CHM

Christian
Healthcare
Ministries

MEMBER GUIDELINES

Sharing the burden of healthcare costs, together.

Prior to any changes taking place to CHM'S programs and policies, CHM provides members with advance notification. For the most current information, we encourage all members to visit ***portal.CHMinistries.org*** and non-members interested in learning more about CHM to visit ***CHMinistries.org***

UPDATED: 04/16/25

I. CHRISTIAN HEALTHCARE MINISTRIES 2

A. The heart of the ministry 2
B. How health cost sharing works 2
C. Statements of Beliefs 4

II. MEMBERSHIP 6

A. Membership qualifications 6
B. Understanding membership units 8
C. Applying for membership 10
D. Refer-a-Friend 11
E. Member commitments 12
F. When to contact CHM 14
G. Deceased members 15
H. Membership cancellation 15

III. PROGRAM PARTICIPATION 16

A. Definition: Illness vs. incident 16
B. Understanding programs 17
C. Qualifying Amount per Incident 19
D. Personal Responsibility 19
E. CHM Plus (optional add-on) 21
F. Switching programs 23
G. Members age 65 and older (or early Medicare) 24
H. CHM SeniorShare™ 25

IV. PRE-EXISTING CONDITIONS 27

A. Definition: Pre-existing conditions 27
B. Active vs. maintained conditions 27
C. Maintained pre-existing sharing schedule (CHM Gold only) 29
D. CHM Give 30
E. Switching programs with pre-existing conditions 31

V. UNDERSTANDING ELIGIBILITY 32

A. Selecting your healthcare providers 32
B. Eligible medical expenses 33
C. Provisional sharing 34
D. Motor vehicle accidents 43
E. Ineligible medical expenses 45
F. Planning for ineligible costs 48

VI. SUBMISSION OF MEDICAL BILLS 49

A. CHM is secondary to other payment sources 50
B. Medical bill sharing process 50
C. The medical bill's journey 53
D. Discounts and financial assistance 53
E. Paying providers after reimbursement 56
F. Reporting discounts after reimbursement 56
G. Stewardship and integrity 57

VII. SPECIALIZED MEMBERSHIP OFFERINGS 58

A. Maternity Care Solution 58
B. Complete Surgical Care Solution 64
C. Groups 65
D. Virtual Care Solution 66

VIII. CHM SUPPORT TEAMS 68

A. Provider Relations 68
B. Eligibility Review 68

IX. DISCLOSURES 69

A. Integrity and accountability 69
B. Legal notices 72
C. Tax information 73

X. TOPICAL INDEX 74

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. Together, Christians 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.

CHM members remove that burden by carrying 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 required!

2

Submit eligible bills

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

**Medical bills and forms can also 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.*

Christians of all ages and health histories are welcome to join the ministry. Membership is open year-round, with no waiting period, meaning it can become effective immediately. 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.

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.

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 [Genesis 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 [Matthew 15:18-20; 1 Corinthians 6:9-10].

c. We believe that in order to preserve the function and integrity of Christian Healthcare Ministries as a health cost 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 [Matthew 5:16; Philippians 2:14-16; 1 Thessalonians 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; Romans 10:9-10; 1 Corinthians 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.

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

II. Membership

A. Membership qualifications

Christians of any age or health history are welcome to join the ministry. Membership requirements for CHM—a body of believers who agree to share each other's healthcare expenses—are straightforward.

1. PERSONAL TESTIMONY REQUIREMENTS

a. Requirements: To be a CHM member and to have medical bills shared with other members, participants must adhere to the following:

1) **Christian lifestyle:** Live a Christian lifestyle consistent with CHM's Statements of Beliefs.

2) **Regular worship attendance:** Attend worship services regularly as health permits, in line with Hebrews 10:25.

3) **New Testament teachings:** Actively follow the teachings of the New Testament in its entirety.

4) **Biblical principles on alcohol:** Follow biblical principles with respect to the use of alcohol.

5) **Abstinence from certain activities**

i. **Tobacco and nicotine:** Refrain from using any form of tobacco, whether smoked or smokeless, as well as any nicotine products. This includes, but is not limited to, cigarettes, chewing tobacco, snuff, cigars, pipes, herbal cigarettes, e-cigarettes, vape pens, and any other smoking or substitutionary devices.

ii. **Marijuana use:** Abstain from any form of marijuana use, whether recreational or medical.

iii. **Illegal drugs:** Abstain from the illegal use of drugs.

iv. **Sexual immorality:** Abstain from sexual immorality as defined in the Scriptures and expressed in CHM's Statements of Beliefs.

b. Consequences of violation: Medical bills submitted by members who violate personal testimony guidelines will be deemed ineligible for sharing. Future sharing eligibility will also be subject to review.

2. CONTACT INFORMATION

To participate, individuals must provide either a U.S. mailing address or an active email address, along with having consistent, reliable, and secure internet service for receiving documents containing confidential information. Please note that CHM cannot send funds outside of the U.S. For further details, refer to Guidelines II.A.3 and V.B.2.

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. Correspondence: 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. Medical bills: Members must translate medical bills into English and convert foreign currency to U.S. dollars.

c. Additional information: For additional information about medical bills incurred outside of the U.S., refer to Guideline V.B.2. For special considerations for members 65 and older, see Guideline III.G.2.b-c.

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. All adopted children

1) **Other funding sources:** Before CHM shares medical bills, all sources responsible, willing, or available to pay the adopted child's medical bills must be exhausted.

2) **Birth defects or congenital conditions:** For conditions diagnosed after adoption, please review Guideline V.C.2.

3) **Children with disabilities:** We strongly advise prospective parents to make sure they fully understand the CHM Guidelines for pre-existing conditions before adopting one or more children with pre-existing illnesses or disabilities. Refer to Section IV for detailed information on pre-existing conditions.

b. Babies adopted at birth

1) **Birth and delivery costs:** Medical bills for the birth and/or delivery of an adopted child are not eligible for sharing.

2) **Membership start date**

i. If there is a parent participating in CHM at the time of adoption, you must call CHM within 30 days of the baby's birth to start the baby's membership from the birth date.

ii. If the baby is not added within 30 days of birth, the baby's participation starts from the day the baby is added to the membership.

iii. If no parent participates in CHM at the time of birth, the baby's start date aligns with the new membership start date and cannot be backdated to the date of birth.

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 in 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)

5. MEMBERS AGE 65 AND OLDER

For detailed information on how CHM shares medical bills for Medicare-age members (those 65 and older) and early Medicare participants, please refer to Guideline III.G. Sharing limitations will apply to members who are not enrolled in Medicare Parts A and B or a Medicare Advantage Plan.

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

a. Eligible participants: An individual, their spouse, and any dependent children can be part of the same membership.

b. Membership units

1) A family membership includes a minimum of two units with a maximum of three units.

2) Dependent children are grouped as a single unit if a parent or legal guardian is actively participating in the membership.

3) If no parent or legal guardian is participating, two or more children must be counted as two separate units.

c. Program participation

1) Individual units within the same membership can participate in different programs.

2) For more information on CHM programs, refer to Guideline III.B.

3. ADULT CHILDREN

a. Eligibility criteria for adult children on parent's membership: Adult children may remain on their parent's membership if they meet the following criteria:

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.

1) **Personal testimony and biblical principles**

   i. They must be Christians living by biblical principles. For more information, see Guideline II.A.1.
   ii. They must embrace the CHM Statements of Beliefs.

2) **Marital status:** They must be unmarried.

3) **Dependent status:** They must be considered a dependent, defined as

   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) **Annual Dependent Form**

   i. Parents must submit a signed CHM Dependent Form annually.
   ii. Forms are issued prior to a child's 18th birthday and each subsequent birthday thereafter.

b. Transition to individual membership: 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) **Notification**

   i. Notify CHM of intent to begin an independent membership within 30 days of becoming ineligible to remain on their parent's membership.
   ii. Contact Member Services by phone at (800) 791-6225 or email at ***info@CHMinistries.org***.

2) **Application submission:** Complete the CHM enrollment process which includes the Checklist of Understanding.

c. Importance of continuous membership: Immediate transition to an individual membership provides continuous participation without a gap, which is important for addressing pre-existing conditions. Refer to Guideline IV for detailed information about pre-existing conditions.

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**:

1. **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.

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 CHM Member Application—including the Checklist of Understanding—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:** The Welcome Packet 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

b. **Member Contribution Form:** CHM's monthly billing statement with a letter from the ministry leadership detailing important ministry highlights. Details include:

   1) Program contribution amounts, account balance, and due date

   2) Member prayer requests through Prayers Unceasing

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

2. 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.

3. 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.

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 quarterly publication in which members can find ministry updates, testimonials, health information, and more. An online version is available anytime at ***CHMinistries.org/members.***

4. USING THE MEMBER PORTAL

The CHM Member Portal is a vital tool for members to securely manage their membership, make payments, update personal information, and submit medical incidents for sharing.

a. Activation: Members can activate their portal accounts after signing up.

b. Registration requirements: Registration requires the six-digit CHM member number they receive after signing up.

c. Further assistance: Members may contact Member Services at (800) 791-6225 for further assistance.

D. Refer-a-Friend

Christian Healthcare Ministries encourages members to share the blessings of biblical health cost sharing through Refer-a-Friend. When you invite Christian friends, family, and neighbors to join CHM, you help strengthen the ministry and extend its mission of spiritual and financial support in times of medical need. For each eligible referral who joins CHM, you receive a referral credit as a thank-you for spreading the word.

1. ELIGIBILITY AND PARTICIPATION

a. Any active CHM member may participate by referring individuals to CHM using the phone number registered in their Member Portal.

b. The referred individual must list the referring member's phone number at the time of enrollment. Only one referral source may be listed.

c. The following situations are not eligible to receive or generate Refer-a-Friend credits:

1) A spouse who starts their own CHM membership.

2) An adult child who transitions to their own membership after previously being part of a parent's membership.

3) A new unit (such as a spouse or dependent) being added to an existing CHM membership.

2. REFERRAL CREDITS

a. A $200 referral credit will be awarded to the active referring member's account on the referred member's CHM start date.

b. Referral credits are awarded per membership, regardless of the number of units participating on the new membership.

c. This credit may be applied to:

1) The referring member's monthly membership contribution amount, or

2) Annual Personal Responsibility when an eligible medical incident is submitted. This includes the Personal Responsibility of any unit actively participating on the referring member's membership.

d. Credits may only be used for membership contributions or Personal Responsibility. They cannot be substituted, donated, sold, or redeemed for cash.

e. Referral credits are forfeited if the referring member's membership is terminated for any reason.

3. WELCOME CREDITS FOR REFERRED MEMBERS

a. Referred members who join through Refer-a-Friend will receive a 50% welcome credit applied to one month of CHM membership.

b. The referring phone number provided must match an active CHM member not within the same membership (i.e., not a spouse or participating dependent).

4. GROUP MEMBERSHIPS

a. When a referral is made by a member of a group, the referral credit is awarded to the group organization. The group will determine how the credit is applied—whether it is passed on to the individual member who made the referral or retained for group use.

b. Welcome credits do not apply to group members.

5. MEMBER DASHBOARD

The Refer-a-Friend dashboard, available in the Member Portal, allows members to view earned credits and access referral resources.

6. ADDITIONAL INFORMATION

State-specific mandates may apply. For the most up-to-date program information and eligibility details, visit the How It Works section on the Refer-a-Friend webpage at: ***CHMinistries.org/refer-a-friend.***

E. Member commitments

CHM is dedicated to serving members and fostering a covenant relationship. Members depend on the ministry to act faithfully and responsibly, while CHM relies on members to honor their membership commitments. By reading and agreeing to the following expectations, you and your fellow members can more effectively support one another in sharing 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 the Member Contribution Form (both the billing statement and the accompanying letter), *Heartfelt* Magazine/eMag, emails, portal notifications, and special mailings. Visit ***CHMinistries.org*** for additional information.
5. **Submit itemized medical bills within six months of the date services were incurred.**
6. **Complete and return all requested documents.**
7. **Submit medical records when a request is made for the purpose of verifying eligibility.**
8. **Report healthcare provider discounts or financial assistance as provision is secured.**
9. **Pay appropriate providers in full within 30 days of receiving CHM reimbursement checks.**
10. **Respect the privacy of fellow members:** Prayer requests should not be shared outside the ministry and soliciting of any kind is not permitted.
11. **Contact CHM with membership and eligibility questions as they arise.**
12. **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. **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 CHM, or the making of false statements to CHM, concerning:**

        1) Any person's medical condition at the time of application for membership.

        2) The circumstances of an incident, or the deliberate submission of a false need for sharing.

    c. **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.

    d. **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.

e. **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.

f. **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

We exist 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, Monday - Friday, or by email (***info@CHMinistries.org***).

