

CHM

*Christian
Healthcare
Ministries*



MEMBER GUIDELINES

Sharing the burden of
healthcare costs, together.

CHMinistries.org



To make sure you have the most up-to-date version of the CHM Guidelines, we encourage all members to visit portal.CHMinistries.org and non-members interested in learning more about CHM to visit CHMinistries.org

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Prior to any changes taking place to CHM's programs and policies, CHM gives members advance notification within a reasonable timeframe. For the most current information, we encourage all CHM members to visit portal.CHMinistries.org and people interested in learning more about CHM to visit CHMinistries.org for the most current information.

Important notice: Those who call the CHM office asking about eligibility of medical services will be given an opinion, not a decision. Bills cannot be authorized for CHM sharing over phone or email. For more information on submitting bills to CHM, see section VI of the Guidelines or visit CHMinistries.org/stepbystep.

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 program.



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 Demotech and 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.



How cost sharing works

1



Choose your healthcare provider

You have the freedom to choose quality care and be eligible for a self-pay discount—no network needed!

2



Submit eligible bills

Answer a few simple questions on the Member Portal and upload medical bills

**Medical bills and forms can be sent via the online Member Portal, mail, or fax.*

3



Receive your reimbursement

Your CHM family takes care of your eligible medical bills. It's that easy!

**The average timeline varies, but the "clock" begins the day CHM receives all necessary documents for the incident.*

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 contributions 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 contributions 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. 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 5:13].

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.

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].

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

- a. 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.
- b. 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].
- c. 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].
- d. 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].
- e. 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.



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 abstain from the following activity: use of any tobacco, nicotine, smoking device, or substitutionary smoking device, including, but not limited to, cigarettes, cigars, pipes, herbal cigarettes, e-cigarettes, and vape pens; illegal use of drugs; and sexual immorality (as defined in the Scriptures and expressed in CHM’s Statements of Beliefs). Additionally, members must follow biblical principles with respect to the use of alcohol.*

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 III.H for specific information regarding how CHM shares medical bills for Medicare-age members (individuals 65 and older) and early Medicare participants. Sharing limitations will apply for members 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.
- b. All dependent children on a membership are combined as a single unit as long as a parent/legal guardian is actively participating on the membership.
- c. Without a parent/legal guardian on the membership, two or more children must participate as two units.
- d. Individual units within the same membership may participate on different programs. Refer to Guideline III.B for detailed information about CHM programs.

What is a unit?

A unit is defined as the participating individual(s) within a membership. Below are examples of how units work. Each unit may participate at a different program.

1 UNIT



One individual

2 UNITS



Husband and wife

OR



One adult plus dependent child(ren)

OR



Two or more children without a parent on the membership

3 UNITS



Husband, wife, and dependent child(ren)

3. ADULT CHILDREN

- a. Adult children may remain on their parent's membership if they meet the following criteria:
 - 1) They must be Christians living by biblical principles and embrace the CHM Statements of Beliefs.
 - 2) They must be unmarried.
 - 3) They must be considered a dependent which is defined below as a person who is:
 - i. Under age 18 at the end of the year -or-
 - ii. Under age 26 and a full-time student for at least five months of the year -or-
 - iii. Disabled
 - 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 18th birthday and prior to subsequent birthdays thereafter.
- b. To avoid a membership gap, children who are no longer considered 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 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 IV for detailed information about pre-existing conditions.

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.



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.

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
- d. **Phone:** (833) JOIN-CHM

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

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

Through Prayers Unceasing, you can encourage CHM members by lifting them up in prayer and sending them cards, letters, or emails of encouragement. Each month in the Member Contribution Form, members will receive a name and contact information of someone who has requested prayer. It's an opportunity to put your faith into action.

Three reasons why Refer-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.

- b. Member Contribution Form**—CHM’s monthly billing statement with a letter from the ministry leadership detailing important ministry highlights. Details included:
- 1) Program contribution amounts and account balance (Financial contributions are due by the 10th of each month; contribution amounts received after the 10th of the month will not be reflected on the next statement.)
 - 2) A member prayer request through Prayers Unceasing.

Members can sign up for eBilling through the Member Portal or by contacting CHM at (800) 791-6225.

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 visit CHMinistries.org/news/chm-membership-for-maryland-residents or contact our Member Services department at (800) 791-6225 for more information about Maryland membership.*

- c. Heartfelt Magazine**—CHM’s monthly publication in which members can find ministry updates, testimonials, health information, CHM Give listings, and more. An online version is available anytime at CHMinistries.org/members. Members may choose to receive *Heartfelt Magazine* via mail by visiting info.CHMinistries.org/heartfelt.

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 the six-digit CHM member number located on both the CHM membership card (included with the Welcome Packet) and on the Member Contribution 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 for further assistance.

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



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.

D. Refer-a-Friend

Refer-a-Friend encourages members 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. After a referral pays for three months of CHM membership, the referring member will automatically receive a credit amount corresponding to the new member's selected program.
2. Members can earn up to 16 credits per year.
3. Credits can be applied toward the monthly contribution amount. Alternatively, when an eligible incident is submitted, credit balance available on a membership can be used to offset annual Personal Responsibility.
4. Every member has a unique referral link available through CHM's Member Portal; using this link is the best way to receive proper credit for referrals.
5. Through the Refer-a-Friend dashboard, members can view credits, share their referral link, track referral activity, and access helpful digital resources.

IMPORTANT NOTE: Refer-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 Refer-a-Friend page at CHMinistries.org/blog/refer-a-friend 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 contributions.

4. Read all CHM communications pieces for ministry information and updates. Such items include billing statements, Member Contribution 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. Submit medical records when a request is made for the purpose of verifying eligibility.
7. Report healthcare provider discounts or financial assistance as provision is secured.
8. Pay appropriate providers within 30 days after receiving CHM reimbursement checks.
9. Respect the privacy of fellow members. Prayer requests should not be shared outside the ministry and soliciting of any kind is not permitted.
10. Contact CHM with membership and eligibility questions as they arise.
11. 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 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 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, adoption, death, or changes regarding dependents
- 4. Anticipated or current maternity events**—contact the Maternity Care Team to learn how to qualify for a reduction in Maternity Personal Responsibility
- 5. Addition of individuals who are authorized to discuss or make changes to the membership**
- 6. Payment information**—addition of eBilling; updates of credit card number, bank account information, or payment withdrawal dates
- 7. Program changes**
- 8. Transitioning of adult children to individual memberships**
- 9. Discounts received after medical bill submission or reimbursement**
- 10. Membership cancellation**



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 contributions 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.
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 contribution 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 rejoin 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 contributions 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 contributions due to financial hardship should contact Member Services at (800) 791-6225 to inform CHM.

To read CHM's privacy and security policies, please visit CHMinistries.org/privacy-policy.



III. Program participation

A. Definition: Illness vs. incident

Before reviewing the details of CHM programs, it's essential to understand the difference between illness and incident—two key terms used in processing medical bills.

1. ILLNESS

An illness is 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 CHM Plus program (Guidelines III.F).

