

Senior Assist

Program Guidelines



As of January 1, 2021

Medical Bill Sharing

Medi-Share® is administered on behalf of its members by Christian Care Ministry, Inc. (also referred to as Christian Care Ministry, Christian Care, and CCM). Although Medi-Share® is not subject to state and federal insurance regulation, certain states require publication of the following disclosure to meet exemption qualifications:

NOTICE: Medi-Share is not insurance or an insurance policy nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, Medi-Share should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not Medi-Share continues to operate, you are always personally responsible for the payment of your own medical bills. Medi-Share is not subject to the regulatory requirements or consumer protections of your particular State's Insurance Code or Statutes.

We encourage you to seek the advice of a health insurance professional to further explain the difference between state-regulated health insurance and mutual sharing ministries such as Medi-Share®.

As a Member of Medi-Share, which is one of CCM's programs, we often refer to you as a Member of CCM. This membership entitles you to receive and gain access to all of our free services and resources. In turn, we ask for your prayerful support of our efforts on behalf of the Christian community. Under Florida statutes, membership does not entitle you to any rights as a member of a corporation not for profit or otherwise.

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QUICK REFERENCE



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Fax Applications

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Membership



I. MEDI-SHARE SENIOR ASSIST OVERVIEW

A. Biblical Model

Senior Assist is part of Medi-Share, a health care sharing ministry program administered by Christian Care Ministry, Inc. (“Christian Care Ministry” or “CCM”). Christian Care Ministry is a Florida not for profit corporation that is recognized as tax exempt under Internal Revenue Code 501(c)(3).

The purpose of Medi-Share is to bring Christians together to share God’s blessings and to share each other’s burdens. The concept of “sharing” is not new. For centuries, Christians all over the world have shared their lives, resources, and blessings as first outlined in the book of Acts.

Each month, the Members of Medi-Share contribute toward the Eligible Medical Bills of other Medi-Share Members, and are notified as to which Members their share dollars are helping. Eligible Medical Bills are paid with the funds of Members who faithfully share. The following Guidelines explain the program requirements and how CCM facilitates medical bill sharing.

B. Have a Vote

Medi-Share Members have the opportunity to help create, amend and change these program Guidelines. Changes to the Guidelines may be made by the following:

- 1) By the Members – Once or twice a year, ballots with significant proposed changes to the Guidelines are submitted to the Members for voting. If at least 67% of the Members voting approve a Guideline change, then the change will be implemented.
- 2) By the Medi-Share Steering Committee – The Medi-Share Steering Committee is a group of Medi-Share Members. They are independent of CCM staff and not controlled by CCM’s Board of Directors. The Steering Committee may modify the Guidelines on the Members’ behalf if the changes do not involve major new restrictions or relaxations.
- 3) By the Board of Directors – The CCM Board of Directors aims to strengthen the Medi-Share program and/or protect its Members. They act independent of CCM staff. The Board may modify these Guidelines. Proposed Guideline changes by the Board of Directors must be presented to the Members on an upcoming ballot within 12 months of the Effective Date of the Board action. If the change is ratified by at least 67% of Members voting, then the change will become permanent. If

not, the Guideline change will revert to its previous version at the close of balloting.

A list of Guideline changes is available at MyChristianCare.org for at least 24 months from the date of the change.

C. Guidelines Govern

The Guidelines current at the time of service govern the program, not the Guidelines in effect when a Member joined. The most current version of the Guidelines is available at MyChristianCare.org. The Guidelines are final and will overrule any verbal statement made by anyone regarding the Medi-Share program.

D. No Ministry or Other Member Liability

Medi-Share is not insurance. Medi-Share is a Health care Sharing Ministry as outlined in the Patient Protection Affordable Care Act. Each Medi-Share Member is solely responsible for the payment of his or her own medical bills at all times. Neither CCM nor other Members guarantee or shall be liable for the payment of a Member's medical bill. Further, no Member may or shall be compelled to make sharing contributions. If sharing occurs, the shared medical bills are paid by the Member that incurred the bill solely from voluntary contributions of Members, not from funds of CCM itself.

