



Maternity Guide

A Guide for Your Pregnancy

Maternity and Impact Health Sharing

Congratulations on your pregnancy! We are excited to come alongside you during this special time. The team at Impact Health Sharing is here to support you. As you move forward in your maternity journey, we hope this guide will assist with all of the details of your membership.

Impact supports members in a variety of ways. We'll walk you through important topics about maternity and how it works for you.

- Maternity Bills — What does Impact share versus the out of pocket?
- How do I find a provider?
- How is my Primary Responsibility Amount and Co-Share applied to my maternity?
- What is global billing and how does it work?
- Does Impact share in the cost of genetic testing?

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Guidelines Section III

Eligibility

How do I know if my maternity is eligible for sharing?

Maternity is eligible for sharing after the mother has been a member for 12 months. Sharing is limited to \$150,000 for any single pregnancy event, to include antepartum care, the cost of delivery and complications to the mother and/or child(ren), and postpartum care.

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 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 mother or child.

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.

What if my maternity is not eligible for sharing?

Complete and return the Application to Add a Family Member(s) within 30 days of birth. There is no application fee for adding your child to your membership. Please Note: You do not have to provide the baby's social security number to add the newborn to your membership.

Assistance may be available through an alternative program. We have Patient Advocates who can help. If you qualify, the alternative program may pay for your current pregnancy.

If you have not been a member since conception, any expenses related to your current pregnancy will not be eligible for sharing. However, discounts may be honored at your provider's discretion. This includes medical bills for the maternity or delivery related to the birth (mother or child). Remember, bills related to complications the baby experiences after delivery will be eligible for sharing, provided you add your baby to the membership within 30 days of birth.

Miscarriage – In the unfortunate event that you suffer a miscarriage, treatment of the miscarriage may be eligible for sharing even if the maternity was ineligible.

How do I find a provider?

Impact does not use a provider network. You may keep your current provider or go to any provider of your choice.

If you have used health insurance in the past, using Impact Health Sharing won't feel a whole lot different. Present your Impact member card and ask the provider to bill Impact using the information on the back of your member card. All of the information that their billing specialist will need is on the card. If they ask what network Impact participates with, you can let them know that you are free to see any provider you choose. At each visit only pay your provider fee. The provider fee is \$0 for Telemedicine, \$50 for each primary care visit, \$75 per specialist or urgent care visit or \$150 for an emergency room visit or hospitalization.

If a provider still has questions, it's best for them to call the toll-free number on the back of every member card and follow the provider-specific prompts.



Another helpful option is for the member to ask the provider for a discounted “cash pay” alternative and immediately pay the provider at the time of service. Then, the member can download and submit a Reimbursement Form from within the Member Center and that expense will be evaluated like any other medical bill.

- **Midwives** – Midwives and home births may be eligible for sharing. We encourage you to schedule a call with the team for more information. A midwife must be licensed, certified, or registered in the state of delivery for sharing to be considered. Impact requires verification of these credentials and a copy of documents confirming the state license, certification or registration of the midwife. Failure to provide this documentation will result in the bills being ineligible for sharing.
- **Birthing Centers** – These facilities are an option and follow the same process as other facilities.

Pre-Notification

Members and providers are encouraged to pre-notify.

Pre-notification enables Impact to inform the member about provider options and potential incentives available. If a member or their provider does not pre-notify Impact, the member is subject to an additional provider fee of \$1,000 for the treatment or event.

Providers pre-notify by calling (855) 378-6777. In the event of emergency/urgent care, the member or provider must furnish notification within 72 hours of care or treatment given. Pre-notification of medical bills does not guarantee eligibility or sharing.

What portion of the bills can I expect to pay?

Primary Responsibility Amount, Co-Share & Provider Fees

PRA – 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.

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 in the Impact Sharing Plan started.

A member can change their PRA amount on the anniversary of their Membership Date.

Co-Share – 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. There is a co-share limit of \$5,000 per household per year. In other words, after 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 provider, members pay the following provider fees:

- \$0 for Telemedicine.
- \$50 for Primary Care.
- \$75 for Specialist/Urgent Care.
- \$150 for Emergency Room or Inpatient Hospitalization.