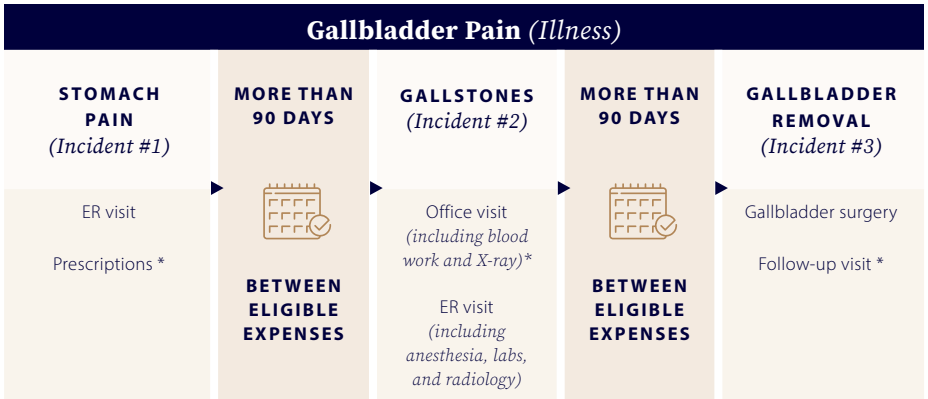
2. INCIDENT

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.

If a member experiences a 90-day gap between testing or treatment that is eligible **per the member's selected program**, any future bills will be considered a separate incident. Guideline III.D explains how an incident qualifies for sharing.





The member must meet a separate Qualifying Amount for each incident according to selected program.

* These services are not eligible for CHM Silver and CHM Bronze members.

B. Understanding programs

CHM offers four programs of participation: CHM Gold, CHM Silver, CHM Bronze, and CHM SeniorShare™. It's best to review and understand what each program offers before joining the ministry. Membership at **CHM Gold with CHM Plus or CHM SeniorShare™ with CHM Plus** offers the highest amount of health cost support and provides numerous advantages for those who incur medical expenses. Refer to Guideline III.F for details regarding CHM Plus participation.

1. CHM GOLD

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. Maternity—eligible for sharing on CHM Gold only (Guideline VII.A)
- g. Home healthcare—up to 45 visits for medical services per eligible injury or illness

Those who call the CHM office asking about eligibility of medical services will be given an opinion, not a decision. Medical bills cannot be authorized for CHM sharing over the phone or by email inquiry.

2. CHM SILVER

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

3. CHM BRONZE

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

4. CHM SENIORSHARE™

CHM SeniorShare™ is a program for members who are:

1) at least 65 years of age, or 2) early Medicare participants with Medicare Parts A and B or a Medicare Advantage Plan.

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 for medical services per eligible injury or illness

Please see Guideline III.H for detailed information about submitting bills as part of the CHM SeniorShare™ program. If you choose to participate in CHM SeniorShare™ without enrollment in Medicare Parts A and B, sharing limitations will apply.

C. Program comparison

While the ministry is committed to notifying members within a reasonable timeframe prior to necessary changes taking place, members can visit [CHMinistries.org/members](https://www.chministries.org/members) for current ministry information and program updates.

CHM program features	CHM GOLD	CHM SILVER	CHM BRONZE	CHM SENIORSHARE™
Program contribution amounts per unit	<i>Please visit CHMinistries.org/programs-costs for current costs.</i>			
Maternity Per-pregnancy Personal Responsibility of \$1,500 is applied (Guideline VII.A)	✓	NA	NA	NA
Qualifying Amount per incident	\$1,000	\$2,500	\$5,000	\$500
Personal Responsibility, per unit, per year	\$1,000	\$2,500	\$5,000	\$0
Regular sharing lifetime max, per illness	\$125,000	\$125,000	\$125,000	\$125,000
CHM Plus provision, per illness Members must add program prior to experiencing signs and symptoms (Guideline III.F)	Unlimited sharing	Additional \$100,000 per year, accruing up to \$1 million		Unlimited sharing
Emergency room visits	✓	✓	✓	✓
Inpatient hospitalization	✓	✓	✓	✓
Outpatient hospital services	✓	✓	✓	✓
Surgical procedures	✓	✓	✓	✓
Free access to CHM's featured telemedicine provider (Guideline VII.C)	✓	✓	✓	✓
Urgent care visits	✓			✓
Independent radiology/laboratory testing	✓			✓
Office visits	✓			✓
Prescription medications non-maintenance, incident-related (Guideline V.C.1)	✓			✓
Physical therapy up to 45 sessions per injury or illness (Guideline V.C.3)	✓			✓
Home healthcare up to 45 visits for medical services per eligible injury or illness	✓			✓
Medical transportation must meet eligibility criteria (Guideline V.C.2)	✓			✓
Life-sustaining durable medical equipment (Guideline V.C.6)	✓			✓

Note: Each individual unit within the same membership may participate on different programs. For example, a two-unit membership can have one unit on CHM Gold and one unit on CHM Silver. All dependent children participate as a single unit as long as a parent/legal guardian is actively participating on the membership (Guideline II.B.2.d).

D. Qualifying Amount per Incident

Before an incident can be submitted to CHM for sharing, it must satisfy the Qualifying Amount per incident based on the member's selected program. Qualifying amounts are as follows:

CHM Gold program—\$1,000 per incident

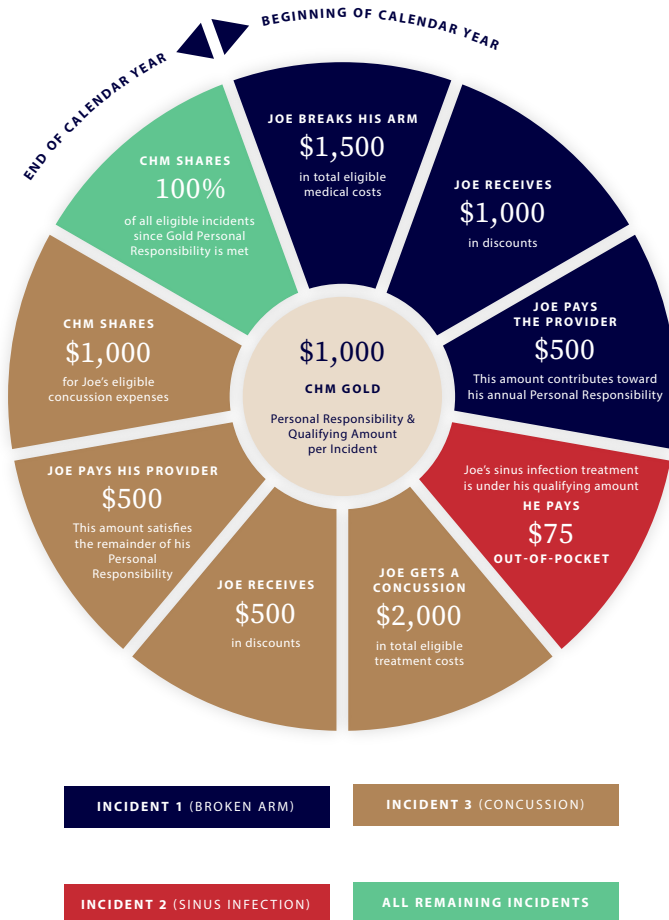
CHM Bronze program—\$5,000 per incident

CHM Silver program—\$2,500 per incident

CHM SeniorShare™—\$500 per incident

Members may submit incidents for sharing consideration once the full cost of eligible medical services reaches the qualifying amount for their program. It's important to note that only incident-related medical expenses can be combined to reach the Qualifying Amount per incident. See Guideline III.A.2 for definition of an incident.

After 90 days pass in which no eligible expenses are incurred, the cost of additional treatment must meet a new qualifying amount before expenses can be submitted for sharing.



E. Personal Responsibility

Each program has an assigned Personal Responsibility per unit, per year. This amount must be satisfied before members can receive reimbursement for eligible medical expenses.