Neither CCM, Medi-Share nor its Members are insurance or an insurance company. The payment of your medical bills through Medi-Share or otherwise is not guaranteed in any way. Medi-Share is not, and should never be construed as, a contract for insurance or a substitute for insurance. There is no transfer of risk for any purpose from a Member to CCM or from a Member to other Members; nor is there a contract of indemnity between CCM and any Member or between the Members themselves.

...when I see the draft of my monthly share come out of our checking account, I am actually delighted because I know there is not only a benefit to me and my family but that the money is going directly to other Christian individuals—individuals who I know are seeking to live a healthy, fruitful life.

—PAUL, GA



II. MEMBERSHIP QUALIFICATIONS

A. Christian Testimony

Medi-Share membership is built on a foundation of like ideals agreed upon by the Members. The peace of mind of knowing the people sharing your contributions are not using your money for things that conflict with your faith is a blessing many Members enjoy.

All adult Members age 18 and older must attest to a personal relationship with the Lord Jesus Christ. A church leader may be interviewed to verify their testimony.

Adult Members profess the following Statement of Faith to qualify for Medi-Share membership:

- I believe that there is only one God eternally existing in three Persons: the Father, Jesus Christ the Son, and the Holy Spirit. I believe Jesus is God, in equal standing with the Father and the Holy Spirit. ¹
- I believe the Bible is God's written revelation to mankind, divinely given through human authors who were inspired with the Holy Spirit. It is completely authoritative, and entirely true. ²
- I believe in the deity of Jesus Christ who existed as God before anything was created, His virgin birth,

sinless life, miracles, death on the cross to provide for our redemption, bodily resurrection and ascension into heaven, present ministry of intercession for us and His return to earth in power and glory. He is the world's only Savior and is the Lord of all. ³

- I believe in the personality and deity of the Holy Spirit, that He performs the miracle of new birth in an unbeliever and indwells believers, enabling them to live a godly life. ⁴
- I believe man was created in the image of God, but because of sin was alienated from God. Alienation can be removed by accepting God's gift of salvation by grace through faith which was made possible by Christ's death and resurrection. This faith will be evidenced by the works that we do. ⁵

All Members agree to the following:

- Live by biblical standards
- Believers are to bear one another's burdens
- Attend and actively support a fellowship of believers regularly

B. Healthy Lifestyle

Members highly value the biblical principle that our physical bodies are temples of the Holy Spirit and should be kept pure. Members should strive to maintain healthy lifestyles, as this glorifies God and keeps medical costs down. Examples of unhealthy lifestyles include, but are not limited to, the following:

- Use of tobacco
- Use of Illegal Drugs

Applicants need to have abstained from the use of tobacco or illegal drugs for at least the 12 months prior to application in order to be eligible for membership. Applicants attest that they have not abused legal drugs, such as prescriptions or over-the-counter medication, or alcohol for at least the 12 months prior to application in order to be eligible for membership.

Members must only engage in sexual relations within a Biblical Christian marriage.

¹ Deuteronomy 6:4, Matthew 28:19, Colossians 1:15-20, 2:9

² 2 Timothy 3:16-17

³ John 1:1, Matthew 1:23, Hebrews 4:15, 1 Peter 2:24, 1 Corinthians 15:3-8, Hebrews 7:24-25, Matthew 24:30, John 14:6, Acts 4:12, Isaiah 45:21-23

⁴ Acts 5:3-4, 1 Corinthians 3:16, Romans 8:14

⁵ Ephesians 2:8-10, James 2:17, 26

II. MEMBERSHIP QUALIFICATIONS

(CONTINUED)

C. Application Review

Applicants and dependents provide medical and lifestyle information during the application process via an Online Medical Questionnaire (OMQ). It may be necessary for applicants to have providers submit medical records.

If a Member or Applicant becomes aware of any medical history not reported during the application process, that information should be immediately submitted in writing to Medi-Share. If information that would disqualify them from membership is omitted, Eligible Medical Bills may not be shared and/or membership may be cancelled.