Please contact CHM with any of the following membership updates:

1. **Contact information:** Changes to address, phone number, or email.
2. **Personal information:** Updates to marital status, name, or date of birth.
3. **Membership changes:** Adding/removing members due to marriage, birth, adoption, or dependent status changes.
4. **Death of a member:** See Guideline II.G for more information.
5. **Anticipated or current maternity events:** Notify the Maternity Care Team for potential reduction in Maternity Personal Responsibility. See Guideline VII.A.2.b for more information.
6. **Authorized individuals:** Adding individuals authorized to discuss or make changes to the membership.
7. **Payment information:** Updates for eBilling, credit card number, bank account details, or payment withdrawal dates.
8. **Program changes:** Any changes to your current program.
9. **Transitioning adult children:** Moving adult children to independent memberships.
10. **Medical bill discounts:** Reporting discounts received after bill submission or reimbursement.
11. **Financial hardship:** Members who are unable to make their financial contributions should contact CHM to discuss options for bringing their membership up to date.
12. **Membership cancellation:** Requesting to cancel your membership.

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

G. Deceased members

If you're navigating the loss of a family member, we want you to know that CHM is lifting you up in prayer. To assist you in the sharing process for eligible bills, please follow these guidelines:

1. **Contacting CHM:** The person contacting CHM on behalf of the deceased member must be an authorized person on the membership or the executor of the estate.
2. **Executor documentation:** If the executor is someone other than a surviving spouse, please provide the Letter of Appointment of Executor.
    a. Include the executor's address.
    b. Power of Attorney (POA) documentation is not an acceptable substitute.
3. **Death certificate:** Please submit a copy of the deceased member's death certificate.
4. **Membership status:** Make sure the membership unit's monthly contribution is paid through the end of the month in which the member passed.

We are here to support you through this process and make it as smooth as possible.

H. Membership cancellation

We understand 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. **Continuous membership requirement:** Eligible medical costs cannot be shared unless the membership is continuous and current with all financial contributions through the entire sharing process.
2. **Ineligible bills after cancellation:** Upon cancellation, medical bills previously incurred but not yet submitted or shared will not be eligible for reimbursement.
3. **30-day notice:** CHM requires a 30-day notice from members who plan to change their program, number of units, discontinue participation, or otherwise alter their membership status.
4. **No refunds:** A refund cannot be issued for the month of cancellation or any previous months.
5. **Delinquent memberships:** 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, and the membership will be canceled as of the last day of the last month in which their full contribution amount was submitted.
6. **Sharing ceases:** If a membership is delinquently dropped or terminated by CHM for any reason, medical bills will not be eligible for sharing.
7. **Rejoining after cancellation:** Members seeking to rejoin CHM after cancellation will receive a new start date, and any medical conditions as of that start date will be considered pre-existing and may be ineligible for sharing. See Section IV for detailed information about pre-existing conditions.
8. **Automatic cancellation for non-payment:** 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.

III. Program participation

A. Definition: Illness vs. incident

Understanding the difference between an "illness" and an "incident" is crucial for processing medical bills under CHM programs.

1. ILLNESS

a. Definition: A diagnosis of a disease, injury, or medical condition that has been identified and can be treated once or multiple times.

b. Sharing limits

1) **Standard:** The maximum sharing limit is up to $125,000 per illness.

2) **Extended:** Sharing limits can be extended up to $1 million or more per illness with CHM Plus participation (Guideline III.E).

2. INCIDENT

a. Definition of an incident: An incident refers to a specific time period during which a particular medical condition, including any associated signs, symptoms, testing, diagnosis, or treatment, is being addressed. It's important to note that the same illness can involve multiple incidents.

b. Duration of an incident: An incident continues until one of the following occurs:

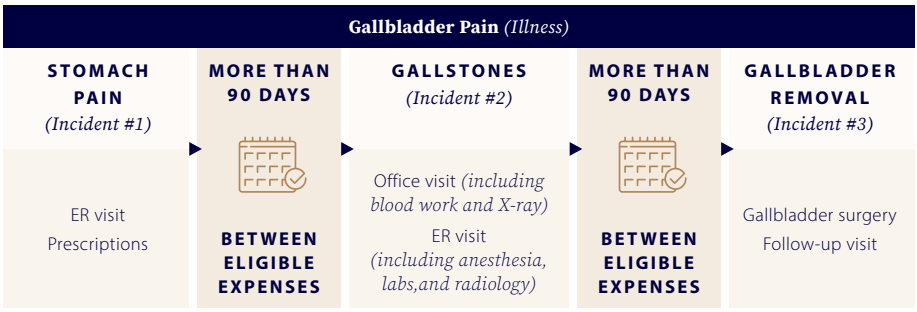
1) **90-day gap:** There is a 90-day period without any eligible testing or treatment for the condition.

2) **Resolution:** The medical condition no longer requires treatment, as verified by official medical records.

3) **Routine maintenance:** Treatment transitions from active care to a routine maintenance level.

4) **12-month span:** An incident cannot continue beyond 12 months from the first eligible date of service.

c. Separate incidents: If there is a 90-day gap between eligible testing or treatment, or 12 months have passed from the incident's first eligible date of service, future bills will be considered a new, separate incident. The member must meet the Qualifying Amount again. For details on incident qualification, refer to Guideline III.C, and for annual Personal Responsibility, see Guideline III.D.



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

B. Understanding programs

Before joining CHM, it's important to review and understand how the membership programs differ. Members who add CHM Plus to their program participation will have a higher level of health cost support. For more details about CHM Plus participation, please refer to Guideline III.E.

1. AVAILABLE PARTICIPATION PROGRAMS

CHM offers four programs of participation:

- **a. CHM Gold:** Available to members under age 65.
- **b. CHM Silver:** Available to members under age 65.
- **c. CHM Bronze:** Available to any member.
- **d. CHM SeniorShare™**
  - **1)** Available to members aged 65 and older, and early Medicare participants with Medicare parts A and B or a Medicare Advantage Plan.
  - **2)** Participation without enrollment in Medicare Parts A and B or a Medicare Advantage Plan will limit the sharing of medical bills to 20% of the eligible amount.
  - **3)** For details about submitting bills as part of the CHM SeniorShare™ program, refer to Guideline III.H.

2. HEALTH COST PROVISION

- **a. Eligible services per program:** All CHM members can submit the same types of medical expenses for sharing, regardless of their program participation.
- **b. Program comparison**
  - **1) Program updates:** While the ministry is committed to notifying members within a reasonable timeframe prior to necessary changes taking place, members can visit CHMinistries.org/members for current ministry information and program updates.
  - **2) Comparison chart:** Review the following chart to compare the advantages of each program.

CHM program features	CHM GOLD	CHM SILVER	CHM BRONZE	CHM SENIORSHARE™
Program contribution amounts per unit	*Please visit **CHMinistries.org/programs-costs** for current costs.*			
Qualifying Amount, per incident	$1,250	$3,000	$6,000	$500 (Applied once per calendar year)
Personal Responsibility, per unit, per year	$1,250	$3,000	$6,000	NA
Maternity Per-pregnancy Personal Responsibility is applied (Guideline VII.A)	$2,500	$5,000	$9,000	NA
Regular sharing lifetime max, per illness	$125,000	$125,000	$125,000	Unlimited
CHM Plus provision, per illness Members must add program prior to experiencing signs and symptoms (Guideline III.E)	Unlimited cost provision	Additional $100,000 per year, accruing up to $1 million		NA
Emergency room visits	✓	✓	✓	✓
Inpatient hospitalization	✓	✓	✓	✓
Outpatient hospital services	✓	✓	✓	✓
Surgical procedures	✓	✓	✓	✓
Access to virtual primary care and urgent care visits (Guideline VII.D)	✓	✓	✓	✓
In-person urgent care visits	✓	✓	✓	✓
Independent radiology/laboratory testing	✓	✓	✓	✓
Office visits	✓	✓	✓	✓
Prescription medications non-maintenance, incident-related (Guideline V.C.10)	✓	✓	✓	✓
Physical therapy up to 45 sessions per injury or illness (Guideline V.C.15)	✓	✓	✓	✓
Home healthcare up to 45 visits for medical services per eligible injury or illness	✓	✓	✓	✓
Medical transportation must meet eligibility criteria (Guideline V.C.8)	✓	✓	✓	✓
Life-sustaining durable medical equipment (Guideline V.C.7)	✓	✓	✓	✓

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

C. Qualifying Amount per Incident

1. QUALIFYING AMOUNTS

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

CHM Gold—$1,250 per incident

CHM Silver—$3,000 per incident

CHM Bronze—$6,000 per incident

CHM SeniorShare™—$500 per calendar year

2. ELIGIBILITY FOR SUBMISSION

Members may submit incidents for sharing consideration once the full cost of eligible medical services reaches the Qualifying Amount for their program.

3. INCIDENT-RELATED EXPENSES*

Only eligible incident-related medical expenses can be combined to reach the Qualifying Amount per incident. See Guideline III.A.2 for definition of an incident.

4. NEW QUALIFYING AMOUNT*

If 90 days pass without any eligible expenses, or 12 months have elapsed from the incident's first eligible date of service, any additional treatment costs must meet a new qualifying amount before they can be submitted for sharing.

**Not applicable for CHM SeniorShare™ members. For more details about how CHM SeniorShare™ works for qualifying members, see Guidelines III.G-H.*

D. Personal Responsibility

Each program has an assigned Personal Responsibility per unit, per year.

1. DEFINITION

Personal Responsibility is the portion of eligible medical expenses that must be satisfied by members before CHM can consider their bills for reimbursement. The Personal Responsibility for each unit is met through qualifying incident submissions for members participating on that unit. See Guideline III.C for information on how incidents qualify for submission.

2. ANNUAL PERSONAL RESPONSIBILITY AMOUNTS

CHM Gold—$1,250

CHM Silver—$3,000

CHM Bronze—$6,000

CHM SeniorShare™—$0

3. SATISFYING PERSONAL RESPONSIBILITY

a. **Annual requirement:** For each unit, the annual Personal Responsibility must be satisfied before eligible medical bills may be considered for sharing.

b. **Discounts:** After discounts are applied to medical bills, the remaining eligible charges are credited toward the unit's annual Personal Responsibility.

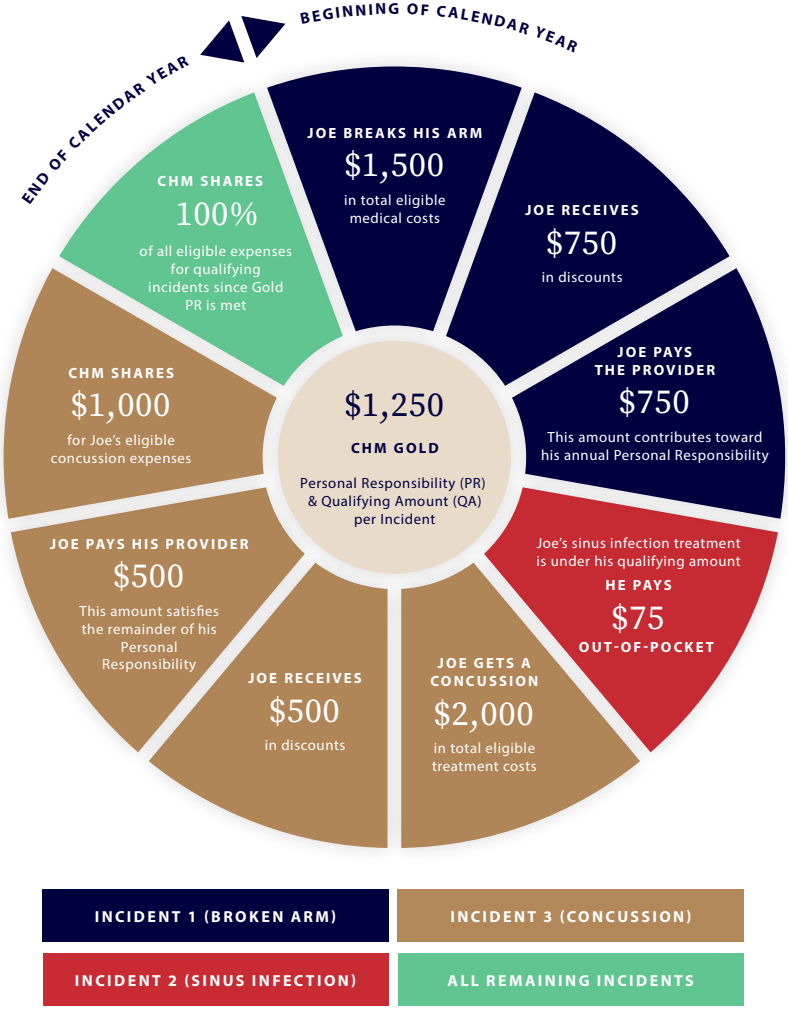
c. **Ineligible charges:** Any charges that are ineligible per the CHM Guidelines cannot contribute toward fulfilling the unit's annual Personal Responsibility.

d. **Combination of incidents:** Personal Responsibility may be satisfied through a single qualifying incident or a combination of qualifying incidents.

e. **Per unit amount:** 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.

f. **Transitioning adult children:** Adult children transitioning from a parent's membership will be responsible for fulfilling a separate Personal Responsibility amount once they are on their own membership.

g. **Maternity Personal Responsibility:** A separate Maternity Personal Responsibility is required for each eligible maternity event. The amount varies based on program participation. Refer to Guideline VII.A.2 for additional information.