These fees are not applied to the PRA and are paid even if the member has met the PRA for the year.

PRA and Co-Share Reset – The PRA resets every 12 months on the effective date of your Impact membership. The effective date is the date your membership began, or the month and day of the most recent PRA change. Unless your pregnancy begins right after your effective date, it is likely that your maternity and delivery will extend beyond your PRA effective date and your PRA will reset to \$0.

This process is not unique to maternity. This means that you must once again meet your PRA and Co-Share before any eligible medical bills will be shared, which is an important budgeting consideration. If you are unsure about your financial situation and need help, contact one of our patient advocates.

Explanation of Sharing (EOS) – Members will receive an EOS to help them determine what amount remains to be paid toward their PRA and Co-Share.

PRA Tracker – Because this is a household portion, the eligible expenses of others in your family will be applied toward the PRA. By visiting the Member Center, you can see how much of your PRA has been met. Keep in mind that your global bills will not show or be applied to the PRA until after delivery.

Global Billing – Global Billing is not unique to Impact Health Sharing. It is an AMA and CMS approved billing practice, which consists of OB/GYN or midwife care from conception to six weeks postpartum. All maternity/delivery related charges from your OB/GYN provider will be billed together (“globally”) AFTER your delivery. Providers should not submit individual bills for office visits during pregnancy, as they are also part of the global bill. This will result in a denial from Impact due to the expectation of the global bill being submitted later.

Some of your bills will be processed separately from your global bill:

- **LAB WORK & ULTRASOUNDS:** Any testing your doctor orders, either during your pregnancy or delivery.
- **HOSPITAL FEES:** Any hospital fees, either during your pregnancy (if needed) or delivery.
- **NEWBORN CARE:** Newborn care on the day of delivery done by a physician. This care must be performed by someone other than the person that delivered (i.e. a midwife can't perform the newborn exam).
- If you are using a midwife at a birthing center you will want to verify if there will be one bill from the midwife, or a bill from the midwife and the birth center.

What can I really expect? How can I plan for this? What does it cost to have a baby?

The *Truven Report* put the cost of having a baby at anywhere from \$30,000 for an uncomplicated vaginal birth to \$50,000 for a C-section in the United States. Impact members will share in medical bills up to \$150,000 for each pregnancy after you have met your PRA and Co-Share responsibilities.

Unless your pregnancy begins right after your effective date, it is likely that your maternity and delivery will extend beyond your PRA effective date and your PRA will reset to \$0. This process is not unique to maternity. This means that you must once again meet your PRA and Co-Share before any Eligible Medical Bills will be shared, which is an important budgeting consideration.

Let's say that you have an uncomplicated vaginal birth. The total for your maternity comes to \$30,000. Your family has chosen to participate in Impact Health Sharing with a \$2,500 PRA and the Co-Share amount for this bill will be \$2,750 (10% of the remaining bill). This means that you will be responsible for \$5,250 and \$24,750 would be eligible for sharing. Each situation is different. Feel free to reach out to discuss your situation with our team.

Remember, your PRA and Co-Share responsibilities are for the entire household and for the entire year. The eligible expenses of others in your family will also be applied toward the PRA and Co-Share. By visiting the Member Center, you can see how much of your PRA has been met. Keep in mind that your global bills will not show or be applied to the PRA until after delivery.



Pre-Payment – In the event your provider requires pre-payment, please note that you may not receive credit or reimbursement until after your child is born, nor will it be applied to your PRA until global billing is processed. Please review the following challenges and solutions regarding pre-payment.

CHALLENGE: *The provider may or may not provide a record of your pre-payment.*

TIP: *On your first and last visit, ask the provider's billing office to include your pre-payment on the global bill. If the provider indicates pre-payment on the global bill, your pre-payment will be refunded after the global bill is processed. If the provider does not indicate your pre-payment on the global bill, you will need to request a refund from the provider after the global bill is processed.*

CHALLENGE: *If you pre-pay, it is likely that you will overpay your PRA, as services not provided by your OB/GYN or midwife, such as lab work, ultrasounds, hospital/birthing center charges, maternity complications, or other family medical needs get sent to Impact and are applied toward your PRA.*

TIP: *If you overpay your PRA, you will want to request a refund through your provider which may take some time.*

Switching Providers – Sometimes during pregnancy you may switch providers either because you move to a new town or have complications. Whatever the reason, if you change providers at any point in your pregnancy, call our Team at 855.378.6777. We will help you submit the bills from your first provider.



