Impact Health Sharing

Summary of Guideline Changes
Effective 12.1.2025

	Previous Versions		**Approved Changes**
I.B.	B. Eligible for Sharing (In part) Bills are to be submitted by the provider following standard healthcare industry submission and coding guidelines. This is necessary for bills to be considered for sharing. If a Member needs to submit a bill for processing, it must be submitted electronically using the bill submission tool located in the Member Center.	I.B.	B. Eligible for Sharing (In part) Bills are to be submitted by the provider following standard healthcare industry submission and coding guidelines. This is necessary for bills to be considered for sharing. If a Member needs to submit a bill for processing, it must be submitted electronically using the bill submission tool located in the Member Center. Members are responsible for gathering and providing all required information, as only complete submissions will be accepted for review and processing. Any costs incurred in obtaining necessary records or documentation are the responsibility of the Member.
I.C.1.	C. Limited Sharing 1. Maternity Maternity is eligible for sharing after the mother has been a member for 12 months*. Sharing is limited to $150,000 for any pregnancy event, including antepartum care, the cost of delivery and complications to the mother, and postpartum care (this is applied regardless of the number of babies the mother is carrying during the pregnancy event). For ineligible maternity events, any fetal abnormalities and/or congenital abnormalities noted in medical records prior to the mother joining Impact Health Sharing, will be considered a pre-existing condition and would not be eligible for sharing. To be eligible, delivery must be performed by a Medical Doctor, Doctor of Osteopathy, or Midwife who is properly licensed, certified and/or registered in the state of delivery. The newborn can be a member from birth if a request to add them to the membership is	I.C.1.	C. Limited Sharing 1. Maternity Maternity expenses are eligible for sharing if the mother is a member and the Estimated Due Date (EDD), as documented in the medical record, is at least 10 months after the mother's membership start date. The documented EDD determines eligibility, regardless of the actual birth date, as some births may occur before or after the estimated date. Sharing is limited to $150,000 for any pregnancy event, including antepartum care, the cost of delivery and complications to the mother, and postpartum care (this is applied regardless of the number of babies the mother is carrying during the pregnancy event). Maternity care is usually billed as one global bill that includes prenatal visits, delivery, and postpartum care. Because of this, only one global maternity bill per pregnancy is eligible for sharing. If care begins with a Midwife and later transfers to a physician, sharing will apply

	made within 30 days of the date of birth. If the mother is not a member for 12 months prior to delivery, the following are instances where maternity bills are ineligible for sharing: ● Medical bills incurred before the newborn's Membership Date ● Unresolved maternity medical conditions of the child or mother The 12-month requirement is determined by the Estimated Due Date (EDD) documented in the medical record. If the EDD is at or after the 12th month of membership, then the maternity event is eligible for sharing. *⚠️ **Beta Test Notice:** We are testing a shorter **10-month** waiting period for maternity needs. During this beta phase, members may be eligible for sharing if their **recorded due date is at least 10 months after their Impact enrollment date.** This beta policy is under review and does not yet reflect a formal update to the Guidelines. For more info, please watch this video about Maternity.		to one provider who submits the global bill. For ineligible maternity events, any fetal abnormalities and/or congenital abnormalities noted in medical records prior to the mother joining Impact Health Sharing, will be considered a pre-existing condition and would not be eligible for sharing. To be eligible, delivery must be performed by a Medical Doctor, Doctor of Osteopathy, Nurse Practitioner, Physician's Assistant, or Midwife who is properly licensed, certified and/or registered in the state of delivery. A newborn can be a member effective from the date of birth, provided the request is submitted within 30 days of the date of birth. Requests to add newborns to membership cannot be backdated more than 29 days. For more info, please watch this video about Maternity.
I.C.2.	C. Limited Sharing 2. Prescriptions Prescription medication expenses for prescribed drugs that may be dispensed, injected, or administered may be credited toward the PRA if they are not considered treatment for a pre-existing condition. After the member's PRA has been met, eligible prescriptions will be shared as follows: ● After the first $25 on generic drug prescription ● After the first $50 on brand name prescription when a generic is unavailable ● Prescription medications must be purchased using the member ID	I.C.2.	C. Limited Sharing 2. Prescriptions Prescription medication expenses for prescribed drugs that may be dispensed, injected, or administered may be credited toward the annual PRA if they are not considered treatment for a pre-existing condition. Members pay 100% of the prescription amount at the pharmacy, and submit eligible expenses in the Member Center. Only the amount paid over $25 for generic and over $50 for brand name medications will be applied to the annual PRA. After the member's annual PRA has been met, eligible prescriptions will be shared as follows:

