



08.24.2023

Summary of Guidelines

Primary Responsibility Amount (PRA)	\$2,500 \$5,000 \$7,500 \$10,000 **\$1,000 for Impact Members over the age of 65	<p>The Primary Responsibility Amount (PRA) is the dollar amount a Household must pay toward their own Eligible Medical Bills during a 12-month period before their Eligible Medical Bills can be published and shared by the membership. All Eligible Medical Bills are subject to the annual PRA and co-share except the annual/well office visit and lab allowance as detailed in section III. D. I. Impact Health Sharing Program Details 6 The PRA 12-month period begins on the Membership Date. The PRA resets on the anniversary of your Membership Date. Your Membership Date is the date that your membership in the Impact Sharing Plan started. A member can change their PRA amount on the anniversary of their Membership Date.</p>
Co-Share	10% member once PRA has been met 90% shared by IHS' members	<p>Once the Primary Responsibility Amount is met, the member pays 10% (the Co-share amount) of all eligible medical bills. The remaining 90% is published for sharing to the Impact membership.</p>
Co-Share Limit	There is a co-share limit of \$5,000 per household per membership year.	<p>There is a co-share limit of \$5,000 per household per year. In other words, after a total of \$5,000 in co-shares is paid by the member, they will not be subject to a co-share until the amount resets on their Membership Date</p>
Provider Fees	<p>At time of receiving service from a medical care provider, members pay the following:</p> <ul style="list-style-type: none"> • \$0 for Telemedicine via Member Portal only • \$50 for Primary Care • \$50 for each Allergy Test/ Serum Injection • \$75 for Specialist/Urgent Care and Outpatient Surgical Facilities • \$150 for Emergency Room or Inpatient Hospitalization 	<ul style="list-style-type: none"> • \$0 for Telemedicine (excluding mental telehealth, see III.D.) • \$50 for Primary Care • \$50 for each Allergy Test/Serum Injection • \$75 for Specialist/Urgent Care/Outpatient Services • \$150 for Emergency Room or Inpatient Hospitalization.
Outpatient Mental Health	\$75 specialist provider fee 10% co-share once PRA has been met	<p>Outpatient Mental Health Care is eligible for sharing if performed by a qualified provider up to 5 visits per member per membership year. Outpatient Mental Health providers are considered Specialist for provider fee purposes and subject to the PRA and co-share</p>

Virtual Mental Health	<p>Members must pay 100% of the session consult fee at the time of service, subject to \$75 provider fee. Must use provider via Member Portal only.</p>	<p>Virtual Mental Health Care is eligible for sharing through a teletherapy provider approved by Impact. Members must pay 100% of the session consult fee at the time of service and may submit proper receipts to Impact for processing via the Medical Event Form. Virtual Mental Health is considered a Specialist for provider fee purposes and subject to the PRA and co-share.</p>
1st 60 Days of Membership Limit	<p>Eligible expenses are limited to \$50,000. Does not apply to newborns added within 30 days of birth.</p>	<p>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. Maternity sharing is limited to \$150,000 per single pregnancy event. Year. There is no lifetime limit on sharing.</p>
Annual Sharing Cap	<p>\$500,000 per member per membership year</p>	<p>There is an annual sharing cap of \$500,000 per member per Membership</p>
Lifetime Sharing Limits for Smokers	<p>Eligible expenses are limited to \$50,000 lifetime max</p>	<p>Medical cost sharing for the needs of tobacco users 50 years of age and older is limited to \$50,000 lifetime for each of the following four disease categories:</p> <ul style="list-style-type: none"> • Stroke III. D. Limited Sharing (Cont.) *Limited Sharing is subject to the PRA and co-share • Treatment for members age 65 or older that are not enrolled in Medicare The tobacco assessment does not apply to Seniors, but BMI assessment does.
Pre-Existing	<p>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)</p>	<p>Pre-Existing Medical Conditions are conditions in which known signs, symptoms, testing, diagnosis, treatment, or use of medication occurred within 36 months prior to membership (based on medical records).</p>
Pre-Notification	<ul style="list-style-type: none"> • Cancer Treatment • Elective Cardiac Procedures • Inpatient/outpatient surgery (not in the doctor's office) • Non-emergency hospital/facility admission • Organ/Tissue Transplant Services • Maternity 	<p>Members or providers are required to pre-notify Impact for any of the following treatments to be eligible for sharing:</p> <ul style="list-style-type: none"> • Cancer Treatment • Elective Cardiac Procedures • Inpatient/outpatient surgery • Non-emergency hospital/facility admission • Organ/Tissue Transplant Services • Maternity Providers pre-notify by calling (855) 378-6777. <p>Pre-notification of medical bills does not guarantee eligibility or sharing. Pre-notification enables Impact to inform the member about provider options and potential incentives available. If a member or their provider does not pre-notify Impact the member is subject to an additional co-pay of \$1,000 for the illness or event</p>