E. CHM Plus (optional add-on)

CHM Plus is an affordable, biblical program that serves as a safeguard for CHM members against the financial impact of severe illness or injury. This program supplements the standard sharing limit of $125,000 per illness for CHM Gold, CHM Silver, and CHM Bronze members. By participating in CHM Plus from the start of their membership, members can know they'll have comprehensive support for catastrophic medical expenses that surpass this limit.

1. PARTICIPATING IN CHM PLUS

a. Monthly contributions: CHM Plus participants pay monthly contributions per unit, which are shared with other participants with eligible medical expenses exceeding $125,000 per illness.

b. Cost information: Details on participation costs are available at ***CHMinistries.org/program-costs***.

2. CHM PLUS SHARING

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

a. Qualifying for CHM Plus sharing

1) **Adding CHM Plus:** Members must have added CHM Plus before experiencing any signs, symptoms, testing, or treatment for illnesses exceeding $125,000 to qualify for extended sharing.

2) **Continuous participation requirement:** To be eligible for sharing medical expenses through CHM Plus, continuous participation in CHM Plus is required throughout the entire sharing process.

3) **Termination of CHM Plus:** If CHM Plus is terminated for any reason, all current and future medical illnesses will revert to a maximum lifetime sharing limit of $125,000.

4) **Lapse of CHM Plus participation:** Members who wish to rejoin CHM Plus after a lapse in participation will be assigned a new CHM Plus start date. CHM Plus will be available for new illnesses that begin after this new start date. For detailed information about extended sharing for illnesses that began prior to CHM Plus participation, refer to Guideline III.E.3.

b. CHM Plus provision details

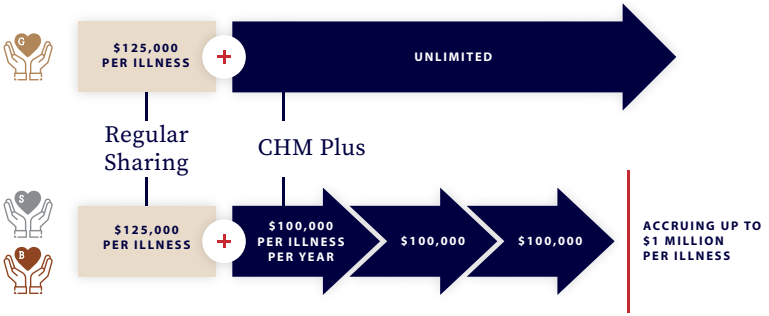
1) **CHM Gold:** CHM Plus provides unlimited cost support per illness for eligible medical expenses.

2) **CHM Silver and CHM Bronze**

- **i.** CHM Plus provides an additional $100,000 of cost support per illness, per year for eligible medical expenses.
- **ii.** The first additional $100,000 becomes available on the date the member adds CHM Plus to their membership.
- **iii.** As long as the member continuously participates in CHM Plus without any breaks, they'll receive an additional $100,000 of assistance on each anniversary of their join date. This amount can accrue up to $1 million per illness.
- **iv.** 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.

3) **CHM SeniorShare™:** CHM Plus is not necessary for CHM SeniorShare™ participants. For more information, see Guideline III.H.

4) **Exclusions:** CHM Plus does not include sharing provision for congenital conditions or birth defects. See Guideline V.C.2 for information regarding congenital birth defects.



3. ADDING CHM PLUS AFTER JOINING CHM

Extended sharing can be applied to new illnesses only. Illnesses present before adding CHM Plus don't initially qualify for extended sharing.

However, upon reaching the third anniversary of continuous CHM Plus participation, new incidents related to an existing illness can be considered for extended CHM Plus sharing if the following conditions are met:

a. You have participated in CHM Plus for three full consecutive years; -and-

b. Your illness has become maintained according to the following criteria at least once since adding CHM Plus to your membership unit:

1) Your medical provider states that no further testing or treatment is needed, ***-and-***

2) Medical records show that you are on a maintenance treatment regimen, ***-and-***

3) At least 90 days have passed without the patient undergoing testing or treatment.

4. CHM PLUS PROVISION FOR PRE-EXISTING CONDITIONS

When a member with a maintained pre-existing condition* joins CHM, eligible medical bills for that condition exceeding $125,000 per illness can be shared through CHM Give, providing all other CHM Guidelines are met and the following criteria are satisfied:

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

b. **CHM Gold:** When eligible medical bills for maintained pre-existing conditions exceed $125,000, CHM Plus offers unlimited cost support through CHM Give. After participating continuously for three full years on CHM Gold with CHM Plus, members will have access to regular CHM Plus sharing.

c. **CHM Silver and CHM Bronze members:** Through CHM Give, CHM Plus offers an additional $100,000 of cost support per illness per consecutive CHM Plus participation year, up to a total of $1 million for eligible medical bills incurred due to 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: When a member who participates in CHM Plus switches from CHM Bronze or CHM Silver to CHM Gold, the following provisions apply:

1) **Unlimited cost support for new illnesses:** The CHM Plus program provides unlimited cost support for new illnesses as of the date CHM Gold 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.

2) **Conditions pre-existing to program change:** Illness with signs, symptoms, testing, or treatment that occurred prior to switching to CHM Gold will be shared according to CHM Plus specifications for CHM Bronze and CHM Silver, as defined in Guideline III.E.2.b.2.

b. Switching from CHM Gold to CHM Bronze or CHM Silver: For CHM Gold members participating in CHM Plus, switching to CHM Silver or CHM Bronze provides an additional $100,000 of cost support per illness per consecutive year of CHM Plus participation. This amount accrues annually, up to a maximum limit of $1 million per illness.

F. Switching programs

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

CHM requires a 30-day notice from members who plan to change their program, number of units, discontinue participation, or otherwise alter their membership status.

1. SWITCHING TO A LOWER PROGRAM

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

2. SWITCHING TO A HIGHER PROGRAM

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 no longer needing treatment 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. Any new illness with signs, symptoms, testing, or treatment that begins after the higher program's start date will be considered for sharing under the higher program.

3. SWITCHING TO CHM SENIORSHARE™

When a member switches from any program to CHM SeniorShare™, eligible medical expenses incurred from the program start date forward will be processed according to the specific guidelines for CHM SeniorShare™ members. For more details on how eligible

medical expenses are shared under CHM SeniorShare™, please refer to Guideline III.H.

G. 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 the next phase of life.

1. PROGRAM PARTICIPATION

a. CHM SeniorShare™: Members participating in this cost-effective program enjoy sharing advantages specially designed for older adults.

b. CHM Gold and CHM Silver: These programs are not available for members 65 and older.

c. CHM Bronze: Sharing follows standard criteria for members participating in the CHM Bronze program.

Regardless of your program, it's important to note the following information about Medicare enrollment.

2. SHARING WITH RESPECT TO MEDICARE ENROLLMENT

Members age 65 and older must be enrolled in Medicare Parts A and B to have their medical bills considered for sharing at the full eligible amount. To avoid gaps in full sharing eligibility, it's important for you to plan ahead regarding your Medicare start date.

a. Requirements for full sharing: The following members can receive sharing for 100% of their eligible expenses after Medicare has paid their portion:

1) **Age 65 and older:** Members turning 65 or older must have Medicare Parts A and Part B (or a Medicare Advantage Plan) effective the first day of the month they turn 65.

2) **Early Medicare members:** Members who qualify for early Medicare, such as those qualifying for Social Security disability.

   i. They must have Medicare Parts A and B (or a Medicare Advantage Plan) to be considered Medicare-participating members.
   ii. Early Medicare members must submit to CHM a copy of their red, white, and blue Medicare card.

b. Limited sharing: CHM shares only 20% of the total eligible medical expenses for the following situations:

1) **Members without Medicare Parts A and B or a Medicare Advantage Plan:** Only 20% of their eligible medical expenses will be shared by CHM.

2) **Treatment from non-participating Medicare providers:** For Medicare-participating members who receive treatment from providers that do not participate in Medicare, CHM will share only 20% of the eligible medical expenses.

3) **Members living outside the United States:** When members living in a foreign country receive treatment from providers located outside the U.S., CHM will share only 20% of the eligible medical expenses.

c. International treatment

1) **Emergency care (eligible):** If members traveling outside the U.S. require emergency treatment, the resulting medical services can be submitted for 100% reimbursement of eligible expenses according to their program participation.

2) **Medical tourism (ineligible):** Expenses incurred by members who travel outside their country of residence specifically for testing or treatment purposes are not eligible for sharing.

3. SUBMITTING BILLS AS A MEDICARE PARTICIPANT

Medicare-participating members should follow these important steps for submitting sharing forms and medical expenses:

a. Sharing forms

1) Complete the Sharing Request Form, detailing your medical incident.

2) Do not submit the Medical Bill Worksheet.

b. Medical bills

1) Submit the official Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) for medical expenses.

2) Note additional discounts directly on your MSN or EOB.

3) For prescription medication, submit the bag tags or an itemized pharmacy ledger. Sales receipts are not acceptable substitutes.

4) Submit itemized bills only for medical services not covered by Medicare.

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.

H. CHM SeniorShare™

1. CHM SENIORSHARE™ PARTICIPATION

a. CHM members age 65 or older: Members become eligible for the CHM SeniorShare™ program starting the first day of the month they turn 65.

b. Members under age 65: Members under age 65 with Medicare Parts A and B or a Medicare Advantage Plan can participate in this program starting from the next billing cycle after submitting a copy of their red, white, and blue Medicare card.

2. SHARING HIGHLIGHTS FOR CHM SENIORSHARE™ MEMBERS

a. Program advantages

1) **Single annual incident**

i. There will be a single incident per calendar year; medical bills will not be categorized into separate illnesses and incidents.

ii. CHM SeniorShare™ members can submit any eligible medical expenses incurred within the calendar year once their total expenses meet the minimum qualifying amount of $500.

iii. The single annual incident continues through the entire calendar year regardless of the time between services.

2) **No Personal Responsibility:** Participants are not assigned an annual Personal Responsibility. All eligible medical bills can be considered for sharing provided there is a minimum of $500 in eligible medical expenses within the calendar year.

3) **No illness maximums:** CHM SeniorShare™ members have the advantage of no lifetime sharing maximums per illness.

b. Services subject to standard limitations: Certain medical services will still follow the standard CHM Guidelines sharing criteria. It's important for CHM SeniorShare™ members to be aware of limitations for the following medical expenses:

1) **Prescription medications:** A 90-day supply of eligible prescription medication can be considered for sharing. For details about the sharing of curative medications, immunotherapy, and infusions, see Guideline V.C.10.

2) **Skilled nursing facilities, rehabilitation centers, and step-down facilities** (Guideline V.C.13)

3) **Home healthcare:** up to 45 days for medical services related to eligible injuries or illnesses.

4) **Durable medical equipment** (Guideline V.C.7)

5) **Medical transportation** (Guideline V.C.8)

3. TRANSITIONING TO SENIORSHARE™

Once you are enrolled in the CHM SeniorShare™ program, any eligible medical expenses you incur from that start date forward will be processed according to the specific guidelines outlined for CHM SeniorShare™ members.

"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

IV. Pre-existing conditions

A. Definition: Pre-existing conditions

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

1. PRE-EXISTING CONDITIONS

A pre-existing condition is any medical condition for which a member experiences signs, symptoms, testing, or treatment (including routine and/or maintenance medications) before joining CHM, regardless of whether the member has received a diagnosis.

2. A CONDITION IS NO LONGER CONSIDERED PRE-EXISTING IF ALL THREE STATEMENTS ARE TRUE:

a. Your official medical records state that you no longer need treatment for the condition, ***-and-***

b. You are not on a maintenance medication regimen for that condition, ***-and-***

c. You have experienced one year without signs, symptoms, testing, or treatment.

3. CANCER IS NO LONGER A PRE-EXISTING CONDITION IF BOTH STATEMENTS ARE TRUE:

a. Your medical records state that you are cancer-free or no longer needing treatment, ***-and-***

b. You have gone five years without any signs, symptoms, treatment, or testing (other than routine follow-up appointments).

4. MEETING GUIDELINES CRITERIA

Medical bills considered for sharing through CHM's options for pre-existing conditions must adhere to all CHM Guidelines for sharing.

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. ACTIVE PRE-EXISTING CONDITIONS

A condition is considered active and medical bills will not be eligible for sharing if:

a. You have experienced signs or symptoms either before or at the time of joining CHM, ***-and/or-***

b. Your condition actively needs testing or treatment other than maintenance (routine) medications, regardless of whether you have received a diagnosis.

2. MAINTAINED PRE-EXISTING CONDITIONS

A condition is considered maintained if all three statements are true:

- **a.** Your medical records show that you are on a maintenance treatment regimen, ***-and-***
- **b.** Your medical provider states that no further testing or treatment is needed, ***-and-***
- **c.** At least 90 days have passed without undergoing testing or treatment.

3. MEDICAL RECORD REQUIREMENT

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 *(e.g., stents, pacemakers, medications)*
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.2 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 only)

CHM Gold members receive assistance with medical bills for **maintained pre-existing conditions** (Guideline IV.B.2) according to the following criteria:

1. SHARING SCHEDULE

For the first three years of CHM Gold membership, eligible medical bills for maintained pre-existing conditions are shared up to the following limits:

a. **First year of membership:** Bills incurred for a pre-existing condition are eligible for sharing up to $15,000.

b. **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).

c. **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).