	card (see Rx information on the card) ● Members pay 100% of the prescription amount at the pharmacy ● Prescription drugs that may be dispensed, injected or administered ● Psychotropic medication and birth control expenses are not eligible for sharing The shareable amount is limited to $1200 per member per membership year after the PRA has been met. Exceptions may be made in the case of medications for cancer and transplant recipients. Note: Members 65 and older must have Medicare Part D for prescription costs to be eligible for sharing. All sharing will be secondary to Medicare. For more information, watch this video about Prescriptions.		● After the first $25 on generic drug prescription ● After the first $50 on brand name prescription when a generic is unavailable ● Prescription medications must be purchased using the member ID card (see Rx information on the card) ● Psychotropic medication and birth control expenses are not eligible for sharing The shareable amount is limited to $1200 per member, per membership year after the annual PRA has been met. Exceptions may be made in the case of medications for cancer and transplant recipients. Note: Members 65 and older must have Medicare Part D for prescription costs to be eligible for sharing. All sharing will be secondary to Medicare. For more information, watch this video about Prescriptions.
I.C.3.	C. Limited Sharing 3. Preventive Screening (In Part) Preventive screening, as outlined below, is subject to PRA and co-share. ● Women: ○ Pap test—one every three years from age 21-65 ○ Mammogram—one every year for ages 45-54, every two years starting at age 55	I.C.3.	C. Limited Sharing 3. Preventive Screening (In Part) Preventive screening, as outlined below, is subject to annual PRA and co-share. ● Women: ○ Pap test—one every three years from age 21-65 ○ Mammogram—one every year for ages 40-74
I.C.4.	C. Limited Sharing 4. Mental Health Virtual Mental Health Care is only eligible for sharing with the teletherapy provider approved by Impact (found in the Member Center). Members must pay 100% of the session consult fee at the time of service and may submit proper receipts to Impact for	I.C.4.	C. Limited Sharing 4. Mental Health Virtual Short-Term Teletherapy is only eligible for sharing with the teletherapy provider approved by Impact (found in the Member Center). Beyond the set number of complimentary short-term visits allowed with membership, Members are responsible for

