
- 2) We will maintain written personnel policies—approved by the board—governing the work and activities of all employees.

c. Governing body

- 1) The ministry's board will have no fewer than five (5) unrelated directors.
- 2) The majority of the ministry's directors will be independent (not employees or relatives of employees).
- 3) The ministry's board will meet as frequently as necessary, but not less than quarterly, to fully and adequately oversee the business of the ministry.
- 4) The qualifications of the ministry directors shall be published online.
- 5) The ministry's board, among other things, is responsible for:
 - i. determining the mission and vision of the ministry;
 - ii. establishing policies for the effective oversight of the ministry;
 - iii. acting as the final authority determining ministry membership qualifications and interpreting the ministry's Statements of Beliefs;
 - iv. establishing the ministry's conflict of interest policy;
 - v. approving the annual budget of the ministry and periodically assessing the ministry's financial performance in relation to that budget;
 - vi. receiving and reviewing the annual independent audit and the audited financial statements, and evaluating recommendations made by the independent auditors;
 - vii. hiring the president and chief executive officer, determining that officer's compensation, and annually evaluating their performance;
 - viii. periodically reviewing the appropriateness of the overall salary structure of the ministry; *-and-*
 - ix. reviewing and adjusting the monthly membership amounts.

d. Conflict of interest

- 1) The ministry will maintain a written conflict of interest policy that is approved by the board and applicable to board members and officers.
- 2) Conflict of interest statements will be provided to and signed by board members and officers both at the time of the individual's initial affiliation with the ministry and annually thereafter.

e. Financial and legal accountability

- 1) The ministry will operate in accordance with an annual budget approved by the board.
- 2) Internal financial statements will be prepared monthly and provided to and reviewed by board members at each board meeting.

- 3) Annual financial statements will be audited by an independent certified public accounting firm.
- 4) A copy of the ministry's audited financial statements will be provided to members of the general public upon written request.
- 5) A copy of the ministry's IRS Form 990 will be provided to members of the general public upon written request.
- 6) The ministry will be in compliance with all applicable federal, state, and local laws and regulations.
- 7) The ministry will remain a corporation in good standing in the State of Ohio.
- 8) The ministry will provide employees with a confidential means of reporting suspected financial impropriety or misuses of the ministry's resources.

f. Program

- 1) The ministry will limit its membership to individuals who profess a faith substantially similar to the ministry's Statements of Beliefs and who live by biblical principles.
- 2) Ministry membership will not be restricted, and members' sharing levels will not be adjusted by the ministry, based on a person's age or health status; all eligible medical bills—including pre-existing conditions—will be shared as available funds permit, even if through different sharing methods.
- 3) The ministry will never allow itself to be advertised in any form as part of, or in conjunction with, insurance products. In addition, it will avoid the use of terms typically associated with insurance.
- 4) No member will be dropped from membership because of their health status.
- 5) Members will retain the flexibility to choose their own healthcare providers.
- 6) The ministry will clearly state amounts that members should contribute to permit sharing of medical expenses at their desired level with (a) no transfer of risk or promise to pay between the members, and (b) no transfer of risk or promise to pay between the ministry and the members.
- 7) The ministry will not compensate any person on a commission basis for enrolling prospective members in the ministry.
- 8) The ministry will publish its Guidelines for sharing (chministries.org/guidelines).
- 9) The ministry will publish online its current estimate of sharing time for eligible medical expenses (chministries.org/resources/bill-sharing-process).
- 10) The ministry will publish an online mechanism for receiving member feedback and suggestions (chministries.org/tell-us-what-you-think).
- 11) The ministry will not utilize independent contractors to provide core membership services, including the sharing of medical expenses.
- 12) The ministry will provide a written disclaimer on, or accompanying, all promotional documents distributed by or on behalf of the ministry, including application and Guidelines 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 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.*
- 13) The ministry will provide its Privacy Policy online for all members and prospective members to review at chministries.org/policies.

B. Legal notices

The mission of Christian Healthcare Ministries is to glorify God, show Christian love, and experience God's presence as Christians share each other's medical bills.



Please visit the CHM website (chministries.org/resources/legal-notices) for up-to-date information about health cost sharing in your state of residence.

Alaska, Alabama, Arkansas, Arizona, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, South Dakota, Texas, Virginia, Wisconsin, Wyoming: NOTICE: Under the laws of your state, Christian Healthcare Ministries, in facilitating the sharing of medical expenses, is not an insurance company and does not use insurance agents or pay commissions to insurance agents. Whether anyone chooses to assist you with your medical bills will be totally voluntary because neither this ministry nor any other participant may 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. The ministry's guidelines, plan of operation and other documents are not an insurance policy or a promise to pay for the financial or medical needs of a participant by the ministry. It is not offered through an insurance company, it is not subject to the regulatory requirements or consumer protections of your state's insurance laws, and if you join this ministry instead of purchasing health insurance you will be considered uninsured. This program is not guaranteed under your state's Life and Health (or Disability) Insurance Guaranty Association or similar organization. Without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to this ministry will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether Christian Healthcare Ministries terminates, withdraws from faith-based sharing of medical expenses, or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in this ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage. You should review this ministry's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs. Complaints concerning Christian Healthcare Ministries may be reported to the office of your state's attorney general."