***Note:** Funds added annually can only be applied to medical expenses incurred after each CHM Gold anniversary date; they cannot be applied to previously incurred bills.*

2. MEDICAL BILLS EXCEEDING SCHEDULE LIMITS

CHM Give is available for the eligible medical bills exceeding each year's schedule limit.

a. **Monthly reimbursement:** Through CHM Give, members will receive monthly reimbursement until the qualifying bills are satisfied.

b. **Continuous participation requirement:** Members must maintain their CHM membership to continue receiving monthly reimbursement.

3. AFTER THE THIRD YEAR OF MEMBERSHIP

The condition is no longer considered pre-existing and is eligible for regular sharing.

D. CHM Give

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

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

Members who receive funds through CHM Give agree to allow CHM to share 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 classified as maintained pre-existing conditions.

b. **CHM Gold members:** Eligible medical bills that exceed the schedule limits described in Guideline IV.C qualify for sharing through CHM Give.

c. **Maximum sharing limit:** For illnesses without CHM Plus provision, the maximum sharing limit is $125,000.

d. **Meeting Guidelines criteria:** All CHM Guidelines apply to medical expenses shared on CHM Give.

"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

2. HOW TO CONTRIBUTE

a. **Financially:** CHM members are encouraged to contribute to CHM Give as they feel led. Donations above monthly contributions are collected and distributed to members whose bills are shared through CHM Give. These donations are tax deductible charitable contributions.

b. **Spiritually:** Members are invited to send cards and notes of encouragement to fellow members listed on CHM Give. Many recipients share testimonials about the blessings of receiving both financial and spiritual support from CHM members. These testimonials are featured on the CHM website (***CHMinistries.org/testimonials***) and in *Heartfelt* Magazine.

c. For more information about CHM Give, call (800) 791-6225 or email ***CHMgive@CHMinistries.org***.

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 TO A HIGHER PROGRAM

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 no longer needing treatment 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. Any new illness with signs, symptoms, testing, or treatment that begins after the higher program's start date will be considered for sharing under the higher program.

3. SWITCHING TO CHM SENIORSHARE™

When a member switches from any program to CHM SeniorShare™, eligible medical expenses incurred from the program start date forward will be processed according to the specific guidelines for CHM SeniorShare™ members. For more details on how eligible medical expenses are shared under CHM SeniorShare™, please refer to Guideline III.H.

CHM requires a 30-day notice from members who plan to change their program, number of units, discontinue participation, or otherwise alter their membership status. Switching programs may impact outstanding Personal Responsibility amounts.

V. Understanding eligibility

A. Selecting your healthcare providers

CHM members enjoy the flexibility to choose their own healthcare providers. While there is no required network, please keep the following in mind when selecting your healthcare providers:

1. REQUIREMENTS FOR SHARING

a. Conventional treatment: CHM shares the costs of conventional medical treatment as ordered or administered by medical doctors according to CHM Guidelines and membership programs. Conventional medical treatment refers to the standard methods of diagnosis, treatment, and prevention of disease that are widely accepted and practiced by the mainstream medical community. Key characteristics of conventional medical treatment includes all the following:

1) **Evidence-based:** Treatments and procedures are based on scientific research, clinical trials, and established medical knowledge.
2) **Standardized practices:** Utilizes standardized protocols and guidelines established by medical authorities and professional organizations.
3) **Licensed providers:** Delivered by healthcare professionals who are licensed and regulated by medical boards or relevant authorities.
4) **Widely accepted:** Endorsed and practiced by the majority of the medical community, including hospitals, clinics, and medical institutions.
5) **Modern medicine:** Often involves the use of pharmaceuticals, surgery, radiation, and other advanced medical technologies.

b. Providers in good standing: CHM shares the costs of eligible medical treatment administered by providers in good standing. A medical provider in good standing meets the following criteria:

1) **Current licensing:** Holds an active medical license with no disciplinary actions or restrictions.
2) **Ethical and professional standards:** Adheres to the required ethical and professional standards set by their medical board or regulatory authority.
3) **Continuing education:** Fulfills all continuing education requirements and has no history of malpractice or professional misconduct.

Bills for medical treatment administered by providers who do not meet these criteria will not be eligible for sharing.

2. INTERACTING WITH HEALTHCARE PROVIDERS

a. Referrals: Physician referrals are generally not required. Please note the following exceptions: physical therapy (V.C.15), sleep apnea treatment (V.C.14), and Complete Surgical Care Solution surgeries or procedures (VII.B).

b. Self-pay patient: Present yourself as a self-pay patient. Show your membership card to acknowledge that you participate in Christian Healthcare Ministries.

c. Itemized medical bills: Request itemized medical bills in accordance with Guideline VI.B.2.b.

d. Discounts and financial aid: Ask for discounts and apply for financial aid. For additional information, see Guideline VI.D.

e. Payment plan: Arrange for a monthly payment plan, if necessary, until CHM completes the medical bill sharing process.

f. Timely payments: 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

To be eligible for medical expense sharing, CHM members must ensure their healthcare procedures meet all the following criteria:

a. General acceptance: The procedure must be generally accepted by the medical community.

b. Research and publication: The procedure must be researched and published in reputable medical journals that are subject to peer review.

c. Mainstream medical treatment: The procedure must be widely understood and accepted as a mainstream medical treatment.

d. Documentation: The procedure must have procedural (CPT) codes and/or a description of the services rendered.

2. MEDICAL BILLS INCURRED OUTSIDE THE U.S.

a. Sharing of foreign medical bills

1) CHM shares eligible medical bills from foreign healthcare providers for members who are either serving in a foreign country or traveling outside the country.

2) Exclusion: Expenses incurred by members who choose to travel outside the country specifically for medical testing or treatment are not eligible for sharing (refer to Guideline V.E.9.c).

b. Authorization of foreign medical expenses: Medical expenses for foreign providers will be authorized based on the eligibility requirements specified in Guideline V.B.1 and all other applicable CHM Guidelines.

c. Translation and currency conversion: Members are required to translate medical bills into English and convert amounts to U.S. currency.

d. Emergency transportation

1) CHM does not share bills for emergency transportation to the U.S. from another country or between countries, regardless of whether the situation is life-threatening.

2) Members are strongly encouraged to consider an emergency transportation plan before traveling.

Are your **medical services eligible?***

- Is your membership in good standing? (Guideline II.E.3)
- Does your treatment meet conventional medical standards? (Guideline V.A.1.a)
- Does the total of your medical bills meet your selected program's Qualifying Amount and satisfy your Personal Responsibility? (Guidelines III.C & III.D)
- Do your medical bills meet the incident requirements? (Guideline III.A.2)
- Have you reviewed to make sure your medical services fall within sharing criteria? (Guideline V)
- Have you submitted your bills within the six-month timeframe? (Guideline VI.B.1)

* *We encourage CHM members to contact CHM at (800) 791-6225 if they have any questions about their medical bill eligibility. However, we are unable to authorize medical bills over phone or email, and we will only be able to provide an opinion, not a determination.*

For more information on submitting bills to CHM, see section VI of the Guidelines.

C. Provisional sharing

Certain conditions may have specific provisions or limitations regarding sharing. It's crucial to understand the eligibility guidelines before seeking treatment. All other CHM Guidelines still apply.

1. CATARACT SURGERY

a. Pre-existing condition evaluation

1) If cataract surgery occurs during your first year of membership, medical records must be submitted to determine sharing eligibility.

2) Bills will be authorized based on the evaluation of pre-existing conditions.

3) Refer to Guideline Section IV for detailed information on pre-existing conditions.

b. Separate incidents: If the second cataract surgery occurs more than 90 days after the first surgery, the surgeries will be considered separate incidents. A new Qualifying Amount will apply for the second surgery. For information on how Personal Responsibility is assessed, see Guideline III.D.

2. CONGENITAL CONDITIONS

A congenital condition is a medical condition or physical abnormality present at birth. When signs or symptoms of a congenital condition are present within the first year of life, the following congenital sharing limitations apply.

a. Sharing up to $200,000 lifetime maximum: Eligible expenses for birth defects or congenital conditions, including resulting medical bills, may be shared up to a total of $200,000 per illness, providing the following requirements are met.

1) Biological children

- **i.** Maternity expenses for the child's birth must have been eligible and shared under CHM Gold.
- **ii.** The individual who incurred the bills must have been a continuous CHM Gold member with no interruptions in membership since birth.
- **iii.** Both the child and mother must be CHM Gold members in good standing until the $200,000 is shared.

2) Children adopted at birth

- **i.** The adoptive parent must have been a CHM Gold member prior to the adoption.
- **ii.** The individual who incurred the bills must have been a continuous CHM Gold member with no interruptions in membership since birth.
- **iii.** Both the child and adoptive parent must remain CHM Gold members with an account in good standing while the $200,000 provision is being shared.
- **iv.** CHM may review the official medical records to determine if the condition was discovered before the adoption was finalized.

b. Sharing up to $25,000 lifetime maximum

1) CHM Gold members who do not meet the requirements in Guideline V.C.2.a

2) CHM Bronze and CHM Silver members

c. CHM Plus: This provision is not available for birth defects or congenital conditions (Guideline III.E.2.b.4).

3. DENTAL EXPENSES

a. Ineligible dental expenses: All dental expenses that do not fall within the exceptions below are ineligible. Ineligible expenses include, but are not limited to, routine care, root canals, oral infections, periodontal conditions, tooth abscesses, extractions, orthodontic procedures, crowns, and veneers. For maxillofacial and orofacial expenses, see Guideline V.E.5.

b. Eligible dental exceptions

1) Dental damage resulting from an accident exception: When a CHM member experiences an accident that directly results in dental damage, the cost for the initial repair may be considered for sharing according to the following guidelines:

- **i.** The dental damage must have been caused directly by an accident that occurred after the member's CHM start date.
- **ii.** The damage must not be a result of chewing.

iii. The accident and the subsequent dental damage should be reported to CHM immediately. If you do not report your accident to CHM within 90 days, sharing eligibility may be affected.

iv. Only expenses for the initial repair of the dental damage are considered for sharing.

v. Procedures including, but not limited to, dental braces and veneers are not eligible dental repair expenses.

vi. The incident must meet all CHM eligibility guidelines.

vii. A treatment plan and medical records dating back to the time of the accident must be submitted.

2) Sleep apnea treatment implemented by a dentist exception: Sleep apnea appliances or implantable 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. For more information on sleep apnea, please refer to Guideline V.C.14.

4. DIETARY SUPPLEMENTATION

a. Eligible expenses

1) Total Parenteral Nutrition (TPN) and Partial Parenteral Nutrition (PPN)

i. When administered directly into the bloodstream through an IV or central line.

ii. Must be implemented as part of life-sustaining treatment.

iii. All other CHM Guidelines must be met.

b. Ineligible expenses

1) If dietary supplements are given via nasogastric (NG) tubes, gastric (G) tubes, or feeding tubes, they are not eligible for sharing.

2) Any type of dietary supplementation that is not administered via intravenous or central access is not eligible for sharing. This includes, but is not limited to, oral supplements, food pouches, and prescription beverages and formulas.

5. 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.

Garza family | *Idaho*

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

- 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
- Kiteboarding
- Megavalanche/freeride mountain biking
- Motorcycle racing
- 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.

- Alpine or freestyle skiing/snowboarding
- Blobbing
- BMX participation
- Bungee jumping
- Hang gliding
- Motocross/enduro riding
- Mountain boarding
- Mountain climbing (use of climbing aids such as ropes, carabiners, and anchors)
- Parasailing
- Powerbocking
- Rappelling/abseiling
- Rodeo-style events (this does not include 4-H activity participation)
- Scuba diving
- Skateboarding (at dedicated skateparks only)
- Skydiving
- Snow kiting
- Surfing
- White water rafting
- Windsurfing
- Zorbing

6. GENETIC TESTING

a. Ineligible expenses: Preventative, presymptomatic, and predictive genetic testing are not eligible for sharing. This includes tests that assess the risk of developing future diseases, even if no symptoms are currently present.

b. Exceptions for genetic testing

1) Genetic testing required for diagnosing an illness when symptoms are present may be eligible for sharing.

2) Testing necessary to determine appropriate treatment for a current medical condition may also be eligible.

3) To qualify for sharing, medical records must be submitted and reviewed to ensure the testing meets the eligibility criteria.

7. MEDICAL DEVICES AND EQUIPMENT

a. Implantable devices: Devices inserted as part of an eligible surgery can be submitted.

b. Life-sustaining medical equipment

1) Eligible costs and sharing limit

i. Costs for life-sustaining medical equipment prescribed by a medical doctor are eligible for sharing.
ii. Provision is up to $8,000 per illness.
iii. Eligible expenses include sleep apnea equipment, aerosol machines, insulin pumps, and oxygen supply (concentrators, ventilators, and the first oxygen tank).

2) Conditions for sharing: Expenses are shared after all other available assistance has been exhausted.

3) Sharing exclusions

i. Accessories and supplies: Costs for additional accessories or supplies acquired after the initial procurement are not eligible for sharing.
ii. Rental or repair: Rental or repair expenses are not eligible for sharing.