Member Bill Submission	In the event that a member must submit a bill for processing, it must be submitted electronically using the Medical Expense Format available at www. ImpactHealthSharing.com/ forms . We are no longer accepting bills via email.	In the event that a Member must submit a bill for processing, it must be submitted electronically using the Medical Expense Form at www. ImpactHealthSharing.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.
Abortion	Not eligible for sharing	
Acupuncture	Not eligible for sharing	
Allergy injections, serum and testing	\$50 provider fee per test and per injection 10% co-share once PRA has been met	\$50 for each Allergy Test/Serum Injection These fees are not applied to the PRA and are paid even if the member has met the PRA for the year. For eligible services, the Provider Fee is applied, then any remaining PRA and finally the Co-share is applied up to the Co-share limit.
Alternative treatment	Not eligible for sharing	
Ambulance (ground transfer)	10% co-share once PRA has been met	Medical transportation to the nearest facility, including ground and air ambulance services to hospitals, is eligible in emergency situations or when medically necessary for transport for admission to another medical facility.
Air Ambulance	10% co-share once PRA has been met	Air ambulance is limited to a \$25,000 lifetime max per member. Transportation for appointments is not eligible for sharing.
Ambulatory/ Outpatient Surgical Center Expenses	10% co-share once PRA has been met	Pre-notification required
Anesthesia Expenses	10% co-share once PRA has been met	
Assistant Surgeon/ Surgeon Expense	10% co-share once PRA has been met	
Biofeedback	Not eligible for sharing	

Chemotherapy/ Radiation Expenses	10% co-share once PRA has been met	
Colonoscopy Diagnostic and Routine	10% co-share once PRA has been met	Routine Colonoscopy 1 every 10 years starting at age 45 or one every 5 years for members at high risk.
Dental/Injury Trauma	Not eligible for sharing, unless related to an eligible medical injury or illness	
Dialysis	10% co-share once PRA has been met	Dialysis Services and Infusion Therapy. The Permitted Sharing Level for dialysis services and infusion therapy visits (which shall include dialysis, facility services, supplies and medications provided during treatment) shall be determined by review of the Medicare Allowable Amount for the billing Hospital or Physician in light of clinical considerations pertinent to the patient being treated.
Durable Medical Equipment	10% co-share once PRA has been met	DME related to an eligible need is eligible for sharing for up to \$500 per member per membership year toward the rental or purchase once PRA has been met. DME expenses are also subjected to PRA and co-share.
Emergency Room Visit	\$150 provider fee 10% co-share once PRA has been met	
Experimental Treatment	Not eligible for sharing	
Fertility/Infertility	Not eligible for sharing	
Genetic defects, hereditary disease, or congenital conditions	Treatment related to genetic defects, hereditary diseases, or congenital conditions present before membership is not eligible for sharing.	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.
Genetic testing	Genetic testing is only shareable for an existing medical condition (that is not prex). Not eligible for routine genetic testing.	

Hearing Aides	Not eligible for sharing	
Home Health Care	10% co-share once PRA has been met	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 and subject to the PRA and co-share.
Home Infusion Therapy	10% co-share once PRA has been met	Dialysis Services and Infusion Therapy. The Permitted Sharing Level for dialysis services and infusion therapy visits (which shall include dialysis, facility services, supplies and medications provided during treatment) shall be determined by review of the Medicare Allowable Amount for the billing Hospital or Physician in light of clinical considerations pertinent to the patient being treated.
Hospice Care	10% co-share once PRA has been met	Hospitals (both inpatient and outpatient services), Ambulatory Surgery Centers, and Independent Facilities: The Permitted Sharing Level for Medical Care established by the Guidelines shall be based upon the average of 150% of the Medicare Allowable Amount for the Medical Care included in the Guidelines and 135% of the Cost of the Medical Care included in the Guidelines; provided, however, that any such Permitted Sharing Level based on the Cost of the Medical Care included in the Guidelines shall be limited to an amount not to exceed 175% of the Medicare Allowable Amount or the amount of Usual, Customary and Reasonable Fees for the Medical Care included in the Guidelines
Inpatient Mental Health/ Substance Abuse	Not eligible for sharing	
Lab, Xray, diagnostic imaging	10% co-share once PRA has been met	Diagnostic tests are eligible for sharing as follows: (Both the annual/well office visit and \$150 lab allowance are 100% sharable and not subject to the PRA or co-share.) See III.D 15
Maternity	10% co-share once PRA has been met	<ol style="list-style-type: none"> 1. Eligible if mother has been a member for 12 months 2. Sharing is limited to \$150,000 per single pregnancy event (not including baby's bills)
Newborns	Can be added to the membership at birth, must be done within 30 days	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.