Maryland: 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.

Pennsylvania: 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.

All Others: This is not an insurance policy. It is a voluntary program that is neither approved, endorsed nor regulated by your state's department of insurance and the program is not guaranteed under your state's Life and Health (or Disability) Insurance Guaranty Association or similar organization.

C. Tax information

CHM members should note the following information regarding membership and tax filing:

1. CHM is a 501(c)3 tax-exempt organization.
2. **Members do not have to include Form 8965 as an attachment to the Federal Form 1040.**
3. CHM monthly financial gift amounts that you must give in order to continue as a member in good standing are **not** tax-deductible.
4. Brother's Keeper gift amounts are **not** tax-deductible.
5. Giving above membership amounts—such as Prayer Page contributions—qualifies as a charitable contribution for income tax purposes. Members who made these qualifying donations will receive a notice reporting their charitable contributions.
6. For additional tax information and resources visit chministries.org/taxes.
7. **Missouri members only:** Missouri law provides residents with a special state income tax advantage. The line-item deduction amount will be indicated on a statement the CHM office will send to you.
8. Members who are part of a group may still receive Form 1095 from their employers as part of the law's requirement; however, these forms can simply be filed away with your tax records.

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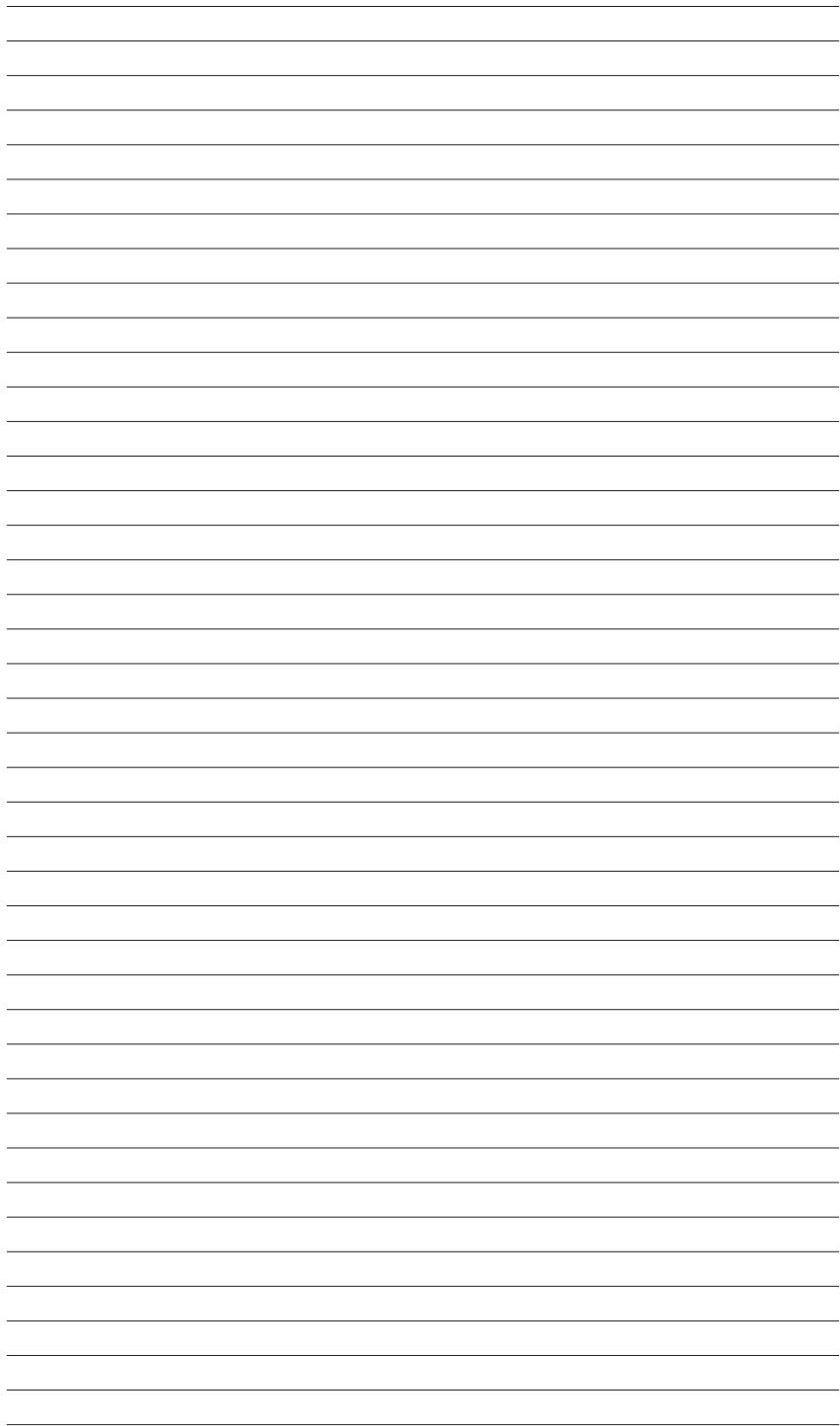
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