D. Non-U.S. Citizens

Legal aliens who live full-time in the U.S. can qualify for Medi-Share membership. Medical Bills incurred while not a legal resident of the U.S. are not eligible for sharing.

E. 65 Years of Age and Older

A Member must be 65 or older to participate in Senior Assist and must be enrolled in Medicare Parts A and B. Senior Assist is for individuals only.

III. THE MEMBER'S ROLE

A. Medi-Share Is Not a Substitute for Insurance Required By Law

Medi-Share is not insurance. However, Medi-Share can be used as a substitute for or an exemption from mandated insurance coverage in the following circumstances:

- to satisfy the federal mandate that became effective January 1, 2014 requiring “applicable individuals” to maintain “minimum essential [insurance] coverage”;
- to satisfy the Massachusetts requirement to maintain “minimum creditable [insurance] coverage.”

These are the only exceptions. Otherwise, Members must not certify that Medi-Share is insurance to avoid purchasing insurance required by law, rule or regulation (e.g. worker's compensation insurance or sports activity insurance).

B. Individual Financial Institution Accounts

To make Medi-Share more convenient for Members, Members share with each other using individual accounts at a financial institution. As part of the enrollment process, Members open an account at a financial institution designated by CCM, and Members authorize CCM to: 1) transfer funds between the Member Sharing Accounts to facilitate sharing, and 2) deduct program fees.

C. Review Monthly Share Notice

Members receive monthly notices regarding their Monthly Share amount. Members, who want to participate in sharing, deposit their Monthly Share amount into their individual accounts for facilitation of bill sharing and continued membership. Members contribute an additional amount to the Extra Blessing fund when Monthly Shares are deposited after the due date. This contribution is \$5.00 or 5% of the late amount, whichever is greater (see Section IV. K.).

D. Praying and Sharing

An added benefit of being involved in Medi-Share is the community within the membership. Your Monthly Share Portion is assigned to another Member or other Members for payment of their Eligible Medical Bills.

To request prayer support and to pray for the current Member prayer needs, visit the Member Center.

E. Sharing Assistance

Christian Care Ministry understands some medical situations may cause financial hardship for Medi-Share Members. Monthly Shares may be waived for up to 3 months per 12 month period if a Member's illness or injury causes loss of income. This is subject to the approval of and monthly review by CCM. The Member is to submit supporting evidence regarding the situation. The illness or injury cannot be related to a medical condition, diagnosis, or treatment listed in Section IV. I.

F. Cancellations and Withdrawals

Medi-Share membership will be cancelled if a Member does not deposit the Monthly Share for more than two months. The Cancellation Date will be the last day of the month for which the last Monthly Share was deposited. Only Eligible Medical Bills incurred on or before the Cancellation Date will be considered for sharing.

To prevent cancellation, Members can deposit each Monthly Share plus the late fee for Extra Blessings (See Section IV. K.). This deposit needs to be made within two months from the earliest due date. Eligible Medical Bills incurred during that time may still be submitted for sharing consideration.

Membership may also be cancelled if a Member acts in a manner inconsistent with their Christian testimony, for example, by submitting fraudulent bills or information, using inappropriate language with staff, or violating the Medi-Share Lifestyle Agreement.

If a Member wishes to withdraw his or her individual membership, a family member or the entire family, they should notify Medi-Share by mail, e-mail, fax or phone. This action must be taken at least 15 days before the desired Cancellation Date. All changes in membership are effective on the first day of the applicable month.

Mail: P.O. Box 120099, West Melbourne, FL 32912-0099

E-mail: memberservices@medi-share.org

Fax: (321) 308-7779

Phone: (800) 264-2562



III. THE MEMBER'S ROLE (CONTINUED)

G. Reapplication After Cancellation

Members who were cancelled for not sharing faithfully are welcome to reapply. If approved for membership, Eligible Medical Bills will be shared after the first three months of the new membership term. All medical conditions arising before the date of reapplication will be subject to the Guidelines, including those outlined in Section IV. H. This includes the medical conditions that arose during the prior Medi-Share membership.

