

Summary of Guideline Changes Effective 05.01.22

	Previous Version	Changes Effective 05.01.22
III. A.	For the first 60 days of membership, members are eligible to have up to \$50,000 of their Eligible Medical Bills shared (excluding pre-existing conditions).	For the first 60 days of membership, members are eligible to have up to \$50,000 of their Eligible Medical Bills shared (excluding pre-existing conditions). Does not apply to newborns added within 30 days of birth.
III. A.	Maternity sharing is limited to \$150,000 per single pregnancy.	Maternity sharing is limited to \$150,000 per single pregnancy event.
III. B.	Diagnosis and treatment are to be performed in the U.S. to be eligible for sharing, except in emergencies or when living abroad.	Diagnosis and treatment are to be performed in the U.S. to be eligible for sharing, except in emergencies.
III. D.	Maternity is eligible for sharing after the mother has been a member for 12 months. Sharing is limited to \$150,000 for any single pregnancy event, to include antepartum care, the cost of delivery and complications to the mother and/or child(ren) and postpartum care.	Maternity is eligible for sharing after the mother has been a member for 12 months. Sharing is limited to \$150,000 for any single pregnancy event, to include antepartum care, the cost of delivery and complications to the mother and postpartum care. For ineligible maternity events, any fetal abnormalities
		and/or congenital abnormalities noted in medical records prior to the mother joining Impact Health Sharing, will be considered a pre-existing condition and would not be eligible for sharing.
III. D.	Skilled care at home services for an eligible need are limited to 40 visits annually by a registered ARNP, LPN or RN. A visit is limited to a maximum block of 4 hours.	Skilled care at home services for an eligible need are limited to 40 visits per member per membership year by a registered ARNP, LPN or RN. A visit is limited to a maximum block of 4 hours.
III. D.	DME related to an eligible need is eligible for sharing for up to \$500 annually toward the rental or purchase.	DME related to an eligible need is eligible for sharing for up to \$500 per member per membership year toward the rental or purchase.
III. E.	Dental or Vision services not related to an injury or illness.	Dental or Vision services not related to a medical injury or illness.
III. E.	Pre-Existing Medical Conditions are conditions in which treatment, symptoms or diagnosis occurred within 36 months prior to membership. A Pre-Existing Medical Condition is eligible for	Pre-Existing Medical Conditions are conditions in which signs, symptoms, testing, diagnosis, treatment, or use of medication occurred within 36 months prior to membership (based on medical records).
	sharing after the condition has gone 36 consecutive months without treatment or symptoms. Treatment includes:	A Pre-Existing Medical Condition is eligible for sharing after the condition has gone 36 consecutive months without signs, symptoms, testing, diagnosis, treatment, or medication (based on medical records).
	Prescribed drugs or medications	If you have been diagnosed with cancer that is in complete remission, and you are only undergoing testing for surveillance purposes, then bills related to those services will not be eligible for sharing for the first 36 months of membership.



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If after 36 months you are without signs, symptoms, testing, diagnosis, or treatment (medication), medical expenses related to that **cancer** diagnosis will be eligible for sharing.

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

The following individual(s) can join Impact Health Sharing.

- Those who possess a U.S issued Social Security number and a valid Identification Card issued by the U.S.
- Those who possess an Individual Taxpayer Identification Number (ITIN) and also have a government issued Identification Card issued by Mexico, Canada, Guatemala, and/or the United States.

III. C. Bills are to be submitted by the provider following standard healthcare industry submission and coding guidelines. This is necessary for bills to be considered for sharing.

Bills are to be submitted by the provider following standard healthcare industry submission and coding guidelines. This is necessary for bills to be considered for sharing.

In the event that a Member must submit a bill for processing, it must be submitted electronically using the Medical Expense Form at www.lmpactHealthSharing.com/forms. When submitting

a Medical Expense Form (MEF), members are responsible for obtaining all information needed for processing. Only MEFs that contain all needed information will be accepted for processing.