	processing using the bill submission tool in the Member Center. Virtual Mental Health is considered a Specialist for provider fee purposes and subject to the PRA and co-share. Virtual Mental Health Care is eligible for sharing through a teletherapy provider approved by Impact (found in the Member Center). Outpatient Mental Health Care is eligible for sharing if performed by a qualified provider up to 5 visits per member per membership year. Outpatient Mental Health providers are considered Specialist for provider fee purposes and subject to the PRA and co-share.		paying 100% for additional visits upfront and must submit those expenses to be considered for sharing. The provider fee for Virtual Short-Term Teletherapy is waived. For a complete understanding of this member perk, click here. Outpatient Mental Health Care is eligible for sharing if performed by a qualified provider up to five visits per member, per membership year. Outpatient Mental Health providers are considered Specialists for provider fee purposes and subject to the annual PRA and co-share.
I.C.5.	C. Limited Sharing 5. Outpatient Therapy Outpatient therapy not related to a pre-existing condition is limited to 50 visits per member per membership year, regardless of the type of outpatient therapy, provided it is included in the list below and (subject to PRA and co-share). Watch this video for more information. ● Chiropractic Adjustment ● Physical Therapy ● Vision Therapy ● Occupational Therapy ● Speech Therapy ● Respiratory Therapy ● Cardiac Rehabilitation	I.C.5.	C. Limited Sharing 5. Outpatient Therapy Outpatient therapy not related to a pre-existing condition is limited to 50 visits per member, per membership year, regardless of the type of outpatient therapy, provided it is included in the list below and (subject to annual PRA and co-share). Watch this video for more information. ● Chiropractic Adjustment (x-rays and manipulations) ● Physical Therapy ● Vision Therapy ● Occupational Therapy ● Speech Therapy ● Respiratory Therapy ● Cardiac Rehabilitation
I.C.10.	C. Limited Sharing 10. Tobacco Users (In Part) Members who use tobacco or vape regularly are required to pay a Tobacco Assessment of $50 per month.	I.C.10.	C. Limited Sharing 10. Tobacco Users (In Part) Members who use tobacco or vape regularly are required to pay a Tobacco Assessment of $50 per month. The Tobacco Assessment does not apply to the Senior (65+) program.
I.C.11.	C. Limited Sharing 11. Medical Transportation Medical transportation to the nearest facility, including ground and air ambulance services	I.C.11.	C. Limited Sharing 11. Medical Transportation Medical transportation to the nearest facility, including ground and air ambulance services to

	to hospitals, is eligible in emergency situations or when medically necessary for transport for admission to another medical facility. Air ambulance is limited to a $25,000 lifetime max per member. Transportation for appointments is not eligible for sharing.		hospitals, is eligible in the event of a medical emergency (as defined in the Glossary of Terms) or when medically necessary for transport for admission to another medical facility. Air ambulance is limited to a $25,000 lifetime max per member. Transportation for appointments is not eligible for sharing.
I.C.14.	C. Limited Sharing 14. Urgent Care Telemedicine Urgent care telemedicine conducted using our approved telehealth provider (found in the Member Center) has a $0 provider fee at the time of service. Telemedicine is subject to all other limitations of health sharing costs and is not a promise to pay or provide that service by either Impact or its membership. As with all other medical costs and expenses, contribution to Telemedicine remains voluntary. Only telehealth visits done via the Member Center will be eligible for sharing.	I.C.14.	C. Limited Sharing 14. Virtual Care: Telehealth Virtual telehealth visits are complimentary for members when conducted using Impact's approved telehealth provider (found in the Member Center). The provider fee is waived at the time of service. Telehealth is subject to all other limitations of health sharing costs and is not a promise to pay or provide that service by either Impact or its membership. As with all other medical costs and expenses, contribution to Telehealth remains voluntary. Only telehealth visits initiated via the Member Center will be eligible for sharing.
I.C.15.	C. Limited Sharing 15. Sharing For Seniors (In part) The tobacco assessment does not apply to Seniors. Medicare Advantage plans and/or Medicare Part C does not qualify for Impact's Senior Program.	I.C.15.	C. Limited Sharing 15. Sharing For Seniors (65+) (In part) The Tobacco Assessment and BMI Assessment do not apply to the Senior (65+) program. Medicare Advantage plans and/or Medicare Part C do not qualify for Impact's Senior Program.
I.C.	C. Limited Sharing	I.C.17	C. Limited Sharing (New Section Added) 17. **Non-hospital Inpatient Admissions** In-patient admissions to a skilled nursing facility, physical rehabilitation facility, or long-term acute care facility (excluding drug or alcohol treatment/rehabilitation facilities) may be eligible for sharing when deemed medically necessary and prescribed by a qualified provider for an eligible condition. Such care must be intended to deliver services that would otherwise require an acute care setting. Sharing is limited to a maximum of $15,000 per incident.