...In January of 2011, I had a cardiac arrest. My husband gave me CPR and a roomful of paramedics finally revived me. I was then in a coma for three days and had to have a defibrillator inserted into my chest (ready in case my heart arrests again) as well as a week-long hospital stay and follow-up appointments. This cost was over \$100,000. What would we have done without Medi-Share?

—OCIENNA, WA

Sharing



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

HEBREWS 13:16 NIV



IV. DETAILS OF SHARING

A. Annual Household Portion

The Annual Household Portion (AHP) is \$1,250 for all Senior Assist Members. The AHP is the dollar amount that a Member agrees to pay toward Eligible Medical Bills before any eligible bill may be shared among the Members. The AHP amount resets every 12 months on the Effective Date.

B. Maximum Sharing Limits

Each Member enjoys sharing of his or her Eligible Medical Bills with no annual or lifetime limit. There are exceptions for motorcycle events (section VI. A.)

C. Medicare Allowable and Approved Treatment

Because Senior Assist Members are enrolled in Medicare Parts A and B, sharing of Eligible Medical Bills will be secondary to Medicare. Once the AHP has been met, the portion of Eligible Medical Bills that Medicare has not paid (the difference between the Medicare allowable amount and the amount paid) will be approved for sharing, subject to the provisions of these Guidelines.

Medical bills will be eligible for sharing in those instances where Medicare Parts A and B have approved treatment, but do not pay all or part of the treatment, except for those conditions or services listed below in Sections IV. G. and H. This includes copayments, coinsurance, deductibles, and "excess charges or fees", (as defined by Medicare). It is the Member's responsibility to know what conditions and services are covered by Medicare. See www.medicare.gov or call 1 800 MEDICARE (1 800 633 4227) for more information.

D. Hospitalization Expenses

- a. Copayments for hospitalization expenses from the 61st through the 90th day of any Medicare "benefit period" (as defined by Medicare).
- b. Copayments for any hospital confinement beyond the 90th day in a "benefit period," up to 60 days during the Member's lifetime.
- c. Medicare-eligible hospital charges for a period of up to 365 additional days during the Member's lifetime after the Member has exhausted all Medicare hospital benefits.

E. Out of Country Urgent Care

Sharing for Members who are traveling out of the country or serving as missionaries outside of the United States will be limited to medically necessary urgent care as Medicare does not pay for medical care received outside of the United States. Eighty percent

of the billed charges for out of country urgent care that Medicare would have paid if it was provided in the United States, up to a \$150,000 lifetime maximum, will be eligible for sharing.

F. Blood

The cost of the first three pints of blood or equivalent quantities of packed red blood cells, including transportation and processing costs, if the blood is purchased, rather than donated, from a blood bank or a blood donor will be eligible for sharing.

G. Lifestyle Issues


Members must follow the Christian lifestyle and agree to the Statement of Faith. This is essential for Eligible Medical Bills to be shared. Members who do not follow the Christian lifestyle will have their membership cancelled. Examples of behavior that can lead to non-sharing and/or cancellation of membership include, but are not limited to:

- the use of tobacco in any form, including the use of e-cigarettes, vaping, or nicotine replacement
- the use of Illegal Drugs
- the abuse of drugs including legal drugs, such as, alcohol, prescription and over-the-counter medications
- sexual relations outside of Biblical Christian marriage
- participation in activities that represent a willful disregard for personal safety

H. Pre-Existing Medical Conditions or Related Conditions

A medical bill for diagnosis or treatment of a pre-existing medical condition will be eligible for sharing, provided it meets the other requirements for sharing contained in these guidelines and the member joined during their Initial Medicare Enrollment Period* or with Guaranteed Issue rights.

**The Initial Medicare Enrollment Period for seniors is the 7-month period that starts at 3 months before they turn 65 and ends 3 months after they turn 65.*



My wife and I have had numerous visits to the hospital because of kidney stones and I am battling a back injury that will certainly add some additional doctor visits in the near future. Through what can be a tense and worrisome experience, we not only did not have to worry about the financial burden, we were assured and supported by people that cared and prayed for us during those challenging times.