4) Purchase requirements

i. Equipment must be purchased from a durable medical equipment supplier, medical provider, or medical supply manufacturer to ensure safety and integrity of the devices.
ii. Equipment bought second-hand from individuals is not eligible for sharing.

c. Ineligible expenses

1) Prosthetic devices

2) Orthotic devices

3) Medical equipment and supplies: Certain medical equipment and supplies are not eligible for sharing. These include, but are not limited to, blood pressure machines, glucose monitors, syringes, test strips, lancets, catheters and supplies, ostomy supplies, breast pumps, shoe inserts, compression socks, crutches, slings, and batteries.

8. MEDICAL TRANSPORTATION

a. Eligibility criteria: Medical transportation expenses are eligible for sharing if both of the following conditions are met, as verified by medical records:

1) The transportation was necessary to preserve the member's life, limb, or eyesight, ***-and-***

2) The transport was from the site of the emergency to the nearest medical facility, or between medical facilities because the sending facility lacked the necessary level of care.

b. Ineligible medical transportation

1) Transportation for non-life-threatening conditions

2) International medical transportation: CHM cannot share medical bills for emergency transportation to the U.S. from another country or between countries, even in life-threatening situations.

c. Recommendation: To ensure you're prepared in case of a medical emergency, we recommend researching medical transportation options available in your area. Having a plan in place ahead of time can provide peace of mind and ensure you receive timely care when needed.

9. ORGAN DONATION

Sharing is available only when the CHM member is the recipient of the organ. All CHM Guidelines are applicable.

a. CHM member is the organ recipient

1) Eligible expenses

i. Costs directly related to the member's transplant.
ii. Complications that arise from the transplant procedure.

2) Ineligible expenses

i. Expenses related to the donor's testing and procedures.
ii. Transportation costs for the organ.

b. CHM member is the donor: CHM does not share any expenses or complications related to a member donating an organ to another individual.

10. PRESCRIPTION MEDICATIONS AND TREATMENTS

Prescription Guidelines apply regardless of the method of administration, whether orally, topically, or by injection. All prescriptions must be part of a qualifying incident.

We encourage members to explore Patient Assistance Programs (PAPs), which many drug companies offer to cover some or all of the medication costs for qualifying individuals.

a. Eligible prescription medication expenses

1) Incident-related prescriptions

i. For newly diagnosed illnesses, the initial 90-day supply of prescription medications may be submitted for sharing.
ii. Refer to Guideline III.A.2 for the definition of an incident.

2) Previously diagnosed conditions

- **i.** The initial 90-day supply of new medications added to the treatment regimen may be shared; after the initial supply, the prescription is considered maintenance medication and is no longer eligible for sharing.
- **ii.** Changes in existing medications are not eligible for sharing. This includes changes in dose, route of administration, or switching to another drug within the same therapeutic class.

3) Medications with curative treatment protocols

- **i.** Medications with a definitive end date may be eligible for sharing as part of a qualified incident. Examples include but are not limited to oral chemotherapy, certain acne medications, and medications for certain infections.
- **ii.** Medical records or treatment plans must be submitted.

b. Ineligible prescription medication 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.

c. Immunotherapy or allergy shots: Immunotherapy or allergy shots administered by a healthcare professional are eligible during the build-up or desensitization phase, lasting up to nine months.

1) Once injections transition to monthly administration, immunotherapy enters the maintenance phase, and the treatment is no longer eligible.

2) Medical records outlining the treatment plan must be submitted to verify the treatment plan meets eligibility criteria.

d. Infusions administered by a healthcare professional: Infusions may be considered for sharing according to a physician's treatment plan.

1) Medical records must be submitted for review to confirm that the infusions are part of a conventional medical treatment plan.

2) The treatment plan must be updated and reviewed annually.

Christerson family | *California*

11. PSYCHOLOGICAL, PSYCHIATRIC, AND MENTAL HEALTH TREATMENT, TESTING, OR COUNSELING

a. Ineligible expenses: All expenses related to psychological, psychiatric, and mental health treatment, testing, or counseling are ineligible unless they fall within the exceptions outlined below.

b. Eligible exceptions

1) **Physical stabilization exception:** 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 medically stabilized or moved to a psychiatric unit or behavioral facility are not eligible for sharing.

2) **Postpartum depression exception:** Postpartum depression can be shared as a complication of an eligible maternity event, miscarriage, or stillbirth. For detailed information about eligible postpartum depression expenses, see Guideline VII.A.5.b.1.iii.

12. REGENERATIVE INJECTION THERAPY

Regenerative injection therapies, such as prolotherapy, stem cell injections, and platelet-rich plasma (PRP) injections must adhere to the following guidelines:

a. Medical professional requirement: Treatments must be recommended, prescribed, and administered by a legally licensed medical professional in the state where the treatment is given.

b. Eligibility for sharing

1) Any combination of the injections listed (prolotherapy, stem cell, PRP) is limited to three injections per joint or area (e.g., neck, lower back) per lifetime.

2) Multiple injections administered on the same day to the same joint count as a single injection.

c. Ineligible costs: Prolozone and IV stem cell infusions are considered non-standard treatments and are not eligible for sharing.

d. Documentation requirements: Documentation showing the source of stem cells is required. Injections containing fetal or embryonic lines are not eligible for sharing.

13. SKILLED NURSING FACILITIES (SNF), REHABILITATION CENTERS, AND STEP-DOWN FACILITIES

Skilled care involves healthcare provided by trained professionals to treat, manage, observe, and evaluate a patient's condition. This care is typically delivered in inpatient settings such as Skilled Nursing Facilities (SNFs), rehabilitation centers, or step-down facilities. These facilities employ professional personnel including physicians, registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech-language pathologists, or audiologists.

a. CHM shares medical bills from SNFs if the following conditions are met:

1) **Eligible medical condition:** Treatment is for an eligible medical condition and hospitalization is no longer required.

2) **Physician's order:** Inpatient services requiring SNF care must be ordered by a physician and provided or supervised by the skilled personnel listed above.

3) **Duration of care:** The member requires SNF care for 20 days or less.

b. **Requests for extended SNF care:** For SNF care extending beyond 20 days, comprehensive medical records are required for review to assess the necessity and eligibility of ongoing care.

c. **Ineligible skilled care:** CHM does not share expenses for the following types of care.

1) Long-term nursing home care or custodial nursing care.

2) Rehabilitation due to the abuse of drugs or alcohol.

14. SLEEP APNEA APPLIANCES

a. **Requirements**

1) **Physician referral:** A referral from a physician is required.

2) **Sleep study:** You must undergo a sleep study before obtaining equipment or undergoing implantation.

3) **Home sleep studies:** Eligible for sharing only if ordered by an M.D. or D.O.

4) **Medical records:** May be requested to verify eligibility. All other CHM Guidelines criteria must be met.

b. **Eligibility**

1) **Implantable devices:** Eligible for sharing as part of a surgical procedure.

2) **Non-implantable devices:** Eligible for sharing up to $8,000 per illness under the life-sustaining medical equipment provision (Guideline V.C.7.b).

c. **Dentist-fitted appliances:** A physician's referral after a sleep study is required before seeking treatment from a dentist.

d. **Ineligible treatment:** Palate expanders are not eligible.

15. THERAPY

a. **Provision**

1) **Standard of care:** Therapy must be part of a treatment plan adhering to conventional medical standards.

2) **Session limit:** Up to 45 sessions of therapy are allowed per eligible injury or illness.

3) **Combination of therapies:** Various eligible therapy types can be combined, but the total must not exceed 45 sessions per injury or illness.

4) **Referral requirement:** Therapy must be ordered by a licensed healthcare professional before the treatment begins.

5) **Eligibility and licensing:** Sessions must meet all eligibility criteria and be administered by a therapist licensed to perform the eligible therapy.

6) **Extended therapy:** If therapy extends beyond six months from the initial therapy session, medical records must be submitted.

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 (Guideline V.E.8.a)

2) Therapy that does not meet a conventional medical standard of care (Guidelines V.E.8.b)

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 (e.g., TENS unit) and other similar devices intended for home use outside of a physical therapy session

d. Speech therapy

1) **Ineligible for sharing:** Speech therapy to aid in speech or language development is not eligible for sharing.

2) **Eligible conditions:** Speech therapy may be considered for sharing if all of the following conditions are met:

i. It treats a condition resulting from a catastrophic illness, such as a stroke; ***-and-***

ii. It's performed to restore normal functioning related to:

- Swallowing
- Breathing
- The ability to speak

iii. It meets the criteria listed in Guideline V.C.15.a.

3) **Documentation requirement:** Medical records must be submitted for review to determine eligibility.

D. Motor vehicle accidents

If a motor vehicle accident occurs, please note the special considerations that apply.

1. DEFINITION OF A MOTOR VEHICLE

For this section, motor vehicle is defined as a vehicle designed for use on public roads and subject to state registration requirements.

2. SAFETY REQUIREMENTS FOR MOTOR VEHICLES

a. Eligibility requirements: If a CHM member is injured while operating or occupying a motor vehicle, CHM can share the injured member's medical bills only 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:

1) The type of motor vehicle in use,

2) Whether the member was the operator or passenger, ***-or-***

3) State or county requirements.

b. Ineligible expenses: Bills incurred from motor vehicle accidents in which members were not wearing a helmet or the proper safety equipment are ineligible.

c. Exceptions: Safety requirements do not apply in the following situations:

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.

3. MOTOR VEHICLE ACCIDENTS AND INSURANCE

a. Exhaustion of other sources: If a member is injured in an accident involving a licensed motor vehicle, the medical bills resulting from that member's injuries are eligible for sharing up to $125,000 per accident:

1) The accident must be eligible according to CHM Guidelines.

2) Before CHM shares medical bills, all other sources of funding must be exhausted.

3) Participation in CHM Plus can increase the sharing limit. For more details, refer to Guideline III.E.

b. Passengers in another's vehicle

1) Owner's insurance: If a member is a passenger in or on a motor vehicle they do not own, the medical coverage provided by the vehicle owner's insurance policy(ies) must be used first.

2) Eligibility for sharing: Only after the vehicle owner's insurance has been exhausted will the member's medical bills be eligible for sharing.

c. Injured by an insured motorist

1) Liability coverage: If a member is injured by the actions of an insured motorist, the liability coverage available to the member from the wrongdoer's insurance policy(ies) must be used first.

2) Eligibility for sharing: The member's medical expenses are only eligible for sharing after the liable party's insurance has been exhausted.

d. Members' auto insurance coverage: CHM does not set a minimum requirement for members regarding their auto insurance medical coverage. We encourage members to set the highest possible limit on the medical assistance available through their auto insurance policy to steward members' funds wisely and keep monthly financial contributions low.

4. 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% 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, complications related to that condition or treatment are also ineligible.*

1. ACTIVE PRE-EXISTING CONDITIONS

a. **Bills incurred prior to joining CHM**—For the eligibility of pre-existing conditions, refer to Guidelines Section IV.

b. **Maternity expenses for pregnancies conceived prior to CHM membership**

2. BEHAVIORAL, DEVELOPMENTAL, AND MENTAL HEALTH

a. **Counseling sessions**—Including, but not limited to, mental health, marriage, family, individual, and group counseling.

b. **Developmental and education treatment and therapy**—Including, but not limited to, autism spectrum disorders (ASD), learning and language disorders, and developmental delays (Guideline V.C.15.c.3).

c. **Eating disorders**—Treatment, testing, or counseling at an office, treatment facility, or hospital (inpatient or outpatient).

d. **Psychological, psychiatric, and mental health treatment, testing, or counseling**—See Guideline V.C.11 for exceptions.

e. **Sensory processing and behavioral health treatment**—Including but not limited to disorders such as ADD and ADHD.

3. ELECTIVE MEDICAL TREATMENT

a. **Cosmetic, elective, or non-health related surgery and procedures**—Including complications arising from such procedures. For example, CHM cannot share costs for removal of breast implants placed for cosmetic reasons.

b. **Prophylactic procedures**—Medical interventions that are performed to prevent a disease or a medical condition before it occurs. For example, mastectomies or hysterectomies due to gene mutation to prevent cancer from developing in the future when the disease is not currently present.

c. **Sexual dysfunction**—Including, but not limited to, medication, hormone therapy, and surgery.

4. FERTILITY AND INFERTILITY EXPENSES

- **a. Infertility testing and treatment** (Guideline VII.A.7)
- **b. Pregnancies and complications resulting from in vitro fertilization and embryo implants, transfers, or adoptions** (Guideline VII.A.7)
- **c. Surrogate maternity procedures and associated maternity bills** (Guideline VII.A.7)

5. MAXILLOFACIAL AND OROFACIAL EXPENSES

Expenses related to maxillofacial and orofacial conditions are not eligible for sharing. These include but are not limited to TMJ/TMD and similar dental-related issues.

- **a. Specific conditions (non-exhaustive list):**
  - **1) Malocclusion:** Misalignment of teeth.
  - **2) Micrognathia:** Undersized jaw.
  - **3) Congenital malformations:** Structural abnormalities of the jaw.
- **b. Application:** Ineligibility applies regardless of:
  - **1) Diagnostic terminology/coding:** Variations in the terms or codes used for diagnosis.
  - **2) Location of treatment:** Where the treatment is provided.
  - **3) Type of practitioner:** Whether the care is administered by a DDS, DMD, or other medical professionals.

