Impact Health Sharing

12.01.2025

Summary of Guidelines

Annual Household Primary Responsibility Amount (PRA)	$2,500 $5,000 $7,500 $10,000 **$1,000 for Impact Members over the age of 65	The Primary Responsibility Amount (PRA) is the dollar amount a Household must pay toward their own Eligible Medical Bills during a 12-month period before their Eligible Medical Bills can be published and shared by the membership. All Eligible Medical Bills are subject to the annual PRA and Co-Share except the annual/well office visit and lab allowance. The PRA 12-month period begins on the Membership Date. The PRA resets on the anniversary of your Membership Date. Your Membership Date is the date that your membership with Impact Health Sharing started. Members can change their PRA amount on the anniversary of their Membership Date.
Co-Share	90/10	Once the Primary Responsibility Amount is met, the member pays 10% (the Co-Share amount) of all Eligible Medical Bills. The remaining 90% is published for sharing to the Impact membership.
Co-Share Limit	There is a co-share limit of $5,000 per household per membership year	Once a total of $5,000 in Co-Shares is paid by the member, they will not be subject to a Co-Share until the amount resets on their Membership Date.
Provider Fees	At 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 • $75 for Specialist/Urgent Care • $150 for Emergency Room or Inpatient Hospitalization.
Outpatient Mental Health	Subject to the annual PRA and co- share	Outpatient Mental Health Care is eligible for sharing if performed by a qualified provider up to 5 visits per member per membership year. Outpatient Mental Health providers are considered a Specialist for provider fee purposes and subject to the annual PRA and Co-Share.

Virtual Mental Health	Members pay a $0 provider fee for Short-Term Teletherapy with limits	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 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.
Telehealth	Members pay a $0 provider fee for a Telehealth visit accessed through the Member Center with Impact's approved provider	There is a $0 provider fee for Telehealth, and it NOT subject to the PRA and Co-Share. Virtual Telehealth visits are available at no extra cost for members when conducted using Impact's approved Telehealth provider (found in the Member Center).
1st 60 Days of Membership Limit	Eligible expenses are limited to $50,000. Does not apply to newborns added within 30 days of birth	For the first 60 days of membership, members are eligible to have up to $50,000 of their Eligible Medical Bills shared (excluding pre-existing conditions and subject to the PRA and Co-Share). • Does not apply to newborns added within 30 days of birth. • Maternity sharing is limited to $150,000 per single pregnancy event for maternity-related bills. Bills for the newborn are excluded from this. • There is no lifetime limit on sharing.
Annual Sharing Cap	$500,000 per member per membership year	There is an annual sharing cap of $500,000 per member per membership year.
Lifetime Sharing Limits for Smokers	Eligible expenses are limited to $50,000 lifetime max	Medical cost sharing for the needs of tobacco users 50 years of age and older is limited to $50,000 lifetime for each of the following four disease categories: • Stroke • Cancer • Heart conditions • Chronic obstructive pulmonary disease (COPD)
Pre-Existing	Pre-Existing Medical Conditions are conditions in which known signs, symptoms, testing, diagnosis, treatment, or use of medication occurred within 36 months prior to membership (based on medical records)	A Pre-Existing Medical Condition is eligible for sharing after the condition has gone 36 consecutive months without known signs, symptoms, testing, diagnosis, treatment, or medication (based on medical records). A known sign is any abnormality indicative of disease discovered on examination/diagnostic testing or known to the member before joining membership.

