



3.1.24

# Summary of Guidelines

<b>Primary Responsibility Amount (PRA)</b>	\$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. 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 with the Impact Sharing Plan started. A member can change their PRA amount on the anniversary of their Membership Date.</p>
<b>Co-Share</b>	90/10	<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>
<b>Co-Share Limit</b>	<p>There is a co-share limit of \$5,000 per household per membership year.</p>	<p>Once 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>
<b>Provider Fees</b>	<p>At time of receiving service from a medical care provider, members pay the following:</p> <ul style="list-style-type: none"> <li>• \$0 for Urgent Telemedicine via Member Portal only</li> <li>• \$50 for Primary Care</li> <li>• \$50 for each Allergy Test/ Serum Injection</li> <li>• \$75 for Specialist/Urgent Care and Outpatient Surgical Facilities</li> <li>• \$150 for Emergency Room or Inpatient Hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for Urgent Telemedicine (Excluding mental telehealth. Mental telehealth is considered a specialist therefore a specialist provider is applied for those services.)</li> <li>• \$50 for Primary Care</li> <li>• \$50 for each Allergy Test/Serum Injection</li> <li>• \$75 for Specialist/Urgent Care/Outpatient Services</li> <li>• \$150 for Emergency Room or Inpatient Hospitalization.</li> </ul>
<b>Outpatient Mental Health</b>	<p>\$75 specialist provider fee. Subject to the PRA and co-share.</p>	<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 a Specialist for provider fee purposes and subject to the PRA and co-share.</p>

<b>Virtual Mental Health</b>	<p>Members must pay 100% of the session consult fee at the time of service, subject to \$75 provider fee, PRA and co-share. 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 Expense Form. Virtual Mental Health is considered a Specialist for provider fee purposes. Only the difference between what is paid and provider fee will be eligible for sharing and subject to the PRA and co-share.</p>
<b>Telemedicine</b>	<p>Members pay a \$0 provider fee for an urgent Telemedicine visit accessed through the Member Center with Impact’s approved provider.</p>	<p>There is a \$0 provider fee for urgent telemedicine, and it NOT subject to the PRA and co-share (excluding mental telehealth) when using Impact’s approved telemedicine provider via the member center. Virtual mental health does not have a \$0 provider fee; please refer to the virtual mental health section for additional details.</p>
<b>1st 60 Days of Membership Limit</b>	<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 and subject to the PRA and co-share).</p> <ul style="list-style-type: none"> <li>• Does not apply to newborns added within 30 days of birth.</li> <li>• Maternity sharing is limited to \$150,000 per single pregnancy event for maternity related bills. Bills for the newborn are excluded from this.</li> <li>• There is no lifetime limit on sharing.</li> </ul>
<b>Annual Sharing Cap</b>	<p>\$500,000 per member per membership year</p>	<p>There is an annual sharing cap of \$500,000 per member per membership year.</p>
<b>Lifetime Sharing Limits for Smokers</b>	<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"> <li>• Stroke</li> <li>• Cancer</li> <li>• Heart conditions</li> <li>• Chronic obstructive pulmonary disease (COPD)</li> </ul>
<b>Pre-Existing</b>	<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>	<p>A Pre-Existing Medical Condition is eligible for sharing after the condition has gone 36 consecutive months without known signs, symptoms, testing, diagnosis, treatment, or medication (based on medical records).</p>