6. VIOLATIONS OF BIBLICAL PRINCIPLES OR MEMBERSHIP QUALIFICATIONS

- **a. Abortions**
- **b. Alcohol and drug abuse**—Including injuries and illnesses relating from such abuse.
- **c. Births from unwed mothers**
- **d. Cannabinoid product and marijuana use**—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. ***Utilizing these substances may result in sharing limitations for other conditions***. For additional information, refer to Guideline II.A.1.b.
- **e. Self-inflicted, non-accidental incidents**
- **f. Sexually transmitted diseases or gender dysphoria**—Including, but not limited to, medication, hormone therapy, and surgery.
- **g. Violations of membership requirements or biblical principles as outlined in the Statements of Beliefs**—Bills submitted by any member in violation of any part of the 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. For complete details, see Guideline II.A.

7. ROUTINE AND PREVENTATIVE CARE

- **a. Audiological expenses**—Including, but not limited to, routine hearing tests, hearing aids, and cochlear implants.
- **b. Birth control expenses**—Including but not limited to contraceptives, vasectomies, tubal ligations, and reversals (Guideline VII.A.7).

c. **Dental expenses**—Including, but not limited to, routine care, root canals, extractions, orthodontic procedures, crowns, and veneers.

d. **Health education services**—Including but not limited to counseling, classes, therapy, and nutritionist services.

e. **Immunizations**—Including complications arising from their administration.

f. **Membership and program fees**—Including, but not limited to, health or medical practice memberships, wellness programs, gym memberships, and personal trainers.

g. **Out-of-pocket medication expenses**—Including, but not limited to, maintenance prescription medications, over-the-counter medications, and supplements.

h. **Vision correction**—Including, but not limited to, optometrist services, eye exams, eyeglasses, contact lenses, and vision therapy.

i. **Weight management treatment**—Including, but not limited to, inpatient and outpatient programs, surgeries, procedures, prescriptions, and nutritional supplementation.

8. TREATMENT THAT DOES NOT MEET A CONVENTIONAL STANDARD OF CARE

a. **Chiropractic care**—Therapeutic and non-therapeutic treatment implemented or ordered by any type of chiropractic provider, including neurological chiropractors.

b. **Non-standard treatment**

1) CHM cannot share bills for non-standard procedures and treatment plans, including blood work or testing supporting such treatment.

2) This includes treatment plans that follow an alternative, integrative, complementary, functional, holistic, or naturopathic approach.

3) This guideline applies regardless of the type of practitioner implementing treatment.

9. MISCELLANEOUS

a. **Absence of requested medical records**—At times, CHM requires relevant medical records to assess the eligibility of a bill submitted for sharing. If CHM requests records and the provider or member either denies the request or does not respond, the associated bills will be ineligible for sharing until the requested medical records are received.

b. **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).

c. **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.

d. **Non-medical expenses**—Including, but not limited to, postage, shipping and delivery fees, finance charges, interest charges, phone calls, and administrative fees.

e. **Relatives as providers**—Reimbursement for services rendered by a healthcare professional who is also a family member.

f. **Travel expenses**—Such as personal transportation, lodging, and meals.

g. Telephone or digital consultations with healthcare personnel—See Guideline VII.D for information about CHM's Virtual Care Solution that's included with your membership.

F. Planning for ineligible costs

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

1. RECOMMENDATIONS

a. Set up a personal savings account: Designate funds specifically for ineligible expenses to ensure you have the necessary resources when the costs arise.

b. Comparison shop for provider discounts: Look for discount options from providers that can offer cost savings on dental, vision, and prescriptions.

c. Read *Heartfelt* Magazine and the CHM blog: Utilize these resources to learn about helpful tips and resources for these expenses. They often provide valuable information on cost-saving strategies.

2. HEALTH SAVINGS ACCOUNT (HSA)

a. CHM members with a funded Health Savings Account (HSA) are not required to use funds in their HSA prior to submission of medical bills to CHM.

b. Whether a member has a funded HSA does not impact the eligibility determination or the amount to be shared for any sharing request.

c. We strongly recommend consulting with an attorney or other tax professional before using HSA funds to pay monthly contribution amounts to ensure compliance with tax regulations.

"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.

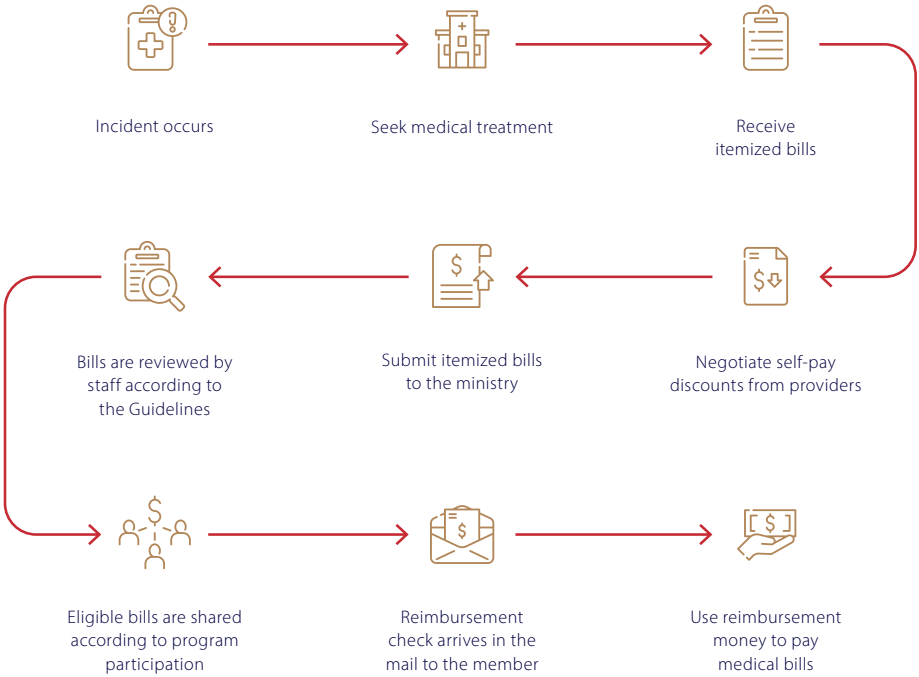
Without question, our family is blessed to be part of such an amazing group of believers!"

– ADAM ABOLAFIA
Arizona

VI. Submission of medical bills

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.



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****.*

A. CHM is secondary to other payment sources

We take joy in caring for God's people and supporting CHM members by facilitating the sharing of medical bills. However, it's important to understand that CHM is a ministry, and as such, operates as a secondary payment source when other forms of payment are available or when another party is liable for medical bills.

1. **Submission to other insurances or primary payment sources:** Members should first submit their medical bills to relevant insurance providers (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. **Documentation requirements:** When submitting medical bills to CHM, members must include, when applicable: receipts of payment from other sources, notices of liability, or letters of rejection from primary payment sources.

3. **Medicaid submissions:** Members have the option to submit medical bills to Medicaid prior to submitting them to CHM.

4. **Concurrent submissions:** Medical bills can be submitted to CHM while awaiting decisions or payments from primary payment sources.

B. Medical bill sharing process

Submitting medical bills to CHM is a collaborative effort. Members initiate the sharing process by answering a few simple questions, providing documentation, and submitting 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:** If you choose to submit your documents digitally, the Member Portal will walk you through all the information we need. However, if you wish to submit paper forms, you can access the packet at ***portal.CHMinistries.org.***

   1) **Sharing Request Form:** This form combines your contact information with a Letter of Explanation. Members must provide a brief explanation of their medical incident. This helps CHM staff determine how to assign each bill to an incident and 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) **Medical Bill Worksheet:** This worksheet lists all itemized bills being submitted, including any reductions applied and payments made.

3) **Medical Information Release and Patient Delegation Form:** CHM must have a signed copy of this form on file to communicate with providers and share your medical bills. Members who are 18 years and older must sign their own form.

4) **Additional forms:** Please refer to section VI.B.2.c for any additional forms that may be required.

b. Maternity events: For pregnant members, the Maternity Verification Form, Newborn Form, and the Medical Information Release and Patient Delegation Form are required.

c. Obtain itemized medical bills relating to the illness/incident*
An itemized bill includes all 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.*

d. Complete additional forms, if applicable

1) **CHM Give Form:** This form is required if your incident involves a pre-existing condition that will be shared through CHM Give.

2) **Accident Verification Form/Reimbursement Agreement Affidavit:** If your incident was the result of an accident, you need to complete both the Accident Verification Form and the Reimbursement Agreement Affidavit. Ensure all details are accurately provided.

e. Submit your itemized bills to CHM

1) **Online:** The Member Portal (***portal.CHMinistries.org***) is the preferred method. Our digital submission process will have you answer a few important questions, and you will be prompted to submit your itemized medical bills.

2) **U.S. Postal Service:** 127 Hazelwood Ave., Barberton, OH 44203

3) **Fax:** 330-848-4322

f. Submit add-on bills as they are incurred: Additional expenses incurred within 12 months of the first eligible date of service ("add-on bills") can be submitted as part of your current incident provided no more than 90 days have elapsed since the most recent eligible date of service. See Guideline III.A.2.c for information about incident time limits.

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

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

1) **No additional forms required:** Add-on bills can be submitted without additional forms.

2) **Submission method:** You may submit new bills using your preferred method. Please write "add-on" and your CHM member number at the top of the new bill to ensure it is appropriately filed.

g. Report discounts as you receive them

1) **Submission of updated documents:** 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) **Communicating verbal discounts:** 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. Process initiation

1) The sharing process starts on the date CHM receives the medical bill(s), not the date when charges are incurred or when bills are submitted.

2) Add-on bills for an ongoing incident will be processed based on the date they're received.

b. Current information: For the most up-to-date information about CHM's sharing time, call (800) 791-6225.

c. Potential lengthening of sharing time: Sharing time may be extended under the following circumstances:

1) Incomplete or missing forms.

2) Medical bills are not itemized or the copies received are unreadable.

3) CHM is awaiting 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. Coordination with insurance: 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.

C. The medical bill's journey

We've 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.

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 submitted my sharing request information through the Member Portal or by mail.

D. Discounts and financial assistance

Hospitals often extend discounts to self-pay patients and offer financial assistance programs. The average discount varies by state, with potential discounts reaching up to 60-70%, depending on the location.

1. DISCOUNTS

Medical bill discounts are essential for enabling CHM to serve all members effectively. The Member Advocate department specializes in medical bill discounts and assists with discount negotiation for eligible bills exceeding $1,000. Adhering to the guidelines provided in this section will help CHM steward members' funds wisely:

a. Always ask for a self-pay discount: Request a self-pay discount whenever you receive medical services.

b. Negotiate self-pay discounts

1) CHM recommends negotiating for a self-pay discount whenever possible.

2) Providers routinely offer discounts of 40% or more on medical bills for insurance policyholders; CHM members should request similar consideration.

c. Payment plans: If you're unable to pay your medical expenses at the time of service, request a payment plan from your healthcare provider.

d. Contacting the Member Advocate department: Before paying bills totaling $1,000 or more from an individual healthcare provider, please contact the CHM Member Advocate department if:

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.

2. CHM INTERACTIONS WITH PROVIDERS

a. Negotiations of discounts: CHM may negotiate discounts with medical providers on behalf of members, in addition to member-negotiated discounts. For this purpose, CHM might utilize the assistance of vetted and contracted vendors. These vendors may receive limited member healthcare information, which is scrupulously protected and provided only on a need-to-know basis.

b. Agreements with providers: CHM can also negotiate agreements and understandings with providers to streamline the processing of one or more member bills. Despite these agreements, members are always responsible for their own medical expenses.

c. Time-sensitive agreements: Most negotiated agreements and understandings are time-sensitive, requiring prompt payment to secure the stated discount. If a discount is lost due to member negligence, such as failing to submit required documentation or missing the payment date, the member is responsible for the amount of the lost discount. Your prompt attention to these matters will help CHM continue processing your bills on schedule.

"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

3. FINANCIAL ASSISTANCE

In addition to self-pay or uninsured discounts, many healthcare providers offer financial assistance resources. When negotiating with your healthcare provider, taking the time to explore all available financial assistance options can lead to significant savings and better cost support for your medical expenses.

a. Ask about financial assistance

1) Before accepting the self-pay or uninsured discount, inquire if the provider offers any financial assistance programs.

2) Request to apply for financial assistance, as it often results in larger reductions than standard discounts, sometimes offsetting up to 100% of the billed charges.

b. Understand requirements

1) Financial assistance is not always based on income. Therefore, exploring this option is essential regardless of your financial situation.

2) Each provider has its own financial assistance policies and requirements. Make sure you understand your provider's specific application qualifications.

3) Financial assistance programs are typically offered according to state or internal guidelines, which means they can vary widely from one provider to another.