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I.D.	D. Not Eligible for Sharing Medical bills related to the following conditions are not eligible for sharing: ● Treatment that is in violation of the Statement of Beliefs and Ethics, including illness or injury arising from grossly negligent acts, use of illegal drugs, abuse of alcohol, or any illegal activity, whether or not an arrest is made, charges are filed, or a conviction results; ● Treatment related to current use of illegal drugs; ● Residential drug/alcohol treatment; ● Procedures or surgery that is not medically necessary; ● Prophylactic (treatment intended to prevent disease) and preventive surgery without a personal history of diagnosis and a doctor's recommendation; ● Inpatient rehab; ● Inpatient and Outpatient drug/alcohol rehabilitation; Cosmetic, Transgender, or voluntary treatment or surgery;	I.D.	D. Not Eligible for Sharing Medical bills related to the following conditions are not eligible for sharing: ● Treatment that is in violation of the Statement of Beliefs and Ethics, including illness or injury arising from grossly negligent acts, use of illegal drugs, abuse of alcohol, or any illegal activity, whether or not an arrest is made, charges are filed, or a conviction results; ● Treatment related to current use of illegal drugs; ● Drug/alcohol treatment or rehabilitation that is residential (inpatient) or outpatient; ● Procedure or surgery that is not medically necessary; ● Prophylactic (treatment intended to prevent disease) and preventive surgery without a personal history of diagnosis and a doctor's recommendation; Voluntary procedures/treatment, including cosmetic surgery or gender-affirming (transgender-related) surgery.
I.E.	E. Discretionary Review of Sharing Requests Impact evaluates each sharing request under these Guidelines. At times, the validity of a Member's request may be unclear. In these situations, Impact must then exercise discretionary judgment, on behalf of the entire Impact membership, to evaluate the request, using common sense and fairness as a guide. Medical records may also be required to aid in determining if sharing is eligible. Impact is likely to deny a sharing request and possibly cancel membership where any of the following occurs:	I.E.	E. Discretionary Review of Sharing Requests Impact evaluates each sharing request under these Guidelines. At times, the validity of a Member's request may be unclear. In these situations, Impact must then exercise discretionary judgment, on behalf of the entire Impact membership, to evaluate the request, using common sense and fairness as a guide. Medical records may also be required to aid in determining if sharing is eligible. Impact is likely to deny a sharing request and possibly cancel membership where any of the following occurs:

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	• Pre-existing conditions were not fairly disclosed during the application process; • Relevant information appears to be obfuscated or changed during the sharing request process; • A member is abusive to Impact staff during the processing of a sharing request; • Failure to obtain requested medical records and/or purposely withholding certain portions of medical records; • Violation of the guidelines, indicating that intent was apparently not accidental; or • Pre-approval for treatment for certain conditions was not obtained where required.		• Pre-existing conditions were not disclosed during the application process; • Relevant information appears to be obfuscated or changed during the sharing request process; • A member is abusive to Impact staff during the processing of a sharing request; • Failure to obtain requested medical records, fraudulent misrepresentation of, and/or purposely withholding certain portions of medical records; • Intentional violation of the guidelines, as determined by Impact, indicating that intent was apparently not accidental; Members are expected to fully cooperate with Impact in evaluating sharing requests, including with respect to obtaining medical records. Any costs incurred in obtaining necessary records or documentation are the responsibility of the Member. Any Member who submits falsified documents or otherwise engages in deceptive practices will be subject to membership cancellation. The Member may request resolution via the Mediation and Arbitration provisions described in the Guidelines
I.F.	F. Pre-Existing Conditions (In Part) A known sign is any abnormality indicative of disease discovered on examination/diagnostic testing before joining membership.	I.F.	F. Pre-Existing Conditions (In Part) A known sign is any abnormality indicative of disease discovered on examination/diagnostic testing or known to the member before joining membership.
I.G.	G. When Pre-Eligibility is Required (In Part) Imaging: MRIs and Nuclear Imaging (i.e. PET scans)	I.G.	G. When Pre-Eligibility is Required (In Part) Imaging: MRIs and Nuclear Imaging (i.e. PET scans), not to include x-rays or ultrasounds
II.C.	C. Approved Treatment (In Part)	II.C.	C. Approved Treatment (In Part)