CHM Gold program—\$1,000

CHM Bronze program—\$5,000

CHM Silver program—\$2,500

CHM SeniorShare™—\$0

The Personal Responsibility for each unit is met through incident submissions for members participating on that unit. See Guideline III.D for information on how incidents qualify for submission.

1. For each unit, the annual Personal Responsibility must be satisfied before medical bills may be considered for sharing.
2. After discounts are applied to eligible medical bills, the remaining charges are credited toward the unit's annual Personal Responsibility.
3. Any charges which are ineligible per the member's selected program cannot contribute toward the fulfillment of that unit's assigned Personal Responsibility.
4. Personal Responsibility may be satisfied through a single incident or a combination of qualified incidents.
5. Personal Responsibility is a per unit amount; therefore, qualifying incidents for all children included in the unit can be combined to satisfy this annual per unit requirement.
6. Adult children transitioning from a parent's membership will be responsible to fulfill a separate Personal Responsibility amount once they are on their own membership.
7. A separate Maternity Personal Responsibility of \$1,500 is required for each eligible pregnancy. See Guideline VII.A.2 for additional information.

F. CHM Plus (optional add-on)

CHM Plus is a low-cost, biblical program enabling CHM members to meet medical bills that exceed the \$125,000 limit per illness specified in the CHM Guidelines (info.CHMinistries.org/guidelines-sign-up). Participation in this program provides a safeguard against catastrophic illness or injury. Members have the option to add CHM Plus anytime but will receive the most support by choosing to participate from the start of their membership.

1. PARTICIPATING IN CHM PLUS

- a. CHM Plus participants pay *monthly* designated contribution amounts per unit. These amounts are shared with other CHM Plus participants who have incurred medical expenses exceeding \$125,000 per illness.
- b. Refer to [CHMinistries.org/programs-costs](http://info.CHMinistries.org/programs-costs) for additional information on CHM Plus participation costs.

2. CHM PLUS SHARING

Adding CHM Plus to a membership unit increases the maximum lifetime limit per illness.

- a. Members must add CHM Plus 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 programs.

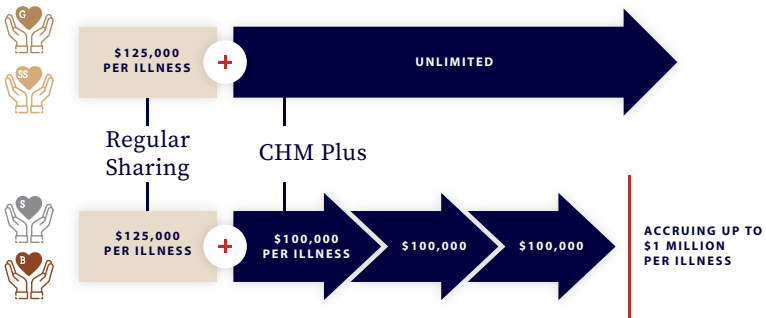


- b. **CHM Gold and CHM SeniorShare™ members**—CHM Plus provides unlimited cost support per illness for eligible medical expenses.



- c. **CHM Silver and CHM Bronze members**—CHM Plus 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 CHM Plus to the membership. As long as the member continuously participates in CHM Plus, 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 CHM Plus anniversary date; they cannot be applied to previously incurred bills.

- d. CHM Plus does not include sharing provision for congenital conditions or birth defects. See Guideline V.C.9 for information about congenital birth defects.



3. ADDING CHM PLUS AFTER JOINING CHM

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

Previously shared illnesses may eventually qualify for CHM Plus sharing if they meet the following criteria:

- a. The member has participated in CHM Plus for three full consecutive years; **-and-**
- b. The illness has become maintained according to the following criteria at least one time during the first three years of CHM Plus participation:
 - 1) At least 90 days have passed without the patient undergoing testing or treatment,
 - 2) their medical provider states that no further testing or treatment is needed, **-and-**
 - 3) medical records show that the patient is cured or on a maintenance treatment regimen.

Once a member reaches the third-year anniversary date of CHM Plus participation, new incidents within that illness will be considered for extended CHM Plus sharing.

4. CHM PLUS 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 CHM Give based on the following criteria, as long as all other CHM Guidelines are met:

- a. CHM Plus must be added at the time of joining CHM and participation must remain continuous throughout membership.



- b. **CHM Gold and CHM SeniorShare™ members**—When eligible medical bills relating to maintained pre-existing conditions exceed \$125,000, CHM Plus offers unlimited cost support through CHM Give. After a member has participated continuously for three full years on CHM Gold with CHM Plus or CHM SeniorShare™ with CHM Plus, the member would have access to regular CHM Plus sharing.



- c. **CHM Silver and CHM Bronze members**—Through CHM Give, CHM Plus will offer an additional \$100,000 per illness, per CHM Plus 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 PROGRAMS AFFECTS CHM PLUS

- a. Switching from CHM Bronze or CHM Silver to CHM Gold or CHM SeniorShare™

When a member who participates in CHM Plus switches from CHM Bronze or CHM Silver to CHM Gold or CHM SeniorShare™, the following provisions apply:

- 1) The CHM Plus program provides unlimited cost support for new illnesses as of the date CHM Gold or CHM SeniorShare™ membership begins. This only applies to medical illnesses for which no signs, symptoms, testing, or treatment have occurred prior to the switch to CHM Gold or CHM SeniorShare™.
- 2) Illnesses which have signs, symptoms, testing, or treatment prior to switching to CHM Gold or CHM SeniorShare™ will be shared according to CHM Plus specifications for CHM Bronze and CHM Silver, as defined in Guideline III.F.4.c.

- b. Switching from CHM Gold or CHM SeniorShare™ to CHM Bronze or CHM Silver

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



G. Switching programs

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

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

1. SWITCHING TO A LOWER PROGRAM

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

2. SWITCHING FROM CHM BRONZE TO CHM SILVER

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

3. SWITCHING TO CHM GOLD OR CHM SENIORSHARE™

- a. Once an illness begins with signs, symptoms, testing, or treatment at a lower program, it will remain at that lower program 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 CHM Gold or CHM SeniorShare™ start date will be considered for sharing at CHM Gold or CHM SeniorShare™.

H. Members age 65 and older (or early Medicare)

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

1. CHM SENIORSHARE™

CHM members age 65 or older are eligible for the CHM SeniorShare™ program. The option to participate in this program begins the month of the member's 65th birthday. Members under age 65 with Medicare Parts A and B or a Medicare Advantage Plan can also participate on this program beginning the next billing cycle after they provide proof of Medicare participation.

Important note about changing programs: CHM requires a 30-day advance notice if you wish to change your program participation to CHM SeniorShare™. All illnesses previously shared on a lower program will continue sharing according to that program provision for the lifetime of your membership. Please review Guidelines III.G and IV.E for additional information about how changing programs impacts medical bill sharing eligibility.

2. SHARING PROTOCOL FOR MEDICARE-AGE AND EARLY MEDICARE MEMBERS

If you are 65 years of age and older or participating on a Medicare plan, please be aware of the following sharing protocol.