4. DRUG ASSISTANCE PROGRAMS

Prescription assistance programs can be a vital resource for patients needing high-cost medications for conditions such as cancer or Crohn's disease.

a. Manufacturer assistance programs: Many drug manufacturers offer patient assistance programs (PAPs), which often have dedicated phone numbers or websites where patients can apply for help.

b. Uninsured patient programs: If you do not have primary prescription coverage through another source, look for programs specifically designed for uninsured patients. These programs can provide significant savings or even free medication depending on the eligibility criteria.

"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

E. Paying providers after reimbursement

It's the members' responsibility to use funds received from CHM to pay the appropriate healthcare providers or to reimburse themselves for payments already made. **It's considered an abuse of members' trust to use money received from CHM for any purpose other than paying the applicable healthcare providers.**

1. **Prompt payment:** Paying healthcare providers within 30 days is a CHM membership requirement.

2. **Timely payment consequence:** Failure to pay your providers in full within 30 days of receiving your reimbursement check may result in membership termination.

3. **Uncashed checks:** 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. **Explanation of Sharing:** 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. **Questions about amounts shared:** If you have questions regarding the amount shared, please contact CHM at (800) 791-6225.

6. **Accurate information and fund usage:** Failure to provide accurate information or 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. **Direct payment by CHM:** 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 and ask to be connected with the Member Contribution 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 contributed by members for the purpose of sharing medical bills. These guidelines apply when a member is injured due to the negligence of another person, such as motor vehicle accidents, personal injuries on someone else's property, dog bites, or any other situation that could involve liability insurance or 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. 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. **Information provision:** Provide any information requested by CHM within five (5) days of the request.

b. **Incident notification:** 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. **Cooperation:** Cooperate with CHM in the investigation of the accident or incident and protection of CHM's rights.

d. **Settlement notification:** Notify CHM in writing at least 20 days before entering into any compromise or settlement that may affect the rights of CHM.

VII. Specialized membership offerings

A. Maternity Care Solution

CHM members love to share in the blessings of new life. CHM maternity sharing includes extensive provision for members wanting to grow their families.

Members with qualifying pregnancies can receive up to $125,000 per maternity event. This amount can be increased with CHM Plus participation. More information about participating in CHM Plus can be found in Guideline III.E.

IMPORTANT NOTE: If a member joins CHM during an existing pregnancy, expenses for that pregnancy, including any related complications, are not eligible for sharing through any CHM programs or CHM Give.

1. MATERNITY ELIGIBILITY

a. Qualifying for maternity sharing

1) **Marital status:** The member must be married at the time of conception.

2) **Membership requirement:** The member must have joined CHM at least 300 days before the estimated delivery date. The due date must be verified by a physician, obstetrician, or midwife.

3) **Exclusion:** If the member does not meet the preceding qualifications, the entire maternity event for mother and baby is ineligible for sharing.

b. Program participation: The maternity event will be shared according to the member's program participation 300 days prior to their expected due date, as verified by a medical professional.

c. Qualifying Amount: Each maternity event has a qualifying amount based on program participation. Eligible maternity expenses must meet the following amounts for the event to be considered for sharing:

1) CHM Gold—$2,500 **2)** CHM Silver—$5,000 **3)** CHM Bronze—$9,000

d. Extended sharing: CHM Plus must be added at least 300 days before your estimated delivery date to extend the total sharing limit. See Guideline III.E for details on CHM Plus participation.

e. Continuity of participation: Members must ensure that their membership is current with all monthly financial contributions during the period when maternity bills are being processed for sharing.

2. MATERNITY PERSONAL RESPONSIBILITY

Each eligible maternity event is subject to Maternity Personal Responsibility.* This is the amount the member is responsible for before their maternity costs can be considered for sharing.

a. Personal Responsibility based on program participation

1) CHM Gold—$2,500 **2)** CHM Silver—$5,000 **3)** CHM Bronze—$9,000

b. Reducing Maternity Personal Responsibility

1) CHM offers a Maternity Personal Responsibility reduction of $500.

2) To receive this reduction, you must contact the Maternity Care Team by phone within the first 16 weeks of pregnancy.

3) If you contact the Maternity Care Team prior to conception, CHM should be notified when conception is confirmed to allocate the Maternity Personal Responsibility correctly.

4) Early engagement calls allow CHM Maternity Support Specialists to connect you with our Maternity Nurse Navigator, recommend quality providers, and support you through prayer.

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

3. SWITCHING PROGRAMS WITH RESPECT TO MATERNITY EVENTS

Maternity events are shared based on the member's program participation 300 days prior to their expected delivery date, as verified by a medical professional. However, switching programs within the 300 days before the estimated delivery date and 90 days following delivery will result in higher qualifying amounts and Personal Responsibility.

a. Switching to a lower program: When a member switches to a lower program, the maternity event will be shared according to the lower program's qualifying amount and Personal Responsibility.

b. Switching to a higher program: When a member switches to a higher program, the maternity event will be shared according to the lower program's qualifying amount and Personal Responsibility.

c. Program changes impact: Switching programs will have the following results for eligible maternity events:

1) The lower program's qualifying amount must be met for maternity event eligibility.

2) Members are responsible for any additional Personal Responsibility amounts resulting from a program switch.

3) Medical bills related to the maternity event or any other medical incident will not be shared until these amounts are satisfied.

d. Notice for changes: CHM requires a 30-day notice from members who plan to change their program, number of units, discontinue participation, or otherwise alter their membership status.

4. ELIGIBLE MATERNITY EXPENSES

Note: If a maternity event is determined to be ineligible, then any associated services, including complications related to the pregnancy and delivery for both the mother and baby, are also deemed 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 additional midwife 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

5. POSTNATAL CARE

a. Eligibility criteria for sharing postnatal care expenses

1) Expenses for the mother must be incurred within 90 days of delivery.

2) Expenses related to the baby must be incurred within the first 30 days of birth. For more details about eligibility of the baby's medical expenses, see Guideline VII.A.10.

3) The mother must remain a member throughout the entire sharing process.

b. Eligible postnatal expenses

1) For the mother: up to 90 days following delivery

i. Postpartum visits
ii. Lactation consultations (after delivery) as needed
iii. Postpartum depression treatment up to 90 days from the date of delivery. Medical records must be submitted to confirm the postpartum diagnosis and treatment plan.

Eligible expenses may include:

- Inpatient treatment
- Prescription medications
- Counseling
- Follow-up care as needed

2) For the baby: up to 30 days following birth

i. Baby well visits and problem-focused visits
ii. Circumcision
iii. Cheek/lip/tongue tie correction

c. Ineligible postnatal expenses: Postnatal vaccinations/immunizations for both mother and baby.

d. Special conditions

1) Services related to congenital birth defects must be shared under the baby's unit and cannot be included in the maternity event. Refer to Guideline V.C.2 for more details on sharing congenital conditions.

2) Treatments for the mother occurring more than 90 days after delivery, and for the baby more than 30 days following birth, must be processed as new medical incidents, separate from the maternity event. As with any new medical incident, the Personal Responsibility and Qualifying Amount per incident must be met.

6. GENETIC TESTING

a. Eligibility considerations

1) Genetic testing must be non-invasive, ***-and-***

2) The testing must be required to determine treatment for a current medical condition.

b. Verification: Medical records or healthcare provider notes are necessary for verification.

c. Amniocentesis: An amniocentesis may be considered for sharing if medical records confirm the procedure is necessary to determine life-preserving medical care for baby and/or mother.

7. INELIGIBLE MATERNITY EXPENSES

a. Expenses related to ineligible maternity events: All medical expenses for mother and baby related to:

1) Prenatal care **2)** Delivery **3)** Complications relating to delivery

4) Postpartum care **5)** Baby's care immediately following delivery (prior to hospital discharge)

b. Pregnancies for unwed mothers: Expenses incurred for the baby's birth, including the initial hospital bills for the baby, are not eligible for sharing.

c. Contraceptives or birth control expenses

d. Over-the-counter medications

e. Individually purchased birthing supplies

f. Doula services

g. Breast pumps

h. Fertility procedures or treatments

i. Gestation or surrogate maternity procedures

j. In vitro fertilization (IVF): IVF procedures and maternity expenses or complications resulting from IVF are not eligible. This includes expenses incurred for the baby's birth, including initial hospital bills for the baby.

k. Sperm donation: Costs related to sperm donation and pregnancies resulting from sperm donation are not eligible.

l. Embryo implants, transfers, or adoptions: Expenses related to embryo implants, transfers, or adoptions and maternity expenses or complications resulting from such procedures are not eligible.

m. Tubal ligations, vasectomies, or reversal procedures

n. Invasive genetic testing: Expenses for invasive genetic testing such as amniocentesis, chorionic villus sampling, or nuchal translucency ultrasound are not eligible (see VII.A.6 for exceptions).

o. Travel expenses: Travel expenses for members, midwives, or any other individuals related to maternity are not eligible.

p. On-call or 24/7 medical provider access fee

8. MATERNITY SUBMISSION PROCESS

a. Obtain and submit a global fee

Obtain and submit a global fee from your obstetrician as soon as possible. It must include:

1) Provider name **2)** Patient name **3)** Description of service or CPT codes

4) Charge amount **5)** Payment due date

b. Submit required forms

1) Maternity Verification Form

2) Newborn Form

3) Medical Information Release and Patient Delegation Form

4) Make sure forms are completed, signed, and dated.

5) Include these forms with your initial medical bills.

c. Submit hospital agreements

1) Submit the flat rate or prepayment agreement from the hospital, if provided.

2) Agreements must include all itemized information.

3) Specify the length of the hospital stay and whether the newborn charges are included.

d. Request itemized bills for additional charges: For any charges not included in the original agreement (e.g., labs, ultrasounds) or when an agreement is not available.

e. Submission deadline

1) Medical bills must be submitted within six months of the mother's estimated due date (EDD).

2) Early submission allows for quicker processing.

3) Early submission is also advantageous for discount negotiations by the Member Advocate team, especially closer to the incurred date of service.

9. CHANGE OF PROVIDER

a. Required documents: Members who change providers before delivery must submit the following:

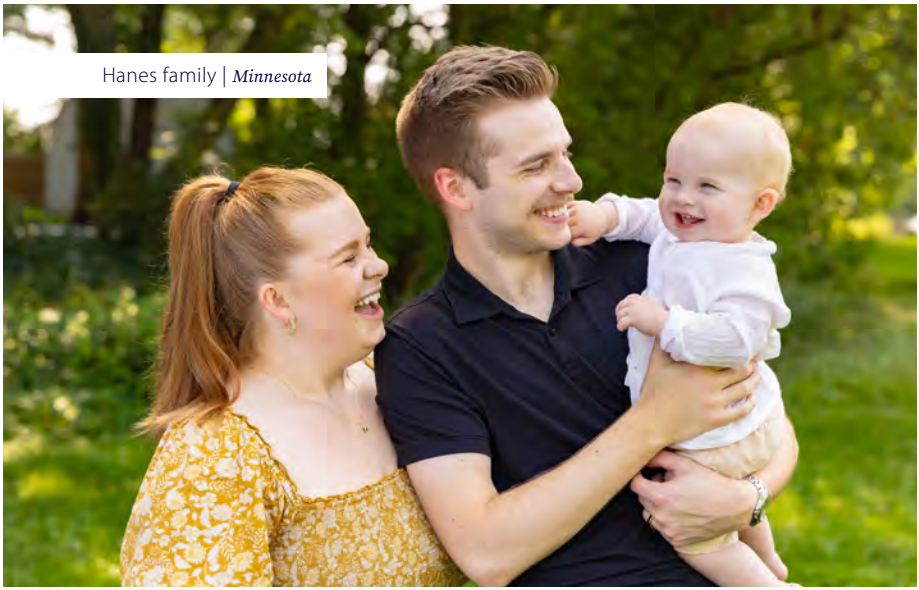
1) Final itemized bill from the original provider: A detailed bill showing all charges up to the point of switching.

2) Itemized bill from the new provider: A detailed bill from the new provider for services rendered after the switch.

b. If funds have already been shared:

1) The member must return any over-shared amounts.

2) Otherwise, CHM will adjust (pro-rate) the sharing for the new provider accordingly. This ensures that the shared funds are accurately distributed between the providers based on the services they provide.


Hanes family | *Minnesota*

10. BABIES AS CHM MEMBERS

a. Babies born within an eligible maternity event

1) Medical bill sharing

i. Medical bills for the baby incurred in the first 30 days following birth may be considered for sharing under the mother's membership unit.

ii. **Exception:** Babies with a congenital birth defect must transition immediately from their mother's membership unit to their own unit. Reference Guideline V.C.2 for sharing information about congenital birth defects.

2) Adding the baby to the membership

i. The new baby must be added to the mother's membership for continued sharing eligibility.

ii. Contact Member Services at (800) 791-6225 within the first 30 days after delivery with the following information:

- Baby's full name
- Date of birth
- Baby's participation program
- Whether the baby will participate in CHM Plus, the optional add-on program detailed in Guideline III.E.

3) Membership unit and financial contribution

i. If the new baby is the first child on a membership, the unit number will increase by one and the monthly financial contribution will also increase.

ii. The financial contribution amount will not increase if the membership already includes a child unit.