Guidelines Section III. E. Genetic Testing

Is genetic testing eligible for sharing?

Medical Conditions and Services Not Eligible for Testing – Prenatal genetic testing to detect fetal abnormalities or complications in utero has become apart of most routine OB/GYN care. Although valuable in early treatment of complications, according to the Guidelines, routine genetic testing is not eligible for sharing.

TIP: Let your provider know in the beginning of your care that routine genetic testing is not eligible for sharing. When they begin ordering tests, ask questions (e.g., What tests are you ordering and why?).

If there is a medical reason your doctor is asking for a specific test, call our Team at 855.378.6777 for more details, as it may be eligible for sharing.



Guidelines Section III

Other Important Details

Complications

In the event that complications arise, we want to support you and your family.

The cost of treatment for life-threatening complications to mother and/or infant are what constitute “maternity complications” as defined in the Guidelines and fall within the \$150,000 sharing limits. Complications to the mother are eligible for sharing when the maternity is eligible for sharing. Additional care from specialists related to these complications will be billed separately from the global

maternity bill. Complications for your newborn, from birth until discharge from hospital, are eligible to be shared as long as you add the infant to the membership within 30 days of birth.

Circumcision – Circumcision is eligible for sharing when the newborn is added to membership and when performed by a certified medical provider. The infant must be added to membership for the procedure to be eligible for sharing.



Guidelines, Section III. C. Adding a Newborn

If a parent is a member at the time of delivery, and an application to Add-on a Family Member is completed and submitted within 30 days of delivery, the newborn is a member from birth.

If your newborn has coverage through an insurance provider, you will be asked to provide documentation, as Impact will always be secondary to any other resource.

If the notification deadline is not met, the member can still submit the application. The membership date will be effective the month after

it is approved. Consequently, it is important you're the application is submitted within 30 days of delivery.

Children born into Impact can potentially change your monthly share amount. If you are sharing at a level for one or two, the addition of a child will increase your share to the family amount. You may want to check the online share calculator to determine what your new share amount will be.



Guidelines, Section III. D. Well-Child Care

Impact highly values the importance of family and wants to ensure newborns and children receive the very best care in the early stages of life. Sharing for routine well-child care is eligible through the end of the fifth year. Well-child care is defined as routine check-ups, associated lab work,

and fees associated with administering vaccines. Please be aware that the costs of vaccinations and/or immunizations are not eligible for sharing. We encourage you to ask your pediatrician about the free vaccinations/immunizations offered by each state.



Miscarriage

In the event you have suffered a miscarriage, we are so sorry. Please know that you are not alone.

It is not your fault.

Are you questioning if there was something different you could have done? Was there something you should not have eaten? Were you not getting enough rest? The answer is almost always a resounding “no.”

There are some common reasons women miscarry. There can be missing genetic information or improper implantation of the baby into the uterine lining. A stillborn child is often associated with a placenta complication. We encourage you to speak with your doctor. In the event you are unsure, they can confirm that you did indeed have a miscarriage, ensure you do not suffer from any complications, and determine if follow-up is needed.

Allow yourself to grieve.

It is okay to feel tired, depressed, isolated, as well as a range of other emotions.

Reach out to others.

You are not alone. The support of your family can be a tremendous help. With 10-25% of pregnancies ending in miscarriage, you will likely find others who can provide support.

Counseling

You may find that reaching out to a counselor could be helpful through this season. As a member, you have the option of seeing a provider through Virtual Mental Health Care or Outpatient Mental Health Care. Please see the Guidelines for more details.

Contact Info

members@ImpactHealthSharing.com
855.378.6777



ImpactHealthSharing.com

1-855-378-6777