- a. Members turning 65 or older** must have Medicare Parts A and B (or a Medicare Advantage Plan) effective the first day of the month of their 65th birthday. Members should plan ahead regarding their Medicare start date to avoid gaps in full sharing eligibility.
- b. Early Medicare members**—for example, those qualifying for Social Security disability—also must have Medicare Parts A and B (or a Medicare Advantage Plan) to be considered Medicare-participating members who can receive full sharing eligibility.
- c.** Without Medicare Parts A and B or a Medicare Advantage Plan, CHM shares 20 percent of the total eligible medical expenses.
- d.** Likewise, CHM shares 20 percent of eligible medical expenses when Medicare-participating members receive treatment from a non-participating Medicare provider.
- e.** 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-participating members should follow these important steps:

- a.** Submit the official Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) for incident-related medical expenses.
- b.** CHM SeniorShare™ members should submit itemized bills (bag tags) for incident-related prescriptions.
- c.** Complete the Sharing Request Form detailing your medical incident and the Medical Information Release and Patient Delegation Form.
- d.** Do not submit the Medical Bill Worksheet. If you receive additional discounts, note the amounts directly on your MSN or EOB.
- e.** Please discontinue submitting itemized bills for medical services other than prescription medications.

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

IV. Pre-existing conditions

A. Definition: Pre-existing conditions

CHM offers two options for the sharing of pre-existing conditions: scheduled sharing and CHM Give. In order to understand how each option works, it's important to define what qualifies as a pre-existing condition.

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 THROUGH CHM'S OPTIONS FOR PRE-EXISTING CONDITIONS MUST ALSO FOLLOW ALL CHM GUIDELINES FOR SHARING, INCLUDING PROGRAM 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/or-**
- 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 <i>(e.g., stents, pacemakers, medications)</i>
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.

Defining pre-existing conditions

1



Have you talked to a medical professional?

2



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

3



Have you taken a prescription?

C. Maintained pre-existing sharing schedule

CHM Gold and CHM SeniorShare™ 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 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 CHM Gold and CHM SeniorShare™ members will be considered for sharing on CHM Give.

D. CHM Give

CHM Give is a Spirit-led option that enables the sharing of eligible medical bills for maintained pre-existing conditions.

Through CHM Give, members and non-members voluntarily contribute donations to provide additional support to members with maintained pre-existing conditions.

While receiving sharing funds from CHM Give, members grant CHM permission to include their names, addresses, condition summaries, and current donation amounts.

1. CHM GIVE PARTICIPANTS



a. CHM Silver and CHM Bronze members

CHM Give enables sharing for CHM Silver or CHM Bronze members with eligible incidents determined to be maintained pre-existing conditions.



b. CHM Gold and CHM SeniorShare™ members

Eligible medical bills exceeding the schedule limits described in Guideline IV.C qualify for sharing through CHM Give.

- c. For illnesses without CHM Plus provision, the maximum sharing limit of \$125,000 will apply.
- d. All CHM Guidelines apply to medical expenses shared on CHM Give.

2. HOW TO CONTRIBUTE

a. Financially

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

b. Spiritually

Members are invited to send cards and notes of encouragement to fellow members listed on CHM Give. 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 CHM Give, 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 programs with pre-existing conditions

Switching programs 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 programs.

1. SWITCHING TO A LOWER PROGRAM

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

2. SWITCHING FROM CHM BRONZE TO CHM SILVER

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

3. SWITCHING TO CHM GOLD OR CHM SENIORSHARE™

- a. Once an illness begins with signs, symptoms, testing, or treatment on a lower program, it will remain on that program 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 previously were submitted for sharing. Medical records may be requested.
- b. New illnesses with signs, symptoms, testing, or treatment beginning after the CHM Gold or CHM SeniorShare™ start date will be considered for sharing on CHM Gold or CHM SeniorShare™.



Members should allow 30 days for membership change(s) to take effect. Program switch dates will be effective as of the first of the month which follows the request. Switching programs may impact outstanding Personal Responsibility amounts.



V. Understanding eligibility

A. Selecting your healthcare providers

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

CHM members 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.

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 shares most 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 consider an emergency transportation plan prior to traveling.

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 program.

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

For more information on submitting bills to CHM, see section VI of the Guidelines or visit CHMinistries.org/stepbystep.

C. Provisional sharing

Special considerations apply for the following list of medical expenses.



1. PRESCRIPTION MEDICATIONS—oral, topical, injections, infusions (CHM GOLD AND CHM SENIORSHARE™ 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 physician-recommended change in medication. Changes in medication do not include the following: change of dose, change in route of administration, or switch to another drug in the same therapeutic class.
 - 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.
- 4) Immunotherapy or allergy shots are eligible during the build-up or desensitization phase, usually a period of six to nine months. Once injections transition to monthly administration, immunotherapy enters the maintenance phase, and the treatment is no longer eligible. Medical records may be necessary to make sure your treatment plan meets eligibility criteria.

Christerson family | California



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 (CHM GOLD AND CHM SENIORSHARE™ 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. Recommended providers for ineligible medical transportation are found on the Member Portal at portal.CHMinistries.org.



3. THERAPY (CHM GOLD AND CHM SENIORSHARE™ MEMBERS ONLY)

a. Provision

- 1) Up to 45 sessions of therapy are allowed per eligible injury or illness.
- 2) Therapy sessions may be a combination of eligible therapy types; however, the total per injury or illness cannot exceed 45 sessions.
- 3) Therapy must be ordered by a healthcare professional licensed in their state to prescribe this type of treatment **prior to the start of therapy**.
- 4) Therapy sessions must meet all eligibility criteria and must be administered by a therapist licensed to perform the eligible therapy.

b. Eligible therapy

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

Important note: *Therapy performed for developmental or educational reasons is not eligible for sharing*

c. Ineligible therapy

- 1) Therapy performed by a chiropractor (Guidelines V.E.7)
- 2) Therapy that does not meet a conventional medical standard of care (Guideline V.E.2)
- 3) Therapy performed for developmental or educational reasons

- 4) Self-prescribed or Direct Access therapy (evaluation and treatment by a licensed physical therapist without first seeing your physician for a referral)
- 5) Osteopathic manipulation
- 6) Acupuncture
- 7) Massage therapy
- 8) Vision therapy
- 9) External devices for pain relief, such as a TENS unit (transcutaneous electrical nerve stimulation) and other similar devices intended for home use outside of a physical therapy session.

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 and/or breathing, **-and-**
 - iii. it meets the criteria listed in Guideline V.C.3.a.
- 3) Medical records may be requested for review.



4. REGENERATIVE INJECTION THERAPY (CHM GOLD AND CHM SENIORSHARE™ 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 (e.g., neck, lower back), 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.

Are your medical services eligible?

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

It's important to note that CHM cannot share bills for any provider implementing non-standard procedures and treatment plans as defined in Guideline V.E.2.



5. SKILLED NURSING FACILITIES (SNF), REHABILITATION CENTERS,* AND STEP-DOWN FACILITIES (CHM GOLD AND CHM SENIORSHARE™ 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 physicians, registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech-language pathologists, or audiologists.

a. CHM shares medical bills from SNFs for CHM Gold and CHM SeniorShare™ 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 follow-up care necessary for healing from an illness, procedure, or injury, not rehabilitation due to the abuse of drugs or alcohol (Guideline V.E.26).*

6. MEDICAL APPLIANCES AND EQUIPMENT



a. CHM Silver and CHM 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. CHM Gold and CHM SeniorShare™ provision

- 1) The cost of **life-sustaining medical equipment** prescribed by a medical doctor is eligible for sharing up to \$8,000 per illness. Such expenses include but are not limited to sleep apnea equipment, aerosol machines, insulin pumps, and oxygen supply (concentrators, ventilators, and first oxygen tank).
- 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.
- 5) Previously owned, new/used equipment sold person to person is not eligible for sharing. To maintain the safety and integrity of the devices, life-sustaining equipment must be purchased from a durable medical equipment supplier, medical provider, or medical supply manufacturer.