—CRAIG, KS



IV. DETAILS OF SHARING

(CONTINUED)

I. Medical Conditions and Services Not Eligible for Sharing

If a medical bill is related to a diagnosis, treatment, or procedure that is ineligible for sharing in any way, then that medical bill is also ineligible.

A condition or service will not be eligible for sharing if:

- 1) the medical bills related to that condition or service have not been submitted to or processed by Medicare;
- 2) the charges have already been paid by Medicare;
- 3) the services are not approved by Medicare Part A or B, except for urgent care when out of the country (see Section IV. E.)

Listed below are additional treatments, medical conditions, procedures, and services that are ineligible for sharing:

- Expenses related to non-Biblical lifestyles and choices – including but not limited to:
 - Abortion of a live fetus (baby) .
 - Alcohol and drug related injuries and illnesses.
 - Bill(s) originally received by CCM more than 6 months from the date of the Medicare EOB.

- Charges that do not follow proper coding guidelines.
- Fertility/Infertility care—including but not limited to: birth control procedures (such as IUD, and/or related supplies), infertility testing and treatment, sterilization or reversals (vasectomy and tubal ligation).
- Illegal acts—Any charges for any condition, disability or expense resulting from being engaged in an illegal occupation or in the commission of or attempted commission of a crime.
- Intentionally self-inflicted injuries (e.g. suicide or attempted suicide).
- Pre-existing conditions (defined as signs/symptoms, testing, diagnosis, treatment, OR medication for a condition within 36 months prior to membership based on medical records) are not eligible for sharing if a member joined Senior Assist outside of their Initial Medicare Enrollment Period or without Guaranteed Issue Rights.
- Related conditions—Members do not share medical bills for diagnosis or treatment of any medical condition or complications associated with or resulting from a diagnosis, treatment or procedure that is not eligible for sharing.
- Sexually transmitted diseases (STDs) including HIV – Exceptions include innocent transmission via transfusion, rape, work-related needle stick, or sex within marriage.
- Skilled nursing facility care from the 101st day and beyond.

J. Conflicts of Interest

Medical bills will be ineligible for sharing if the provider or ordering provider is related to the Member by blood, marriage, or adoption or if the Member has a financial interest in the provider.

K. Extra Blessings

The Extra Blessings program is to assist members with eligible adoption expenses after two events (see Section VIII.) or significant bills that are ineligible for sharing because they exceed the sharing limits in these guidelines, including the maternity sharing limits. To be considered for Extra Blessings, the dates of service must occur after the member has been faithfully sharing for 12 months.

If a condition is ineligible for sharing based on Sections IV. I. or J., it is NOT eligible for Extra Blessings.

Extra Blessings gifts are used to fund the eligible Extra Blessings needs at 100% unless the needs exceed the Extra Blessings contributions, in which case they will be distributed on a pro-rated basis. At the end of each quarter, any Extra Blessings contributions remaining after all eligible pending Extra Blessings needs have been met may be used for general sharing. For more information, Members should contact Member Services at (800) 264-2562.

IV. DETAILS OF SHARING

(CONTINUED)

L. Program Blessings

Members may qualify for public assistance or private benevolence programs. Those who use programs such as these will receive an incentive in the form of a share credit.

With a sudden diagnosis of brain cancer, my wife's medical expenses began to quickly mount. As we soon discovered, the Medi-Share ministry would become a large part of our lives. Although our faith has remained strong, we were not expecting the level of support and partnership we have received from the Medi-Share staff, as well as the prayers and sharing support of the other members.

—RONALD

V. CONDITIONS OF SHARING

Medi-Share Is Not a Substitute for Insurance Required By Law

Medi-Share is not insurance. However, Medi-Share can be used as a substitute for or exemption from mandated insurance coverage in the following circumstances:

- to satisfy the federal mandate that became effective January 1, 2014 requiring “applicable individuals” to maintain “minimum essential [insurance] coverage”
- to satisfy the Massachusetts requirement to maintain “minimum creditable [insurance] coverage”

These are the only exceptions. Otherwise, Members must not certify that Medi-Share is insurance to avoid purchasing insurance required by law, rule or regulation (for example, worker's compensation insurance or sports activity insurance).