4) **Removing the baby from membership:** Members who wish to remove the baby from their membership must contact the CHM Member Services department.

b. Babies born to mothers not eligible for CHM's Maternity Care Solution

1) Adding the baby to the membership

i. Parents must contact CHM to add the baby to their membership.

ii. If a baby has a family member already participating in a CHM program at the time of birth, the baby can be added to the program effective from the date of birth, provided that a parent contacts CHM within 30 days of birth.

iii. If the baby does not have a family member participating in a CHM program at the time of birth, the baby's start date will not be the birth date. Instead, it will be the date CHM is contacted with a request to add the baby to the membership.

iv. Even if the baby's membership start date is the date of birth, bills incurred from delivery to hospital discharge cannot be shared. These expenses are considered maternity-related and can only be shared as part of an eligible maternity event.

2) Eligibility of medical expenses: Eligible medical expenses for illnesses beginning after the baby's start date may be considered for sharing.

11. MISCARRIAGE AND STILLBIRTH

a. Eligibility

1) Medical expenses from a miscarriage or stillbirth are eligible for sharing even if the maternity event is not eligible. ***Please note:*** CHM cannot share these expenses if the member is in violation of membership qualifications.

2) Bills incurred prior to the membership are not eligible.

3) For detailed information about eligible postpartum depression expenses, see Guideline VII.A.5.b.1.iii.

b. Processing of miscarriages and stillbirths

1) These events are processed as medical incidents, not maternity events.

2) Bills will be processed according to the member's participation program.

3) The respective Qualifying Amount per incident and Personal Responsibility will apply.

For more detailed guidance, a maternity guide is available at ***CHMinistries.org/blog/maternity***.

B. Complete Surgical Care Solution

CHM's Complete Surgical Care Solution (CSCS) is designed to provide members undergoing qualifying procedures or surgeries for diagnosed medical conditions with access to high-quality care and support.

1. KEY FEATURES

a. No additional cost: Participation in CSCS is available at no extra charge to members.

b. Simplified process: Members submit the necessary documentation and CHM coordinates the details, enabling members to focus on their recovery.

c. Quality care: CHM connects members with selected, high-quality providers based on several factors.

1) Provider's procedural success rate.

2) Provider's education and years of experience.

3) Location and member preferences.

d. **Cost savings:** Members participating in CSCS receive a credit toward their unit's Personal Responsibility for the year, reducing their out-of-pocket costs.

2. ELIGIBILITY

a. **Qualifying medical services:** CSCS is available for a broad range of eligible medical services. To pursue the advantages of CSCS, members must meet the following criteria:

1) The condition has been evaluated by a medical professional.

2) An official diagnosis has been determined.

3) A documented recommendation for surgery is present in their medical records.

b. **Required documentation**

1) Medical records detailing the medical condition and including a surgical recommendation.

2) A completed Sharing Request Packet.

c. **Non-CSCS qualifying events:** If a medical event is eligible per CHM Guidelines but doesn't qualify for CSCS, medical bills will be shared through the standard CHM process.

d. **Exclusions:** CSCS is not compatible with Medicare participation and the CHM SeniorShare™ program. However, CHM SeniorShare™ participants still enjoy other advantages and lower monthly contributions.

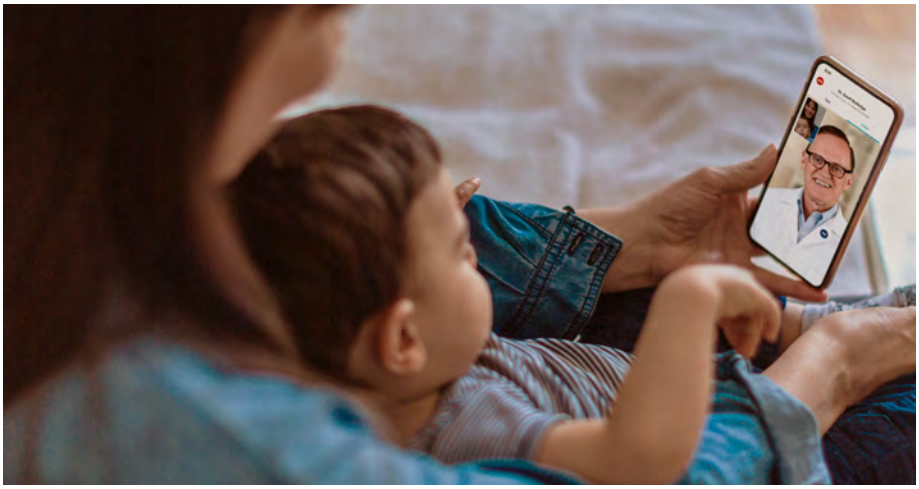
For any additional questions or support, members should contact CHM at (800) 791-6225 and ask to be connected with the Complete Surgical Care Team.

C. Groups

CHM group memberships provide a budget-friendly health cost sharing 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 health cost sharing solution with CHM.



More information about how CHM serves groups can be found at ***CHMinistries.org/programs.***

D. Virtual Care Solution

Christian Healthcare Ministries (CHM) offers a convenient and cost-effective Virtual Care Solution (VCS), powered by HealthTap, designed to support members' health and well-being. This membership offering provides access to licensed primary care physicians via virtual video visits for a broad range of non-emergency medical needs, helping members reduce out-of-pocket expenses and maintain ongoing wellness.

1. INCLUDED FEATURES

a. Virtual primary care: Members can establish ongoing relationships with board-certified primary care physicians, enabling personalized, continuous care.

1) HealthTap doctors can treat a wide variety of acute and primary care conditions, including routine checkups, sudden illnesses, chronic conditions, prescription refills, and more. For a detailed list of what your virtual primary care doctor can assist with, visit the Resources section of the Member Portal (***portal.CHMinistries.org***).

2) If your condition requires in-person or specialist consultation, your HealthTap doctor can provide a referral for that care. In those cases, sharing eligibility will follow the CHM Guidelines.

3) You can choose from a range of HealthTap primary care providers to find a doctor who best meets your healthcare needs.

b. Flexible scheduling: Enjoy the convenience of same-day or same-week appointments, helping to minimize traditional healthcare wait times.

c. Virtual urgent care: For more immediate concerns, members can access care during evenings, weekends, and holidays. Commonly treated conditions include:

- Respiratory infections
- Cold and flu symptoms
- Allergies
- Skin irritations
- Pink eye
- And more

2. MEMBER ELIGIBILITY AND ACCESSIBILITY

a. Available to all CHM members age 1 and older.

b. Accessible from anywhere in the United States, whether you're at home or traveling.

c. Included with every CHM membership.

3. SETTING UP YOUR ACCOUNT

Members can access their registration link through the Member Portal's Resources section. Registering through the Member Portal ensures your HealthTap account is correctly linked to CHM's Virtual Care Solution.

a. Enter your information: Click "Get started" and enter the last name and your CHM membership ID for yourself or the primary account holder. Be sure the last name matches exactly as shown in your CHM Member Portal (***portal.CHMinistries.org***).

b. Select your profile: From the list displayed, select your profile. All eligible adults associated with your CHM membership ID will be shown. Each adult must create their own separate HealthTap account. Any accounts for children included in your membership can be created later under your personal account.

c. Enter your email address: You'll be asked to enter and verify your personal email address. Each eligible adult (or dependent over 18) on the membership must register separately using their own email address.

d. Complete your profile: Enter your phone number and follow any remaining prompts to verify your information. Once complete, you can begin making appointments.

4. IMPORTANT NOTES

a. Emergency use: HealthTap virtual visits are not intended for emergency situations. If you are experiencing a medical emergency, call 911 or your local emergency services immediately.

b. Referral eligibility: Any referrals or follow-up services recommended through HealthTap's virtual services must meet CHM Guidelines to be eligible for medical bill sharing.

c. Outside telehealth services: Telehealth consultations conducted outside CHM's designated Virtual Care Solution—whether by telephone or other digital means—are not eligible for sharing (see Guideline V.E.9.g).

For the most current information on accessing CHM's Virtual Care Solution, powered by HealthTap, please visit the Resources section of the Member Portal (***portal.CHMinistries.org***).

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.

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-notices

Alaska, Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, Oklahoma, South Dakota, Tennessee, Texas, Virginia, West 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.

Board Members - July 2024

C. Tax information

CHM members should note the following information regarding membership and tax filing:

1. **Tax-exempt status:** CHM is a 501(c)3 tax-exempt organization.

2. **Form 8965:** Members do not have to include Form 8965 as an attachment to the Federal Form 1040.

3. **Non-deductible contributions:** Monthly program contributions are **not** tax-deductible.
   - **a.** CHM monthly financial contribution amounts required to maintain membership are not tax-deductible.
   - **b.** CHM Plus contribution amounts are also not tax-deductible.

4. **Charitable contributions:** Contributions above membership amounts, such as CHM Give contributions, qualify as charitable contributions for income tax purposes. Members who made these qualifying donations will receive a notice reporting their charitable contributions.

5. **Additional resources:** For more tax information and resources, visit ***CHMinistries.org/blog/tax-forms-resources***.

6. **Special State Income Tax Advantages:** Residents of select states may be eligible for unique state income tax benefits. If you reside in one of these states, CHM will provide a statement that includes line-item deduction amounts for your records.

7. **Form 1095 for Group members:** Members who are part of a group may still receive Form 1095 from their employers as part of the law's requirement. These forms can be filed away with your tax records.

X. Topical index

A

accident 2, 35, 36, 43, 44, 51, 57
active 6, 16, 27, 32
adopted 7, 35
adult children 8, 12, 14, 20
alcohol 6, 42
auto insurance 44

B

behavioral 41, 45
billing 3, 10, 12, 25
birth control 61
Board of Directors 2, 4, 68

C

cancellation 14, 15
cancer 27, 45, 48, 55
cataract 34
chiropractic 47, 48
CHM Give 22, 27, 29–31, 51, 58, 72
CHM Plus 16–18, 21–23, 30, 35, 44, 58, 63, 72
CHM SeniorShare™ 17, 19, 22–26, 31, 65
commitments 12
Complete Surgical Care Solution 33, 64
congenital 7, 22, 28, 35, 60, 63
contact information 9, 25, 50
cosmetic 45
counseling 41, 45, 47, 66
CPT 33, 51, 62

D

death 4, 15, 37
dental 35, 36, 46, 48
developmental 42–45
diabetes 28
discount 3, 48, 52–56, 62, 67

E

elective 45
Eligibility Review Board 67

F

financial assistance 12, 47, 53, 55

G

genetic testing 38, 61
Groups 65

I

illness 2, 16, 18, 21–23, 26, 31, 35, 38, 42, 43, 50, 51, 71
immunizations 48, 60
incident 3, 11, 13, 16, 18–20, 25, 26, 31, 34, 36, 39, 40, 49–53, 57, 59, 60, 64
international 24, 39
itemized bills 25, 49, 51, 62
IVF 61

L

legal 7, 8, 18, 46, 57, 67, 69, 71

M

maintained 22, 27–31
marijuana 6, 46
Maryland 11, 49, 71
mastectomies 45
maternity 2, 14, 20, 41, 46, 58–61, 63, 64
medical equipment 18, 26, 38, 42, 48
medical transportation 39
Medicare 8, 17, 24, 25, 50, 52, 65
Member Portal 3, 10–13, 50, 51, 53, 67
mental health 41, 45, 66
missionaries 11
monthly financial contributions 12, 44, 58, 66

N

nicotine 6
nutritionist 47

O

organ donation 39
out-of-pocket 54, 65, 66

P

participation 2, 7–9, 11, 16, 17, 20–25, 29, 36, 37, 49, 58, 59, 63, 64, 65, 71
Personal Responsibility 11, 14, 18–20, 26, 31, 34, 45, 48, 58, 59, 60, 64, 65
physical therapy 18, 33, 42, 43
postpartum 41, 60, 64
pre-existing 7, 9, 15, 22, 23, 27, 28–31, 34, 45, 51, 70
prescriptions 39, 47, 48
program 2, 7, 11, 14, 16–21, 23–26, 31, 34, 47, 49, 58, 59, 63–65, 70, 71, 72
prolotherapy 41
Provider Relations 67

Q

Qualifying Amount 16, 18, 19, 34, 49, 53, 58, 60, 64

R

Refer-a-Friend 10, 11, 12
reimbursement 3, 12, 14, 15, 19, 24, 29, 33, 47, 49, 52, 56, 57

S

safety equipment 43, 44
Sharing Request 25, 50, 65
skilled nursing 26, 41, 42
sleep apnea 33, 36, 38
Statements of Beliefs 4, 6, 9, 10, 46, 69, 70
surgery 2, 16, 32, 34, 38, 45, 46, 65

T

tax filing 72
telemedicine 18, 66
therapy 18, 33, 42–47
TMJ 46
tobacco 6

U

unit 7, 8, 11, 15, 18–22, 41, 43, 59, 60, 63, 65

V

vision 47, 48, 69

W

weight management 47

Notes

Notes

Notes

Notes

Still have more questions?

VISIT OUR NEW MEMBER PAGE
CHMinistries.org/members

CHM

(833) JOIN-CHM

127 Hazelwood Avenue
Barberton, OH 44203-1316

@iheartchm

VISIT OUR WEBSITE
CHMINISTRIES.ORG

© Christian Healthcare Ministries