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. CHM Bronze and CHM Silver members

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

b. CHM Gold and CHM SeniorShare™ members

- 1) Sleep apnea appliances and equipment are eligible for sharing up to the \$8,000 limit per illness 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 Qualifying 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.

a. Sharing up to \$200,000 lifetime maximum

Expenses for birth defects or congenital conditions (and bills from resulting conditions) may be submitted for sharing with a maximum total not to exceed \$200,000* per illness, as long as the following requirements are met.

1) Biological children

- i. The individual who incurred the bills has continuously been a CHM Gold member with no interruptions in membership since birth.
- ii. Maternity expenses for the child's birth must have been eligible and shared at CHM Gold.

- iii. The child and mother must be CHM Gold members with a membership in good standing.
- iv. The mother must remain a CHM Gold member until \$200,000 is shared.

2) Children adopted at birth

- i. The individual who incurred the bills has continuously been a CHM Gold member with no interruptions in membership since adoption/birth.
- ii. The child's adoptive parent must be a CHM Gold member with an account in good standing prior to the adoption.
- iii. The child and adoptive parent must remain CHM Gold members while the \$200,000 provision is being shared.
- iv. CHM may consult the official medical records to determine whether the condition was discovered before the adoption was finalized.

**CHM Plus sharing provision is not available for birth defects or congenital conditions (Guideline VII.A.2.d).*

b. Sharing up to \$25,000 lifetime maximum

The following members may submit expenses for birth defects or congenital conditions (and bills from resulting conditions) for sharing with a maximum total not to exceed \$25,000* per illness:

- 1) CHM Gold members who do not meet the requirements in Guideline V.C.9.a
- 2) CHM Bronze and CHM Silver members

10. EXTREME SPORTS AND HAZARDOUS ACTIVITIES

Member participation in extreme sports and hazardous activities may limit or completely prohibit sharing depending on the sport or activity.

If any activity does not appear on one of the lists below, CHM does not consider it as either hazardous or extreme.

a. EXTREME SPORTS: CHM defines the following activities as extreme sports. Medical bills arising out of participation in these activities are always ineligible.

- Alpine or freestyle skiing/snowboarding
- Base jumping
- Bobsledding/luge/skeleton
- Cage of death/MMA fighting/professional wrestling
- Canyon swinging
- Cliff diving/jumping
- Cross ocean swimming
- Fighter jet flying
- Flying to space
- Free climbing/free solo climbing/bouldering
- Gliding
- Half-pipe/vert ramp
- Heli-/Big Mountain skiing/snowboarding
- Highlining or slacklining
- Ice climbing

continued on next page...

- Kiteboarding
- Megavalanche/freeride mountain biking
- Motorcycle racing
- Organized and competitive BMX participation
- Organized and competitive motorcross
- Organized and competitive rodeo (this does not include 4-H activity participation)
- Paragliding
- Parkour
- Racecar driving
- Running of the bulls
- Speed flying/speed riding
- Storm chasing
- Street luge riding/racing
- Volcano boarding
- Water buffalo racing
- Waterfall kayaking
- Wing walking
- Wingsuit flying
- Xpogo

b. HAZARDOUS ACTIVITIES: The following activities are considered hazardous by CHM. Medical expenses arising out of participation in these activities may be eligible for sharing under the following conditions:

- 1) At the time of injury, the member was not engaging in the activity as a profession, **-and-**
- 2) The member was not participating in an organized contest for purse or prize money, or prizes valued over \$100.
 - Blobbing
 - Bungee jumping
 - Hang gliding
 - Mountain boarding
 - Mountain climbing (use of climbing aids such as ropes, carabiners, and anchors)
 - Parasailing
 - Powerbocking
 - Rappelling/abseiling
 - Scuba diving
 - Skateboarding (at dedicated skateparks only)
 - Skydiving
 - Snow kiting
 - Surfing
 - White water rafting
 - Windsurfing
 - Zorbing

D. Motor vehicle accidents

If a motor vehicle accident occurs, please note the special considerations that apply. For the purposes of this section, motor vehicle means a vehicle designed for use on public roads and subject to state registration requirements.

1. SAFETY REQUIREMENTS FOR MOTOR VEHICLES

If a CHM member is injured while operating or occupying a motor 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 motor vehicle at the time of the injury. This applies regardless of:

- a. the type of motor vehicle in use,

- b. whether the member was the operator or passenger, **-or-**
- c. state or county requirements.

Exceptions: These safety requirements do not apply: 1) When the member is operating or occupying a motor vehicle on the member's premises or real property, whether owned or leased by the member, to service or maintain that premises or real property. 2) If the failure to use the manufacturer-recommended safety equipment did not contribute in any way to the incurred injury.

2. MOTOR VEHICLE ACCIDENTS AND INSURANCE

- a. If a member is injured in an accident involving a licensed motor 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 CHM Plus can increase this sharing limit—see Guideline III.F for more information.)
- b. If a member is a passenger in or on a motor 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 contributions low.

3. NON-MEMBER PASSENGERS

Medical bills for non-members injured in a motor 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 after Personal Responsibility and Qualifying Amounts are met; 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. NON-STANDARD TREATMENT**—CHM cannot share bills for non-standard procedures and treatment plans, including blood work or testing supporting such treatment. This includes treatment plans that follow an alternative, integrative, complementary, functional, holistic, or naturopathic approach. To be considered for sharing, treatment must follow a conventional approach and meet the medical standard of care for the condition submitted. This Guideline applies regardless of the type of practitioner implementing treatment.
- 3. DENTAL EXPENSES**—including, but not limited to, routine care, root canals, extractions, orthodontic procedures, crowns, and veneers.

 - a. Exception:** Dental repair necessary as a result of an eligible illness or an accident that occurred after joining CHM.

 - 1)** Only expenses for the initial repair are eligible provided the injury was not a result of chewing.
 - 2)** Procedures including, but not limited to, dental braces and veneers are not eligible dental repair expenses.
 - 3)** The incident must meet all CHM eligibility Guidelines.
 - 4)** Medical records and a treatment plan must be submitted.
 - 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.
- 4. MAXILLOFACIAL EXPENSES**—expenses from temporomandibular joint disorders (TMJ/TMD) and similar dental-related conditions, including but not limited to malocclusion, micrognathia, and congenital malformations of the jaw, are not eligible for sharing. This exclusion applies regardless of variations in diagnostic terminology or coding, the location where the treatment is rendered, or the type of practitioner providing treatment (i.e., DDS, DMD, or other).
- 5. VISION CORRECTION**—including, but not limited to, optometrist services, eye exams, eyeglasses, contact lenses, and vision therapy.
- 6. AUDIOLOGICAL EXPENSES**—including, but not limited to, routine hearing tests, hearing aids, and cochlear implants.
- 7. CHIROPRACTIC CARE**—therapeutic and non-therapeutic treatment implemented or ordered by any type of chiropractic provider, including neurological chiropractors.
- 8. OUT-OF-POCKET MEDICATION EXPENSES**—including, but not limited to, maintenance prescription medications, over-the-counter medications, and supplements.
- 9. IMMUNIZATIONS**—including complications arising from their administration.
- 10. TELEPHONE OR DIGITAL CONSULTATIONS WITH HEALTHCARE PERSONNEL**
- 11. MEDICAL TRANSPORTATION**—refer to Guideline V.C.2 for CHM Gold and CHM SeniorShare™ exceptions.