<b>Pre-Eligibility</b>	<ul style="list-style-type: none"> <li>• Cancer Treatment</li> <li>• Elective Cardiac Procedures</li> <li>• Non-emergency inpatient/outpatient surgery</li> <li>• Organ/Tissue Transplant Services</li> <li>• Maternity</li> <li>• Imaging: MRIs and Nuclear Imaging (i.e. PET scans)</li> </ul>	<p>Pre-eligibility is required for any of the following treatments to be eligible for sharing:</p> <ul style="list-style-type: none"> <li>• Cancer Treatment</li> <li>• Elective Cardiac Procedures</li> <li>• Non-emergency inpatient/outpatient surgery</li> <li>• Organ/Tissue Transplant Services</li> <li>• Maternity</li> <li>• 3-5 business day notice required, expedited review on a case-by-case basis. Medical records are required to determine pre-eligibility and failure to provide requested records for review will result in the bill being ineligible for sharing.</li> </ul> <p>Providers may request pre-approval by calling (855) 378-6777.</p>
<b>Member Bill Submission</b>	<p>In the event that a member must submit a bill for processing, it must be submitted electronically using the Medical Expense Form available at <a href="http://www.ImpactHealthSharing.com/forms">www. ImpactHealthSharing.com/ forms</a>. We are no longer accepting bills via email.</p>	<p>In the event that a Member must submit a bill for processing, it must be submitted electronically using the Medical Expense Form at <a href="http://www. ImpactHealthSharing.com/forms">www. ImpactHealthSharing.com/ forms</a>. 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.</p>
<b>Abortion</b>	<p>Not eligible for sharing</p>	
<b>Acupuncture</b>	<p>Not eligible for sharing</p>	
<b>Allergy injections, serum and testing</b>	<p>\$50 provider fee per test and per injection 10% co-share once PRA has been met</p>	<p>\$50 for each Allergy Test/Serum Injection</p> <p>Any fees beyond the \$50 provider fee are sharable subject to PRA and co-share.</p>
<b>Alternative treatment</b>	<p>Not eligible for sharing</p>	
<b>Ambulance (ground transfer)</b>	<p>Subject to the PRA and co-share</p>	<p>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 (based off medical records).</p>
<b>Air Ambulance</b>	<p>Subject to the PRA and co-share</p>	<p>Air ambulance is limited to a \$25,000 lifetime max per member. Transportation for appointments is not eligible for sharing.</p>

<b>Ambulatory/ Outpatient Surgical Center Expenses</b>	Subject to the PRA and co-share	Pre-eligibility is required for non-emergency services.
<b>Anesthesia Expenses</b>	Subject to the PRA and co-share	
<b>Assistant Surgeon/ Surgeon Expense</b>	Subject to the PRA and co-share	
<b>Biofeedback</b>	Not eligible for sharing	
<b>Chemotherapy/ Radiation Expenses</b>	Subject to the PRA and co-share	
<b>Colonoscopy Diagnostic and Routine</b>	Subject to the PRA and co-share	Routine Colonoscopy 1 every 10 years starting at age 45 or one every 5 years for members at high risk. Exceptions are made for testing outside of the above timelines when determined to be medically necessary and not related to a pre-existing condition.
<b>Dental/Injury Trauma</b>	Not eligible for sharing, unless related to an eligible medical injury or illness	
<b>Dialysis</b>	Subject to the PRA and co-share	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.
<b>Durable Medical Equipment</b>	Subject to the PRA and co-share	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.
<b>Emergency Room Visit</b>	\$150 provider fee and subject to the PRA and co-share	

<b>Experimental Treatment</b>	Not eligible for sharing	
<b>Fertility/Infertility</b>	Not eligible for sharing	
<b>Genetic defects, hereditary disease, or congenital conditions</b>	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.
<b>Genetic testing</b>	Genetic testing is only shareable for an existing medical condition (that is not prex). Not eligible for routine genetic testing.	
<b>Hearing Aides</b>	Not eligible for sharing	
<b>Home Health Care</b>	Subject to the PRA and co-share	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.
<b>Home Infusion Therapy</b>	Subject to the PRA and co-share	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.
<b>Hospice Care</b>	Subject to the PRA and co-share	Hospice care services are eligible for sharing when prescribed by a physician and is subject to a lifetime limit of \$15,000 per member once PRA has been met and subject to co-share.
<b>Inpatient Mental Health/ Substance Abuse</b>	Not eligible for sharing	