VI. MOTORIZED VEHICLE ACCIDENTS

A. Age, Safety Equipment and Lifestyle

If a motor vehicle or aircraft accident occurs, there are some additional considerations for sharing eligibility. Diagnosis and treatment of injuries will not be eligible to be shared if any of the following applies:

- There was abuse of alcohol or legal drugs, or the use of Illegal Drugs.
- The vehicle or aircraft was used in a race, to perform a stunt, or in the commission of a crime.
- The minimum operator age recommended by the manufacturer or required by law was not followed.

These apply regardless of whether the Member was operating the vehicle or was a passenger.

Helmets and seatbelts are expected to be worn when they are legally required. If either was not used but was legally required, Members have an additional Member portion. This additional amount is calculated as 15% of the first \$100,000 of Eligible Medical Bills related to a motorized vehicle or aircraft accident. This 15% is in addition to the Member's AHP.



VI. MOTORIZED VEHICLE ACCIDENTS

(CONTINUED)

B. Motorcycle Injuries

A Member can receive up to \$100,000 in sharing of Eligible Medical Bills toward diagnosis and treatment of motorcycle accident injuries incurred in a 12-month period. A motorcycle is defined as a two-wheeled, motorized vehicle with an engine size displacement of at least 50 cubic centimeters. A Member who is injured, while on a motorcycle used to perform mission work outside of the U.S., is exempt from this \$100,000 limit.

C. Reporting Injuries

Members call Member Services (800-264-2562) to report injury details of motorized vehicle accidents. The following documents may be necessary to determine eligibility for sharing:

- A copy of the insurance policy for an owned vehicle or aircraft (or the contract if rented or leased)
- The official accident report
- Medical records relating to the care and transportation of the injured Member(s)
- Information that pertains to other vehicle(s) and parties involved in the accident

VII. MEDICAL EXPENSES FOR WHICH THIRD PARTIES ARE RESPONSIBLE

A. Exclusion of Expenses

Medical expenses incurred by a Member are not eligible for sharing if such expenses are covered by insurance of any kind available to the Member (including, without limitation, worker's compensation, fraternal benefits, health insurance or any other applicable insurance), or if a third party is responsible to pay such expenses. For example, if a Member is injured in a car accident, the Member's automobile insurance may provide coverage and an at fault third party may be liable for the Member's medical expenses. Under either circumstance, such medical expenses are not eligible for sharing.

B. Waiver of Expense Exclusion

CCM may, in its sole discretion, waive the foregoing exclusion as applied to specific medical expenses and determine whether such expenses are otherwise eligible for sharing under these Guidelines. However, CCM has no obligation to waive the exclusion, and specifically reserves the right to exercise or not exercise its waiver discretion. CCM may condition waiver of the exclusion on the Member entering into an agreement with CCM for subrogation, reimbursement and lien rights.

C. CCM Subrogation Right

If a Member's specific medical expenses subject to the foregoing exclusion are paid through Medi-Share, then the Member's rights to recover all or part of such medical expenses from an insurer or responsible third party are transferred to CCM for the benefit of the Members. The Member shall do nothing after incurring such expenses to impair such rights of recovery. At CCM's request, the Member agrees to take all reasonable steps to assist CCM in enforcing such rights including, but not limited to, bringing suit at CCM's expense against an insurer or responsible third party. Any amounts CCM recovers through its subrogation efforts will first be paid to reimburse CCM for its recovery expenses, and will then be paid to the Members up to the amount of medical expenses paid through Medi-Share, with any remainder to be paid to the Member.

D. CCM Subrogation Right

If a Member's specific medical expenses subject to the foregoing exclusion are paid through Medi-Share, and the Member recovers all or part of such medical expenses from an insurer or responsible third party, the Member agrees to reimburse the Members within 30 days after the Member receives payment from such insurers or responsible third parties.