- 12. GENETIC TESTING**—including all preventative, presymptomatic, and predictive testing.
Exception: Testing required to diagnose an illness when symptoms are present or to determine treatment for a current medical condition may be eligible. In such cases, medical records may be requested to determine medical necessity.
- 13. MATERNITY EXPENSES FOR PREGNANCIES CONCEIVED PRIOR TO CHM GOLD MEMBERSHIP**
- 14. BIRTHS FROM UNWED MOTHERS**
- 15. ABORTIONS**
- 16. BIRTH CONTROL EXPENSES**—including, but not limited to, contraceptives, vasectomies, tubal ligations, reversals (Guideline VII.A.6).
- 17. INFERTILITY TESTING OR TREATMENT** (Guideline VII.A.6)
- 18. PREGNANCIES AND COMPLICATIONS RESULTING FROM IN VITRO FERTILIZATION AND EMBRYO IMPLANTS, TRANSFERS, OR ADOPTIONS** (Guideline VII.A.6)
- 19. SURROGATE MATERNITY PROCEDURES AND ASSOCIATED MATERNITY BILLS** (Guideline VII.A.6)
- 20. SEXUALLY TRANSMITTED DISEASES, SEXUAL DYSFUNCTION, OR GENDER DYSPHORIA**—including, but not limited to, medication, hormone therapy, and surgery.
- 21. DEVELOPMENTAL OR EDUCATIONAL THERAPY** (Guideline V.C.3.c.3)
- 22. PSYCHOLOGICAL OR PSYCHIATRIC TREATMENT, TESTING, OR COUNSELING**—including, but is not limited to, the following types of disorders: mental, sensory processing, or behavioral (e.g., ADD, ADHD, and other behavioral conditions). **Exception a:** Inpatient hospital or emergency room medical bills incurred to stabilize the patient's physical condition, even if incurred as the result of a psychological, psychiatric, or mental condition, are eligible for sharing. Bills incurred for treatment after the patient is moved to a psychiatric unit or behavioral facility are not eligible for sharing. **Exception b:** Postpartum depression can be shared as a complication of an eligible maternity event, miscarriage, or stillbirth. Sharing can include inpatient treatment, counseling, prescription medications, and follow-up care as needed up to 90 days from the date of delivery or loss. Medical bills and/or medical records must specifically indicate a postpartum depression diagnosis.
- 23. COUNSELING SESSIONS**—including, but not limited to, mental health, marriage, family, individual, and group counseling.
- 24. EATING DISORDERS**—treatment, testing, or counseling at an office, treatment facility, or hospital (inpatient or outpatient).
- 25. SELF-INFLICTED, NON-ACCIDENTAL INCIDENTS**
- 26. DRUG AND ALCOHOL ABUSE**—including injuries and illnesses relating from such abuse.

- 27. CANNABINOID PRODUCT/MARIJUANA**—including, but not limited to, CBD oil and medical or recreational marijuana, as well as 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.
- 28. FAILURE TO UTILIZE PROPER SAFETY EQUIPMENT WHEN OPERATING MOTOR VEHICLES**—bills incurred from motor vehicle accidents in which members were not wearing a helmet or the proper safety equipment (Guideline V.D.1).
- 29. EXTREME SPORTS**—See Guideline V.C.10 for a complete list of ineligible extreme sports.
- 30. LONG-TERM NURSING HOME CARE OR CUSTODIAL NURSING CARE**—See Guideline V.C.5 for skilled nursing facilities sharing information.
- 31. MEMBERSHIP AND PROGRAM FEES**—including, but not limited to, health or medical practice memberships, wellness programs, gym memberships, and personal trainers.
- 32. WEIGHT MANAGEMENT TREATMENT**—including, but not limited to, inpatient and outpatient programs, surgeries, procedures, prescriptions, and nutritional supplementation.
- 33. DIETARY SUPPLEMENTATION**—when administered through nasogastric (NG) or feeding tubes. **Exception:** Total parenteral nutrition (TPN), partial parenteral nutrition (PPN), and tube feeds administered directly to the bloodstream through and IV or central line access are eligible on the CHM Gold and CHM SeniorShare™ programs only when implemented as part of life-sustaining treatment. All other CHM Guidelines must be met.
- 34. HEALTH EDUCATION SERVICES**—including but not limited to counseling, classes, therapy, and nutritionist services.
- 35. COSMETIC, ELECTIVE, OR NON-HEALTH RELATED SURGERY AND PROCEDURES**—this also includes complications arising from such procedures. For example, CHM cannot share costs for removal of breast implants placed for cosmetic reasons.
- 36. PROPHYLACTIC PROCEDURES**—for example, mastectomies or hysterectomies due to gene mutation 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, and slings. See Guideline V.C.6 for medical equipment exceptions (limitations apply).
- 40. MEDICAL SUPPLIES**—including, but not limited to, syringes, test strips, lancets, compression socks, shoe inserts, and batteries.

- 41. NON-MEDICAL EXPENSES**—including, but not limited to, postage, shipping, finance charges, interest charges, phone calls, and administrative fees.
- 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 including, but not limited to, insurance, other health cost sharing programs, and financial assistance. (Guideline VI.G.1).
- 46. ABSENCE OF REQUESTED MEDICAL RECORDS**—Occasionally, CHM must review relevant medical records to determine the eligibility of a bill submitted for sharing. When medical records have been requested by CHM and the records request has been denied or ignored by the provider and/or the member, the related bills are ineligible for sharing until the requested medical records have been received.
- 47. NOT LIVING BY BIBLICAL PRINCIPLES AS OUTLINED IN THE STATEMENTS OF BELIEFS**—Bills submitted by any member in violation of any part of Statements of Beliefs from the time bills are incurred through the time bills are reimbursed will be considered ineligible for sharing. Future sharing eligibility will be subject to review.

F. Planning for ineligible costs

CHM members will encounter necessary medical costs that are not eligible for sharing (Guideline V.E) including the annual Personal Responsibility, dental and vision care, chiropractic care, routine medications, immunizations, medical equipment costs, and more.

1. RECOMMENDATIONS

- a. Set up a personal savings account with designated funds for ineligible expenses.
- b. Comparison shop for provider discount options that can offer cost savings on dental, vision, and prescriptions.
- c. Read *Heartfelt* Magazine and the CHM blog to learn about helpful resources for these expenses.

2. HEALTH SAVINGS ACCOUNTS

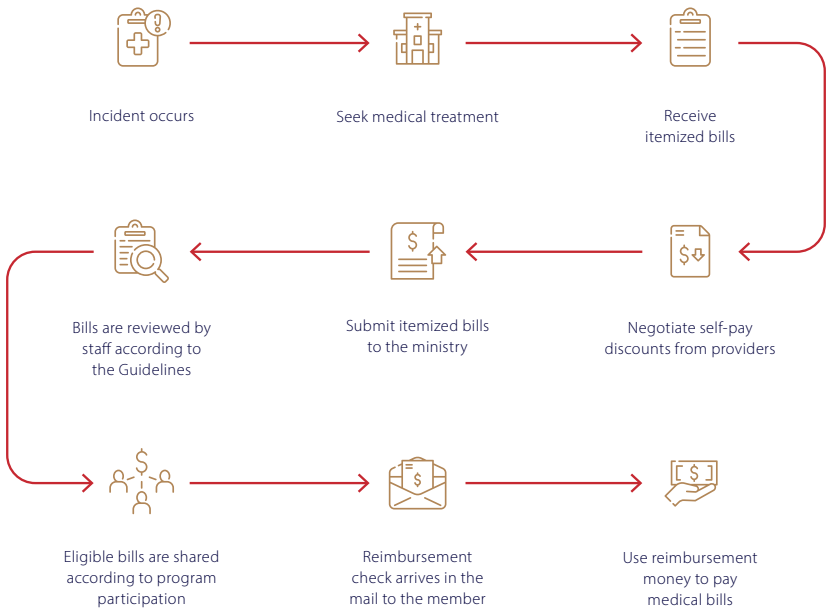
CHM members with a funded Health Savings Account (HSA) are not required to use the funds in their HSA prior to submission of medical bills to CHM. Whether a member has a funded HSA does not affect the determination of the eligibility or the amount to be shared of any sharing request.