<b>Lab, Xray, diagnostic imaging</b>	Subject to the PRA and co-share	See Guidelines for details.
<b>Maternity</b>	Subject to the PRA and co-share	<ol style="list-style-type: none"> <li>1. Eligible if mother has been a member for 12 months. Calculated off the EDD (estimated due date).</li> <li>2. Sharing is limited to \$150,000 per single pregnancy event (not including baby's bills)</li> </ol>
<b>Newborns</b>	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.
<b>Mammogram Diagnostic and Routine</b>	Subject to the PRA and co-share	Routine mammogram 1 every year for ages 45-54 and one every 2 years for ages 55 and over. Exceptions are made for testing outside of the above timelines when determined to be medically necessary and not related to a pre-existing condition.
<b>Medical Marijuana</b>	Not eligible for sharing	
<b>Motorcycle Accidents</b>	Subject to the PRA and co-share	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.
<b>Naturopathic Treatment</b>	Not eligible for sharing	
<b>Non-prescription drugs and medical supplies</b>	Not eligible for sharing	
<b>Orthotics</b>	Not eligible for sharing	
<b>Outpatient Hospital</b>	Subject to the PRA and co-share	
<b>Prostheses</b>	Subject to the PRA and co-share	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.

<b>Skilled Nursing Facility</b>	Not eligible for sharing	
<b>Sleep Studies</b>	Subject to the PRA and co-share	Sleep studies not related to a specific disease or disorder
<b>Specialist</b>	Subject to the PRA and co-share and a \$75 provider fee	
<b>Substance Abuse</b>	Not eligible for sharing	
<b>Temporomandibular Joint Disorder</b>	Subject to the PRA and co-share	
<b>Therapy</b> <ul style="list-style-type: none"> <li>• Chiropractic Adjustment</li> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Speech Therapy</li> <li>• Cardiac Rehabilitation</li> <li>• Vision Therapy</li> </ul>	Subject to the PRA and co-share *No provider fee*	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 not related to a pre-existing condition (subject to PRA and co-share).  <ul style="list-style-type: none"> <li>• Chiropractic Adjustment</li> <li>• Physical Therapy</li> <li>• Vision Therapy</li> <li>• Occupational Therapy</li> <li>• Speech Therapy</li> <li>• Respiratory Therapy</li> <li>• Cardiac Rehabilitation</li> </ul>
<b>Urgent Care</b>	\$75 provider fee	
<b>Vaccinations/ Immunizations</b>	Not eligible for sharing	
<b>Vision</b>	Routine vision not eligible for sharing.	Medical conditions such as Glaucoma or Cataracts and services related to a medical injury or illness are sharable
<b>Weight Management Treatment or Procedure</b>	Not eligible for sharing	

<p><b>Wellness Visits/ Screening Tests – Age 6 and older</b></p>	<p>One visit shared at 100% regardless of PRA status.</p> <p>Routine Labs during annual well visit: \$150 allowance regardless of PRA status. Charges in excess of \$150 will be eligible subject to provider fee, PRA and co-share.</p> <p>Women: One wellness visit shared at 100%, secondary visit is eligible for sharing but subject to PRA and co-share.</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 shared at 100% regardless of PRA status.)</p> <ul style="list-style-type: none"> <li>• 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.             <ul style="list-style-type: none"> <li>• Complete Blood Count with Differential and Platelets</li> <li>• Comprehensive Metabolic Panel</li> <li>• Lipid Profile with Lipoprotein Particle Assessment</li> <li>• Hemoglobin A1C</li> <li>• Vitamin D-25 OH</li> <li>• C-Reactive Protein</li> <li>• Fecal Occult Blood Test</li> <li>• Pap Smear</li> <li>• PSA</li> </ul> </li> </ul>
<p><b>Wellness Visits/ Screening Tests – Under the age of 6</b></p>	<p>One visit shared at 100% regardless of PRA status.</p> <p>Routine Labs during annual well visit: \$150 allowance at 100% regardless of PRA status.</p> <p>Charges in excess of \$150 will be eligible subject to provider fee, PRA and co-share.</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 shared at 100%. 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><b>Prescription</b></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"> <li>• After the first \$25 on generic drug prescription</li> <li>• After the first \$50 on brand name prescription when a generic is unavailable</li> <li>• 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</li> <li>• Prescription drugs that may be dispensed, injected or administered</li> <li>• Psychotropic medication and birth control expenses are not eligible for sharing</li> </ul> <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>