VII. MEDICAL EXPENSES FOR WHICH THIRD PARTIES ARE RESPONSIBLE

(CONTINUED)

E. Lien On Third Party Recoveries

If a Member's specific medical expenses subject to the foregoing exclusion are paid through Medi-Share, and the Member recovers all or part of those medical expenses from an insurer or responsible third party, the Member hereby grants a lien to CCM for the benefit of the Members on the proceeds of any monetary recovery the Member obtains from any insurer or responsible third party, and the Member agrees to take any actions or steps necessary to secure and enforce this lien. To the extent the Member has engaged an attorney to assist in the recovery of medical expenses (such as a personal injury attorney), the Member agrees to inform the attorney of such lien.

VIII. APPEALS

A. Impartiality

Christian Care Ministry serves Members who share in the burdens of fellow Christians. CCM does not gain financially by determining medical bills are ineligible for sharing among Members. CCM is a not-for-profit corporation, recognized as tax exempt under Section 501(c)(3) of the Internal Revenue Code. CCM has no owners, stockholders or investors. CCM impartially carries out the wishes of the Members as expressed in these Medi-Share Guidelines.

B. Sharing Appeal

A Member can appeal bill-sharing decisions with which they disagree. Before appealing, a Member should engage in careful thought and prayer about whether he or she honestly believes an error was made. Members have 90 days from the day the decision in question was made to request a review by CCM.

A Member can issue an appeal if:

- the medical records were misread,
- the Guidelines were misapplied, or
- one or more of the Member's providers incorrectly recorded the medical history.

The appeals process is not to be used to request changes or exceptions to these guidelines. Recommendations for guideline changes can be submitted through e-mail to guidelines@tccm.org.

After a review by CCM, if the Member disagrees with CCM's decision, the Member has 90 days to request a review by a Seven Member Appeal Panel. CCM and the Member will both submit a written position statement to the panel. A teleconference will be held where the panel can ask questions of both the Member and CCM. A simple majority vote (four out of seven) will carry the decision.

C. Biblically-Based Mediation and Arbitration

As Christians, the Members and the staff of Christian Care Ministry believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or any aspect thereof, including claims under federal, state, local statutory or common law, the law of contract or law of tort, that may remain after a Member has exhausted his appeals provided for in Section VIII. B., including a determination whether this arbitration provision is valid, shall be settled by biblically-based mediation. The mediation shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker Ministries (complete text of the rules is available at HisPeace.org), with each party to bear their own costs, attorney's fees and 50% of the mediator's fee, and with the mediation filing fee to be borne by CCM.

VII. APPEALS

(CONTINUED)

If resolution of the dispute and reconciliation do not result from mediation, the matter shall then be submitted to an independent and objective arbitrator for binding arbitration. The parties agree that the arbitration process will also be conducted in accordance with the Rules of Procedure for Christian Conciliation, with each party to bear their own costs, attorney's fees, and 50% of the arbitrator's fee, and with the arbitration filing fee to be borne by CCM. Each party shall agree to the selection of the arbitrator.

If there is an impasse in the selection of the arbitrator, the parties agree that the Institute for Christian Conciliation shall choose the arbitrator.

The parties agree that these methods of dispute resolution shall be the sole remedy for any controversy or claim arising out of this agreement, and they expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

Glossary of Terms



Annual Household Portion (AHP) – The dollar amount a Member Household must pay toward their Eligible Medical Bills during a 12-month period before their Eligible Medical Bills will be approved for sharing. The AHP 12-month period begins with the Effective Date.

Biblical Christian Marriage – A marriage which is a union of one man and one woman. (Genesis 2:22-24, Matthew 19:5, Ephesians 5:22-32)

Bill Approved for Sharing – An Eligible Medical Bill that meets the criteria for sharing in the Guidelines and meets the other conditions for sharing, including whether the Member's AHP has been met and if other sharing limits have not been exceeded.

Cancellation Date – The month and day membership ends due to the Member's withdrawal, for reasons including not following the Guidelines or for nonpayment of monthly shares.

CMS – The Centers for Medicare & Medicaid Services is nationally recognized and provides listings for providers, services, procedures and facilities to ensure they meet specific criteria to ensure the safety of the beneficiaries receiving these services.