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Pre-Eligibility	A Pre-Eligibility Review is required for any of the following treatments to be eligible for sharing:	• Cancer Treatment • Elective Cardiac Procedures • Non-Emergency Inpatient/Outpatient Surgery • Organ/Tissue Transplant Services • Maternity • Imaging: MRIs and Nuclear Imaging (i.e. PET scans), Not to Include X-Rays or Ultrasounds 3-5 business day notice required; expedited review on a case-by-case basis. Medical records are required to determine Pre-Eligibility and failure to provide requested records for review will result in the bill being ineligible for sharing.
Member Bill Submission	Impact no longer accepts bills via email	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.
Abortion	Not eligible for sharing	
Acupuncture	Not eligible for sharing	
Allergy injections, serum and testing	$50 provider fee per test and per injection; 10% Co-Share once annual PRA has been met	$50 for each Allergy Test/Serum Injection. Any fees beyond the $50 provider fee are sharable subject to annual PRA and Co-Share.
Alternative treatment	Not eligible for sharing	
Ambulance (ground transfer)	Subject to the annual household PRA and Co-Share	Medical transportation to the nearest facility, including ground and air ambulance services to hospitals, is eligible in emergency situations or when medically necessary for transport for admission to another medical facility (based off medical records).
Air Ambulance	Subject to the annual household PRA and Co-Share	Air ambulance is limited to a $25,000 lifetime max per member. Transportation for appointments is not eligible for sharing.

Ambulatory/ Outpatient Surgical Center Expenses	Subject to the annual household PRA and Co-Share	Pre-eligibility is required for non-emergency services.
Anesthesia Expenses	Subject to the annual household PRA and Co-Share	
Assistant Surgeon/ Surgeon Expense	Subject to the annual household PRA and Co-Share	
Biofeedback	Not eligible for sharing	
Chemotherapy/ Radiation Expenses	Subject to the annual household PRA and Co-Share	
Colonoscopy Diagnostic and Routine	Subject to the annual household PRA and Co-Share	Routine Colonoscopy 1 every 10 years starting at age 45 or one every 5 years for members at high risk. Exceptions are made for testing outside of the above timelines when determined to be medically necessary and not related to a pre-existing condition.
Dental/Injury Trauma	Not eligible for sharing, unless related to an eligible medical injury or illness	
Dialysis	Subject to the annual household PRA and Co-Share	The Permitted Sharing Level for dialysis services and infusion therapy visits (which shall include dialysis, facility services, supplies and medications provided during treatment) shall be determined by review of the Medicare Allowable Amount for the billing Hospital or Physician in light of clinical considerations pertinent to the patient being treated.
Durable Medical Equipment	Subject to the annual household PRA and Co-Share	DME related to an eligible need is eligible for sharing for up to $500 per member per membership year toward the rental or purchase once PRA has been met. DME expenses are also subjected to PRA and Co-Share.
Emergency Room Visit	$150 provider fee and subject to the annual PRA and Co-Share	

Experimental Treatment	Not eligible for sharing	
Fertility/Infertility	Not eligible for sharing	
Genetic defects, hereditary disease, or congenital conditions	Treatment related to genetic defects, hereditary diseases, or congenital conditions present before membership is not eligible for sharing.	Fetal abnormalities and/or congenital abnormalities noted in medical records prior to the mother joining Impact Health Sharing, will be considered a pre-existing condition and would not be eligible for sharing.
Genetic testing	Genetic testing is only shareable for an existing medical condition (that is not pre-existing). Not eligible for routine genetic testing.	
Hearing Aides	Not eligible for sharing	
Home Health Care	Subject to the annual household PRA and Co-Share	Skilled care at-home services for an eligible need are limited to 40 visits per member per membership year by a registered ARNP, LPN or RN. A visit is limited to a maximum block of 4 hours and subject to the PRA and Co-Share.
Home Infusion Therapy	Subject to the annual household PRA and Co-Share	The Permitted Sharing Level for dialysis services and infusion therapy visits (which shall include dialysis, facility services, supplies and medications provided during treatment) shall be determined by review of the Medicare Allowable Amount for the billing Hospital or Physician in light of clinical considerations pertinent to the patient being treated.
Hospice Care	Subject to the annual household PRA and Co-Share	Hospice care services are eligible for sharing when prescribed by a physician and are subject to a lifetime limit of $15,000 per member once PRA has been met and subject to Co-Share.
Inpatient Mental Health/ Substance Abuse	Not eligible for sharing	