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	Diagnosis and treatment are to be performed in the U.S. to be eligible for sharing, except in emergencies.		Diagnosis and treatment are to be performed in the U.S. to be eligible for sharing. Medical bills incurred while outside the U.S. are only eligible for sharing when the need is the result of a medical emergency (as defined in the Glossary of Terms). If emergency care is received outside of the U.S., the member is responsible for providing supporting documentation necessary for determining eligibility for sharing. Any costs incurred in obtaining necessary records or documentation are the responsibility of the Member.
III.A.	A. Healthcare Sharing (In Part) To participate, members contribute a monthly share amount that is applied to the eligible medical bills of other members. The monthly share amount is based on the age of the oldest member in the household, the number of people applying (1, 2, or 3 or more), and choice of Primary Responsibility Amount. If certain criteria is met, a Body Mass Index (BMI) Assessment of $125 per month will also be applied. Watch a Video on How Sharing Works.	III. A.	A. Healthcare Sharing (In Part) To participate, members contribute a monthly share amount that is applied to the eligible medical bills of other members. The monthly share amount is based on the age of the oldest member in the household, the number of people applying (1, 2, or 3 or more), and choice of annual household Primary Responsibility Amount (PRA). If certain criteria is met, a Body Mass Index (BMI) Assessment of $125 per month will also be applied. Members who use tobacco or vape regularly are required to pay a Tobacco Assessment of $50 per month. The BMI Assessment and Tobacco Assessment do not apply to the Senior (65+) program. Watch a Video on How Sharing Works.
III.E.	E. Provider Fee (In Part) At the time of receiving service from a medical care provider, members pay the following: ● $0 for Urgent Telemedicine (excluding mental telehealth.) ● $50 for Primary Care ● $50 for each Allergy Test/Serum Injection ● $75 for Specialist/Urgent Care/Outpatient Services ● $150 for Emergency Room or Inpatient Hospitalization.	III.E.	E. Provider Fees (In Part) At the time of receiving service from a medical care provider, members pay the following: ● $0 (provider fee waived) for Virtual Telehealth ● $0 (provider fee waived) for Virtual Short-Term Teletherapy (See limitations in Section I.C.5) ● $0 (provider fee waived) for Outpatient Therapy (See limitations in Section I.C.5) ● $50 for Primary Care ● $50 for each Allergy Test/Serum Injection

	These fees are not applied to the PRA and are paid even if the member has met the PRA for the year. For eligible services, the Provider Fee is applied, then any remaining PRA, and finally, the Co-share is applied up to the Co-share limit. Urgent telemedicine is shared on equal footing with all other medical expenses but with a $0 provider fee. Urgent telemedicine is subject to all other limitations of health sharing costs and is not a promise to pay or provide that service by either Impact or its membership. As with all other medical costs and expenses, contribution to urgent telemedicine remains voluntary.		• $75 for Specialist/Urgent Care • $150 for Emergency Room or Inpatient Hospitalization. These fees are not applied to the annual PRA and are applicable even if the member has met the annual PRA for the year. For eligible services, the Provider Fee is applied, then any remaining annual PRA, and finally, the Co-share is applied up to the Co-share limit. Virtual Care is shared on equal footing with all other medical expenses but the provider fee is waived at time of service. Virtual Care is subject to all other limitations of health sharing costs and is not a promise to pay or provide that service by either Impact or its membership. As with all other medical costs and expenses, contribution to Virtual Care remains voluntary.
IV.B.	B. Membership Requirements (In Part) **Body Mass Index (BMI) Assessment** Body Mass Index (BMI) Assessment criteria (based on weight and height) have been established that may require applicants to pay an additional monthly amount. In order to remove this additional amount, members must provide documentation that shows they have lowered their BMI below the set criteria. You will be notified during the application process before you join if you qualify for this additional amount of $125 per month. **Tobacco Use Assessment** Members who use tobacco or vape regularly are required to pay a Tobacco Assessment of $50 per month. Members who do not disclose this information may be subject to membership termination if it is determined after the membership date. You will be notified during the application process before you join if you qualify for this additional amount.	IV.B.	B. Membership Requirements (In Part) **Body Mass Index (BMI) Assessment** Body Mass Index (BMI) Established assessment criteria (based on weight and height) may require applicants to pay an additional monthly amount of $125. In order to remove this additional amount, members must provide documentation that shows they have lowered their BMI below the set criteria. You will be notified during the application process, before you join, if you qualify for this additional amount. The BMI Assessment does not apply to the Senior (65+) Program. **Tobacco Use Assessment** Members who use tobacco or vape regularly are required to pay a Tobacco Assessment of $50 per month. Members who do not disclose this information may be subject to membership termination if it is determined after the membership date. You will be notified during the application process, before you join, if you qualify for this additional amount. The Tobacco Assessment does not apply to the Senior (65+) Program.