CHM strongly recommends that members consult with their attorney or other tax professional before paying monthly contribution amounts using funds in their HSA.

VI. Submission of medical bills

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

Visit our website at **CHMinistries.org** or contact Member Services at (800) 791-6225 if you have any questions about medical bill submission.



Maryland members only: To comply with Maryland state law, medical bill sharing is experienced through member-to-member giving. Please visit [CHMinistries.org/news/chm-membership-for-maryland-residents](https://www.chministries.org/news/chm-membership-for-maryland-residents).

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 (e.g., auto, home, school, supplemental), Medicare, Workers' Compensation, fraternal benefits, or any other resource available to pay all or a portion 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 process 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.

Medical bills are processed according to the date they are received at CHM; therefore, it's important to submit your bills as soon as possible. Additionally, when it's necessary for our Member Advocate team to assist members in securing discounts, it's more advantageous to negotiate closer to the incurred date.

2. SUBMITTING MEDICAL BILLS

Please use the following instructions when submitting a new incident:

a. Complete the Sharing Request Packet (portal.CHMinistries.org).

- 1) Sharing Request Form—combines contact information with the Letter of Explanation. Members must provide a short explanation of their medical incident; this helps CHM staff determine how to assign each bill to an incident/illness.
- 2) Medical Bill Worksheet—lists itemized bills submitted along with reductions applied and payments made.
- 3) Medical Information Release and Patient Delegation Form—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) 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 the same five itemized details are presented on provider letterhead and accompanied by a dated signature of the provider or authorized medical personnel from the servicing facility.*

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

c. Complete additional forms, if applicable.

- 1) CHM Give 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 Information Release and Patient Delegation Form replaces the Sharing Request Packet for pregnant members.

d. Submit your itemized 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

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.

- 1) Add-on bills can be submitted without additional 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 or info@CHMinistries.org 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 ongoing incident will be processed individually based on the date they're received.
- b. For current information about CHM's sharing time, call (800) 791-6225.

- c. Sharing time may lengthen 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, or other communications.
 - 4) CHM is waiting to receive medical records to determine incident eligibility.
- d. Members who have insurance (e.g., Medicare, Medicaid, auto, or supplemental insurance) or Workers' Compensation should submit the Explanation of Benefits or documentation of payments received as soon as possible to avoid processing delays.

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

- My incident meets CHM eligibility Guidelines.
- My medical expenses meet my Qualifying Amount per incident.
- 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.

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.

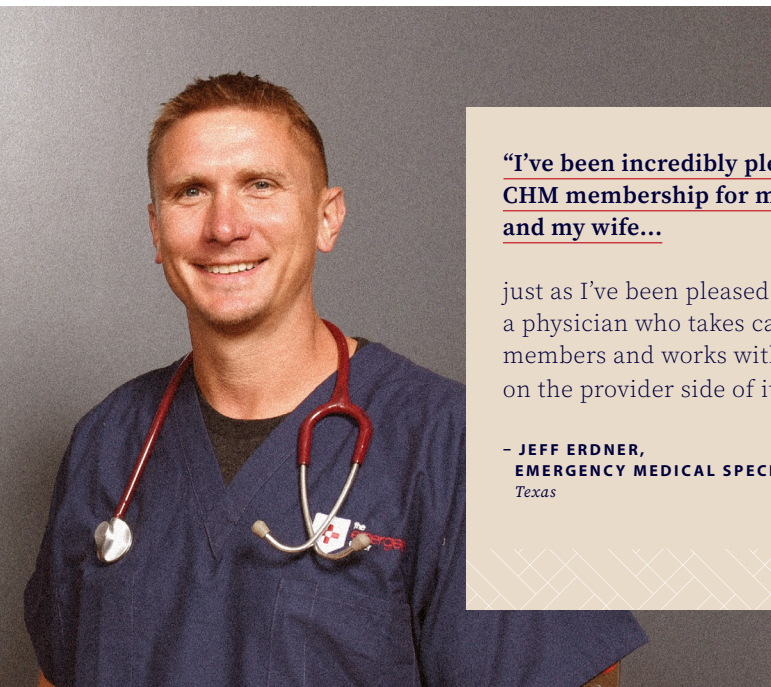
D. Discounts and financial assistance

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.
- b. CHM recommends negotiating a 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 CHM Member Advocate department 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.



“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**

2. CHM INTERACTIONS WITH PROVIDERS

- a. In addition to member-negotiated discounts, CHM may negotiate discounts with medical providers on behalf of members. In such cases, CHM may employ the assistance of vetted and contracted vendors. CHM may supply these vendors with limited member healthcare information. In such instances, member information is scrupulously protected and provided only on a need-to-know basis.
- b. CHM may also negotiate agreements and understandings with providers regarding procedures for processing one or more member bills. However, CHM members always remain responsible for their own medical expenses even if CHM has an agreement in place with a provider.
- c. Most negotiated agreements and understandings are time-sensitive, requiring payment to be made within a relatively short time period to qualify for a stated discount. If a discount is lost due to member negligence (e.g., the Sharing Request Packet not returned or the payment date missed), the member is responsible for the amount of the lost discount. Your prompt attention will enable CHM to continue processing your bills on schedule.

3. FINANCIAL ASSISTANCE

In addition to self-pay/uninsured discounts, many providers also offer financial assistance resources. These resources may or may not be based on income, but they are typically offered in accordance with state or internal guidelines.

When negotiating a discount with your provider, ask if they offer financial assistance and request to apply for that assistance before accepting the self-pay/uninsured discount. Financial assistance, if available, is typically larger than a standard discount; sometimes the financial aid offsets 100% of the billed charges.

Financial assistance is not always income-based, so it's important to explore this possibility for cost support. Financial assistance policies often differ from provider to provider; to qualify, members must meet the provider's specific requirements.

4. DRUG ASSISTANCE PROGRAMS

Prescription assistance programs may be available for patients who need high-cost medications for illnesses such as cancer or Crohn's disease. Most drug manufacturers have a phone number or website for their patient assistance programs. Look for programs geared toward uninsured patients if you do not have primary prescription coverage through another source.

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.
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 motor 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.



“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**
Arizona

VII. Specialized membership offerings

A. Maternity Care Solution (CHM Gold only)

CHM members love to share in the blessings of new life. The ministry's CHM Gold maternity sharing includes extensive provision for members wanting to grow their family.

Maternity sharing offers members with qualifying pregnancies a maximum of \$125,000 per pregnancy. With the addition of CHM Plus prior to becoming pregnant, the per-pregnancy amount of assistance is unlimited. Guideline III.F provides more information about CHM Plus 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 CHM Give.

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 CHM Gold at least 300 days prior to the expected due date (verified by the physician or midwife).

The **entire** maternity event is ineligible for sharing if the member does not meet the preceding qualifications. This applies to new members as well as members switching to CHM Gold from a different program.

2. MATERNITY PERSONAL RESPONSIBILITY

Reimbursement for each eligible pregnancy is subject to a Maternity Personal Responsibility* totaling \$1,500. This is the amount the member is responsible for before their maternity costs can be considered for sharing.