Lab, Xray, diagnostic imaging	Subject to the annual household PRA and Co-Share	See Guidelines for details.
Maternity	Subject to the annual household PRA and Co-Share	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. Sharing is limited to $150,000 for any pregnancy event.
Newborns	Can be added to the membership at birth; must be done within 30 days	Fetal abnormalities and/or congenital abnormalities noted in medical records prior to the mother joining Impact Health Sharing will be considered a pre-existing condition and would not be eligible for sharing.
Mammogram Diagnostic and Routine	Subject to the annual household PRA and Co-Share	Routine mammogram 1 every year for ages 40-74. Exceptions are made for testing outside of the above timelines when determined to be medically necessary and not related to a pre-existing condition.
Medical Marijuana	Not eligible for sharing	
Motorcycle Accidents	Subject to the annual household PRA and Co-Share	Treatment is limited to $100,000 per incident once PRA has been met, subject to Co-Share. Sharing will be secondary to the vehicle insurance. Treatment will not be shared if there was abuse of alcohol or legal drugs, or the use of federally illegal drugs.
Naturopathic Treatment	Not eligible for sharing	
Non-prescription drugs and medical supplies	Not eligible for sharing	
Orthotics	Not eligible for sharing	
Outpatient Hospital	Subject to the annual household PRA and Co-Share	
Prostheses	Subject to the annual household PRA and Co-Share	Prostheses are eligible for sharing, up to two max per lifetime for the same condition once PRA is met, is also subject to Co-Share.

Skilled Nursing Facility	Limited sharing; subject to annual PRA and Co-Share	Inpatient rehab (not drug, alcohol, or mental health related). Care must be intended to deliver services that would otherwise require an acute care setting. Sharing is limited to $15,000.
Sleep Studies	Subject to the annual household PRA and Co-Share	Sleep studies not related to a specific disease or disorder.
Specialist	Subject to the PRA and Co-Share and a $75 provider fee	
Substance Abuse	Not eligible for sharing	
Temporomandi-bular Joint Disorder	Subject to the annual household PRA and Co-Share	
Therapy	SSubject to the annual household PRA and Co-Share *No provider fee*	Outpatient Therapy is limited to 50 visits per member per membership year regardless of the type of outpatient therapy, provided it is included in the list below and not related to a pre-existing condition (subject to annual PRA and Co-Share): • Chiropractic Adjustment (X-Rays and Manipulation) • Physical Therapy • Vision Therapy • Occupational Therapy • Speech Therapy • Respiratory Therapy • Cardiac Rehabilitation
Urgent Care	$75 provider fee	
Vaccinations/ Immunizations	Not eligible for sharing	
Vision	Routine vision not eligible for sharing.	Medical conditions such as Glaucoma or Cataracts and services related to a medical injury or illness are sharable.
Weight Management Treatment or Procedure	Not eligible for sharing	

Wellness Visits/ Screening Tests – Age 6 and older	One visit shared at 100% regardless of PRA status. Routine Labs during annual well visit: $150 allowance regardless of PRA status. Charges in excess of $150 will be eligible subject to provider fee, PRA and Co-Share. Women: One wellness visit shared at 100%; secondary visit is eligible for sharing but subject to PRA and Co-Share. Vaccinations/Immunizations are NOT eligible for sharing	Wellness Visits and Diagnostic tests are eligible for sharing as follows: (Both the annual/well office visit and $150 lab allowance shared at 100% regardless of PRA status.) • One annual/well office visit for members 6 years and older per membership year, and includes $150 allowance to be used towards any of the labs listed below. • Complete Blood Count with Differential and Platelets • Comprehensive Metabolic Panel • Lipid Profile with Lipoprotein Particle Assessment • Hemoglobin A1C • Vitamin D-25 OH • C-Reactive Protein • Fecal Occult Blood Test • Pap Smear • PSA
Wellness Visits/ Screening Tests – Under the age of 6	One visit shared at 100% regardless of PRA status. Routine Labs during annual well visit: $150 allowance at 100% regardless of PRA status. Vaccinations/Immunizations are NOT eligible for sharing.	Members under the age of 6 receive one annual visit shared at 100%. Additional visits will follow routine wellchild guidelines as dictated by the American Academy of Pediatrics. These additional visits are subjected to PRA and Co-Share. Wellchild care is defined as recommended routine check-ups and associated lab work, excluding vaccinations and/or immunizations.
Prescription	Present ID card at Pharmacy	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: • 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 $1,200 per member, per membership year after the annual PRA has been met.