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IV.E.	E. Non-U.S. Citizens The following individual(s) can join Impact Health Sharing. ● Those who possess a U.S.-issued Social Security number and a valid Identification Card issued by the U.S. ● Those who possess an Individual Taxpayer Identification Number (ITIN) and also have a government-issued Identification Card issued by Mexico, Canada, Guatemala, or the United States.	IV.E.	E. Non-U.S. Citizens The following individual(s) can join Impact Health Sharing. ● Those who possess a U.S.-issued Social Security number and a valid Identification Card issued by the U.S. ● Those who possess an Individual Taxpayer Identification Number (ITIN) and also have a government-issued Identification Card issued by Mexico, Canada, or Guatemala.
VI.A.	A.Share Account (In Part) To participate in the Impact Health Sharing Community, all members must activate a Share Account on the Virtual Share Exchange Platform. Your Share Account is a virtual account, and all deposited funds are received by America's Christian Credit Union, which holds them "For the Benefit of Impact Health Sharing Members". The Share Account will display your account balances, share transaction history, and other relevant information, and include your own dashboard management tools. The money in your Share Account is insured (see disclosure at ImpactHealthSharing.com) and is fully controlled by you.	VI.A.	A.Share Account (In Part) To participate in the Impact Health Sharing Community, all members must activate a Share Account on the Virtual Share Exchange Platform. Your Share Account is a virtual account, and all deposited funds are received by America's Christian Credit Union, which holds them "For the Benefit of Impact Health Sharing Members". The Share Account will display your account balances, share transaction history, and other relevant information, and include your own dashboard management tools. The money in your Share Account is insured (see disclosure at ImpactHealthSharing.com).
VI.C.	C. Account Management Your Share Account is a financial account that you own and control. You will have the ability to add, edit, and delete your Recurring EFT settings, as well as your linked External Bank Account, at any time. You may also choose to have your medical bills "anonymously" shared among the members, otherwise members who share in your medical bills will be able to see with whom they are sharing.	VI.C.	C. Account Management Your Share Account is a financial account that you own and control. You will have the ability to add, edit, and delete your Recurring Electronic Funds Transfer (EFT) settings, as well as your linked External Bank Account, at any time. You may also choose to have your medical bills "anonymously" shared among the membership, otherwise members who share in your medical bills will be able to see with whom they are sharing. Please note that the funds in a member's Share Account are not intended for the payment of the member's own medical bills, expenses, or annual household Primary Responsibility Amount (PRA). Instead, these funds are designated for member-to-member,

			or peer-to-peer (P2P), sharing. This means that each member contributes to the medical needs of other members, rather than drawing from a collective fund for their own expenses. Additionally, the balance in a member's Share Account is not refundable upon cancellation or termination of membership, as those funds have already been committed to the sharing community in accordance with the principles and guidelines of the program.
Glossary	Impact Program & Membership	Glossary	Impact Program & Membership (new term added) **Medical Emergency –** For the purposes of sharing, a medical emergency is defined as: ● A sudden and unforeseen illness, injury, or condition that requires immediate medical attention to prevent: ● Serious jeopardy to the life or long-term health of the member, ● Serious impairment to bodily functions, or ● Serious dysfunction of any bodily organ or part.