Effective Date – The month and day membership begins or the month and day of the most recent Annual Household Portion (AHP) change. Effective Date is used to determine when the 12-month period begins and ends for the purpose of the Annual Household Portion.

Eligible for Sharing – Any testing, treatment, procedure or service that meets the criteria for sharing as established in the Guidelines.

Eligible Medical Bill – An incurred medical bill that meets the criteria for sharing as established in the Guidelines. The Eligible Medical Bill will be reduced by any discounts, fees or other sources of payment.

Explanation of Sharing (EOS) – A statement for Members and providers that reflects how medical bills are processed. The EOS reports how much of the bill was shared, how much was discounted through the PPO network, and the amount of the Member's responsibility, if any.

FDA – The Food and Drug Administration is responsible for protecting the public health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation.

Illegal Drugs – Drugs which are classified as Schedule 1 in Title 21 United States Code Controlled Substances Act.

Incident – The occurrence of an illness or an injury of a Member, requiring a diagnosis of symptoms and treatment of a specific condition.

Medicare Initial Enrollment Period – The 7-month period that starts at 3 months before a senior turns 65 and ends 3 months after they turn 65.

Member – Any Member of Medi-Share, including each family member participating in a Member Household.

Member Household – Every Member who participates in Medi-Share with his or her immediate family under the same monthly share and AHP. A single Member is also considered a Member Household.

Monthly Share – The dollar amount that a Member faithfully contributes each month as his or her Monthly Sharing Portion and Monthly Administrative Portion. The Monthly Share is subject to change without notice.

- **Monthly Sharing Portion** – The dollar amount of a Monthly Share that pays all or part of one or more of another Member's Eligible Medical Bills.
- **Monthly Administrative Portion** – The dollar amount of a Monthly Share that is transferred to CCM for the payment of its administrative expenses.

Notification of Sharing – The act of notifying the membership of an Eligible Medical Bill that is approved for sharing.

Pre-existing – A sign, symptom, diagnosis, testing (including labs and/or radiology studies), medication, or treatment of a condition that a Member has before the start of membership.

Provider Fee – The portion of a medical bill that a Member pays at each visit to a medical provider, which applies even after the Annual Household Portion (AHP) has been met or exceeded. The Provider Fee is not applied toward the AHP. The Provider Fee is an initial payment applied toward the total office visit charges.

Prosthesis – A device, either external or implanted, that substitutes for or supplements a missing or defective part of the body.

- External prosthetic devices include: Artificial limbs and facial structures; externally worn breast prostheses following mastectomy
- Implanted prosthetic devices include: artificial joints, artificial heart valves, artificial eyes/lenses, cochlear implants, surgically implanted breast implants following mastectomy.

Sign - An objective observation or finding.

Specialty Pharmacy – A high cost medication used to treat complex conditions. These may be oral, injected or infused. These may be self-administered in the home, administered with the support of a home health care professional, in a doctor's office or a hospital clinic. Some conditions that may be managed by specialty pharmacies include but are not limited to oncology/cancer, multiple sclerosis, rheumatoid arthritis, Crohn diseases, liver disease, organ transplant, hemophilia/bleeding disorders, cystic fibrosis, neurologic disorders, immune system disorders and growth hormone disorders, among others.

Standard of Care – Treatment that is accepted by medical experts as a proper treatment for a certain type of disease and that is widely used by healthcare professionals.

Symptom - A subjective experience, observation or finding.

AT YOUR REQUEST

The contact information for the following groups and organizations associated with the Medi-Share program is available to Members upon request:

- **BOARD OF DIRECTORS**
- **BANK REFERENCES**
- **CERTIFIED PUBLIC ACCOUNTANTS**
- **MINISTRY ATTORNEYS**
- **REFERENCES**

Upon request and with notice, the following information can be provided to an inquirer or member:

- **ANNUAL BALLOT RESULTS**
- **ANNUAL AUDITED FINANCIAL STATEMENTS**
- **501(C)(3) DETERMINATION LETTER**



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🌐 MyChristianCare.org