Mammogram Diagnostic and Routine	10% co-share once PRA has been met	Routine mammogram 1 every year for ages 45-54 and one every 2 years for ages 55 and over
Medical Marijuana	Not eligible for sharing	
Motorcycle Accidents	10% co-share once PRA has been met	Treatment is limited to \$100,000 per incident once PRA has been met, subject to co-share. Sharing will be secondary to the vehicle insurance. Treatment will not be shared if there was abuse of alcohol or legal drugs or the use of federally illegal drugs
Naturopathic Treatment	Not eligible for sharing	
Non-prescription drugs and medical supplies	Not eligible for sharing	
Orthotics	Not eligible for sharing	
Outpatient Hospital	10% co-share once PRA has been met	
Prostheses	10% co-share once PRA has been met	Prostheses are eligible for sharing, up to two max per lifetime for the same condition once PRA is met, is also subject to co-share.
Skilled Nursing Facility	Not eligible for sharing	
Sleep Studies	10% co-share once PRA has been met	Sleep studies not related to a specific disease or disorder — Not eligible for sharing
Specialist	10% co-share once PRA has been met \$75 provider fee	
Substance Abuse	Not eligible for sharing	
Temporomandibular Joint Disorder	10% co-share once PRA has been met	

<p>Therapy</p> <ul style="list-style-type: none"> • Chiropractic Adjustment • Physical Therapy • Occupational Therapy • Speech Therapy • Cardiac Rehabilitation • Vision Therapy 	<p>10% co-share once PRA has been met *No provider fee*</p>	<p>Outpatient therapy is limited to 50 visits per member per membership year regardless of the type of outpatient therapy, provided it is included in the list below and (subject to PRA and co-share)</p> <ul style="list-style-type: none"> • Chiropractic Adjustment • Physical Therapy • Vision Therapy • Occupational Therapy • Speech Therapy • Respiratory Therapy • Cardiac Rehabilitation
<p>Urgent Care</p>	<p>\$75 provider fee + 10% co-share once PRA has been met</p>	
<p>Vaccinations/ Immunizations</p>	<p>Not eligible for sharing</p>	
<p>Vision</p>	<p>Routine vision not eligible for sharing.</p>	<p>Medical conditions such as Glaucoma or Cataracts and services related to a medical injury or illness are sharable</p>
<p>Weight Management Treatment or Procedure</p>	<p>Not eligible for sharing</p>	
<p>Wellness Visits/ Screening Tests – Age 6 and older</p>	<p>One visit at 100%, No provider fee, no PRA and no co-share, no AMPS Pricing</p> <p>Routine Labs during annual well visit: \$150 allowance at 100% no provider fee, no PRA, no co-share. Charges in excess of \$150 will be eligible subject to provider fee, PRA and co- share.</p> <p>Women: One additional well visit is eligible - subject to provider fee, PRA and co-share. (This can be used as your “free” annual wellness check)</p> <p>Vaccinations/Immunizations are NOT eligible for sharing</p>	<p>Wellness Visits and Diagnostic tests are eligible for sharing as follows: (Both the annual/well office visit and \$150 lab allowance are 100% sharable and not subject to the PRA or co-share.)</p> <ul style="list-style-type: none"> • One annual/well office visit for members 6 years and older per membership year, and includes \$150 allowance to be used towards any of the labs listed below. • Complete Blood Count with Differential and Platelets • Comprehensive Metabolic Panel • Lipid Profile with Lipoprotein Particle Assessment • Hemoglobin A1C • Vitamin D-25 OH • C-Reactive Protein • Fecal Occult Blood Test • Pap Smear • PSA

<p>Wellness Visits/ Screening Tests – Under the age of 6</p>	<p>One visit at 100%, No provider fee, no PRA and no co-share, no AMPS pricing.</p> <p>Routine Labs during annual well visit:</p> <p>\$150 allowance at 100% no provider fee, no PRA and no co-share.</p> <p>Charges in excess of \$150 will be eligible subject to provider fee, PRA and co-share, no AMPS pricing.</p> <p>Following ACA Guidelines, additional well visits are eligible - subject to provider fee, PRA and co-share.</p> <p>Vaccinations/Immunizations are NOT eligible for sharing</p>	<p>Members under the age of 6 receive one annual visit. Additional visits will follow routine wellchild guidelines as dictated by the American Academy of Pediatrics. These additional visits are subjected to PRA and co-share. Wellchild care is defined as recommended routine check-ups and associated lab work, excluding vaccinations and/or immunizations</p>
<p>Prescription</p>	<p>Present ID card at Pharmacy</p>	<p>Prescription medication expenses for prescribed drugs that may be dispensed, injected, or administered may be credited toward the PRA if they are not considered treatment for chronic conditions that were pre-existing when the member joined Impact. After the member's PRA has been met, eligible prescriptions will be shared as follows:</p> <ul style="list-style-type: none"> • After the first \$25 on generic drug prescription • After the first \$50 on brand name prescription when a generic is unavailable • Prescription medications must be purchased using the member ID card (see Rx information on the card) • Members pay 100% of the prescription amount at the pharmacy • Prescription drugs that may be dispensed, injected or administered • Psychotropic medication and birth control expenses are not eligible for sharing <p>The sharable amount is limited to \$1200 per member per membership year after the PRA has been met. Exceptions may be made in the case of medications for cancer and transplant recipients. Note: Members 65 and older must have Medicare Part D for prescription costs to be eligible for sharing. All sharing will be secondary to Medicare.</p>