This amount can be reduced to \$1,000 in the following way: Members must contact the Maternity Care Team by phone within the first 16 weeks of pregnancy. If a member contacts the Maternity Care Team prior to conception, CHM should be notified when conception is confirmed so the Maternity Personal Responsibility can be allocated correctly.

**The Personal Responsibility for maternity sharing is separate from the annual Personal Responsibility per unit required for non-maternity sharing. (Guideline III.E)*

3. ELIGIBLE MATERNITY EXPENSES

Note: If a maternity event is determined ineligible, then any services listed or complications related to the pregnancy and delivery for both mother and baby are also ineligible.

CHM will share medical bills for:

- a. Obstetricians **or** legally practicing midwives—CHM shares bills from either
 - 1) one obstetrician, **-or-**
 - 2) one midwife (including one assistant at birth or delivery).

- 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. Nuchal translucency ultrasounds are not eligible for sharing.
- d. Immunizations related to the mother's prenatal care.
- e. Maternity-related prescription medications.
- f. Labor and delivery facility charges for mother and baby—includes hospital facilities, birthing centers, and home births.
- g. Complications for mother and baby.

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

4. POSTNATAL CARE

- a. Postnatal care for an eligible maternity event can be considered for sharing according to the following criteria:
 - 1) Expenses must be incurred within 90 days of delivery/birth.
 - 2) Mother must stay active on CHM Gold throughout the entire sharing process.
- b. Eligible postnatal expenses
 - 1) Postpartum visits
 - 2) Lactation consultations (after delivery) as needed
 - 3) Baby well visits and problem-focused visits
 - 4) Circumcision
 - 5) Cheek/lip/tongue tie correction
 - 6) Postpartum depression treatment—sharing can include inpatient treatment, counseling, prescription medications, and follow-up care as needed. Medical records may be requested to confirm the postpartum diagnosis.
- c. Postnatal vaccinations/immunizations are ineligible for both mother and baby.
- d. Services related to congenital birth defects must be shared under the baby's unit and cannot be included in the maternity event. See Guideline V.C.9 for information on how CHM shares congenital conditions.
- e. Any treatments that take place more than 90 days from delivery/birth must be processed as a new medical incident independent of the maternity event. As with any new medical incident, Personal Responsibility and Qualifying Amount per incident must be met.

5. GENETIC TESTING

- a. Must be non-invasive **and** required to determine treatment for a current medical condition.
- b. Medical records or healthcare provider notes are required for verification.
- c. An amniocentesis may be considered for sharing when medical records confirm that the procedure is necessary to determine life-preserving medical care for baby and/or mother.

6. INELIGIBLE MATERNITY EXPENSES

- a. Pregnancies for unwed mothers. This applies to expenses incurred for the baby's birth including the initial hospital bills for the baby.
- b. Contraceptives or birth control expenses
- c. Over-the-counter medications
- d. Doula services
- e. Breast pumps
- f. Fertility procedures or treatments
- g. Gestation or surrogate maternity procedures
- h. In vitro fertilization (IVF) and maternity expenses or complications resulting from IVF. This applies to expenses incurred for the baby's birth, including the initial hospital bills for the baby.
- i. Sperm donation and pregnancy as a result of sperm donation
- j. Embryo implants, transfers, or adoptions and maternity expenses or complications resulting from such procedures
- k. Tubal ligations, vasectomies, or reversal procedures
- l. Invasive genetic testing such as amniocentesis, chorionic villus sampling, or nuchal translucency ultrasound (see VII.A.5 for exceptions)
- m. Travel expenses for members, midwives, or any other individuals
- n. Charges for baby's care during and immediately following delivery (prior to discharge) when part of an ineligible maternity event



“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

7. MATERNITY SUBMISSION PROCESS

- a. Obtain and submit a global fee from your OB/GYN as soon as possible. It must include the following itemized information: provider name, patient 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 Information Release and Patient Delegation Form with your initial medical bills.
- c. Submit the flat rate or prepayment agreement from the hospital, if provided. It must have all of the itemized information listed 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) (e.g., labs, ultrasounds) or when an agreement is not available.
- e. Medical bills must be submitted within six months of the mother's estimated due date (EDD). The sooner CHM receives members' maternity bills, the sooner staff can put them in the queue for processing. Additionally, when it's necessary for our Member Advocate team to assist members in securing discounts, it's more advantageous to negotiate closer to the incurred date of service.

8. 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.

9. SWITCHING PROGRAMS

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

Note: If you intend to change your program, 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.

10. BABIES AS CHM MEMBERS

For babies born to mothers who are eligible for CHM Gold maternity sharing, 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, within the first three months after delivery with the following information:
 - 1) baby's full name
 - 2) date of birth

- 3)** baby's participation program (Please indicate whether the baby will participate in the CHM Plus program detailed in Guideline III.F)
- c.** If the new baby is the first child on a membership, the unit number will increase by one and the monthly financial contribution also will increase. The financial contribution 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.

11. MISCARRIAGE AND STILLBIRTH

Maternity expenses are not eligible for sharing in the following circumstances: 1) the member participates on the CHM Silver or CHM Bronze program, 2) the estimated due date is less than 300 days from the member's CHM Gold program start date, or 3) the pregnancy is the result of in vitro fertilization (IVF) or embryo implantation, adoption, or transfer.

However, medical expenses incurred during a miscarriage or stillbirth are eligible for sharing on all programs, even when the due date is less than 300 days from the member's start date or the pregnancy is a result of IVF or embryo implantation, adoption, or transfer.

Miscarriages and stillbirths will be processed as a medical incident, not a maternity event. Therefore, the bills will be processed according to the member's participation program; the respective Qualifying Amount per incident, Personal Responsibility, and place of service Guidelines will apply.

A step-by-step maternity guide is available at CHMinistries.org/blog/maternity.

B. 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/programs or by emailing groups@CHMinistries.org.

C. Virtual Care Solution

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 CHM's featured telemedicine partnership, 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 contributions. 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. Telemedicine travels with members throughout the country and meets them where they are—even in the comfort of their own homes.

Visit [CHMinistries.org](https://www.chministries.org) for more details about this complementary offering and the free services available to CHM members.

In addition to the complementary services, access to consultations for mental health, dermatology, and nutritional counseling may be available at an out-of-pocket fair market price. Important note: Telephone and digital consultations outside of this service are not eligible for sharing (Guideline V.E.10).



“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

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 on the Member Portal at portal.CHMinistries.org.

B. Eligibility Review

The Eligibility Review department'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 department 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.

Hanes family | Minnesota



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' selected programs 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 program 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 (info.CHMinistries.org/guidelines-sign-up).
- 9) The ministry will publish online its current estimate of sharing time for eligible medical expenses (CHMinistries.org/blog/step-by-step-guide-for-submitting-bills).
- 10) The ministry will publish an online mechanism for receiving member feedback and suggestions (CHMinistries.org/blog/how-are-we-doing).
- 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/privacy-policy.

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 FOR UP-TO-DATE INFORMATION ABOUT HEALTH COST SHARING IN YOUR STATE OF RESIDENCE.

CHMinistries.org/legal-notice

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 contribution amounts that you must give in order to continue as a member in good standing are **not** tax-deductible.
4. CHM Plus contribution amounts are **not** tax-deductible.
5. Giving above membership amounts—such as CHM Give 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/blog/tax-forms-resources.
7. **Missouri and Indiana members only:** Missouri law and Indiana 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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