



CHRISTIAN MUTUAL MED-AID

기독의료상조회

Operated since 1996

e-Guidelines
Health Care Sharing Ministry
as of April 2018



At the present time your plenty will supply what they need, so that in turn their plenty will supply what you need. The goal is equality.

- 2 Corinthians 8:14 -

Carry each other's burdens, and in this way you will fulfill the law of Christ.

- Galatians 6:2 -

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Welcome to Christian Mutual Med-Aid!

God led us to America in 1973 and after 3 years of preparation, the not-for-profit organization, Logos Missions, Inc., was established in 1976. Since then, we have overcome many hardships; however, with God's leadership, three wonderful ministries were formed within Logos Missions, Inc. – The Korean Christian Journal, Christian Mutual Med-Aid (CMM), and Logos House.

In 1996, the verse, "At the present time your plenty will supply what they need, so that in turn their plenty will supply what you need. Then there will be equality" (2 Corinthians 8:14), made a tremendous impact in my life. This scripture came upon me as a flash of light and was embedded in my heart. With much prayer, God revealed the need for a health care sharing ministry within our Korean Christian community. As a result, CMM (a health care sharing ministry) emerged.

As I reflect on the story of Jesus feeding the five thousand people in the Gospel of John, I know God has been at work in our ministry since we began. When CMM first began, the low membership and Gifts caused concern. However, by the grace of God, we have consistently grown for the past 20 years. CMM members have been able to share tens of millions of dollars for medical expenses to date. God has been using small amount of CMM Gifts as five loaves of bread and two fish to heal His people. For the time being, CMM members are eligible for exemption from the Affordable Care Act mandate because CMM is registered as a not-for-profit health care sharing ministry before year of 1999. Praise the Lord because His love endures forever!

We have been in operation for over twenty years and are committed to our members in prayer and service. Our professionals are always devoted to delivering the best service and attention to our ministry members. CMM will continue to grow as a trusted ministry and seek to glorify God throughout the nations.

We are humbled by God's grace and eternally grateful that the river of life flows among us by the sharing of burdens with fellow brothers and sisters in Christ who are suffering with illnesses.

May God bless you in spirit and health today and always!

All glory and honor to our Lord and Savior, Jesus Christ!

A handwritten signature in black ink, appearing to read "Samuel D.W. Park".

Rev. Samuel D.W. Park
Chairman and President of Christian Mutual Med-Aid

DISCLAIMER: Christian Mutual Med-Aid (hereinafter “CMM”), a Christian health care sharing ministry, facilitating the sharing of medical expenses is NOT an insurance company, and neither its Guidelines, nor its plan of operation, or any other document including these Guidelines, constitutes or creates an insurance policy. Any assistance you may receive with your medical bills will be totally voluntary. As such, participation, also sometimes referred to herein as “membership” or being a “member” in CMM is a missional concept and signifies participation in and support of CMM’s health care sharing ministry. Whether or not you receive any payments for medical expenses and whether or not CMM continues to operate, you are always responsible for payment of your own medical bills.

I. INTRODUCTION, OVERVIEW

A. Biblical Overview

Christian Mutual Med-Aid (CMM) began in 1996 as a not-for-profit organization, federally recognized as a 501(c)(3)). CMM is a Biblically-based health care sharing ministry through which Christians share God’s blessings by sharing the cost of one another’s qualifying medical expenses. As such, CMM is not an insurance company and should not be referred to or considered as a substitute for any other type of health or medical insurance.

As found in Galatians 6:2, the mission of CMM is to bring glory to God by fulfilling the law of Christ by carrying each other’s burdens. All members agree to participate voluntarily because they are willing to perform the Biblical principles of Christianity in their lives. The basis of a member’s participation is purely founded on the member’s belief and desire to support the mission of CMM.

For centuries, the Body of Christ has met the needs of believers through acts of benevolence. Among the Scriptures supporting this are:

Carry each other’s burdens, and in this way you will fulfill the law of Christ. (Galatians 6:2)

At the present time your plenty will supply what they need, so that in turn their plenty will supply what you need. The goal is equality (2 Corinthians 8:14)

If anyone has material possessions and sees a brother or sister in need but has no pity on them, how can the love of God be in that person? (1 John 3:17)

There were no needy persons among them. For from time to time those who owned land or houses sold them, brought the money from the sales and put it at the apostles’ feet, and it was distributed to anyone who had need. (Acts 4:34-35)

B. Guidelines Govern

The Guidelines in effect at the time of service govern the program. The most current Guidelines are available for CMM members upon request in writing. The operations of CMM and all aspects of CMM health care sharing ministry are governed by these Guidelines as their administrative rules. No statement or representation by any person claiming to speak on or in behalf of or with respect to CMM, or the Guidelines that expands or is in any way inconsistent with these Guidelines is binding on CMM, and any such statement or representation is without authority and is not the statement of CMM.

The Guidelines have been amended April, 2018 and are subject to revision and updating at any time in CMM's sole discretion without notice. Any and all amendments to the Guidelines are effective from the documented date. Any such revisions or updates may be announced in CMM's sole discretion in the monthly CMM newsletter and the monthly publication of The Korean Christian Journal.

C. No Ministry or Other Member Liability

CMM is not an insurance company. There is no contract or obligation that exists between the ministry and an individual member which provides indemnification or reimbursement of the member's medical expenses.

Membership in or Gifts to CMM does not constitute a guarantee to pay the medical bills of a member. Your free will monthly Gift to help other members who are in financial, physical, and spiritual need does not guarantee your eligibility for health care cost sharing. Whether or not you receive any payments for medical expenses and whether or not CMM continues to operate, you are always responsible for payment of your own medical bills.

D. Exemption Under the Affordable Care Act

CMM is not a substitute for insurance required by law. However, CMM can be used as an exemption from the mandated insurance coverage under the Affordable Care Act without having to purchase insurance. The Affordable Care Act contains a provision that members of health care sharing ministries are not subject to the insurance requirement and do not face penalties. The IRS Form 8965 can be used for a health care sharing ministry member's tax return.

Excerpt from H.R. 3590:

U.S. Patient Protection and Affordable Care Act (p. 128):

- “(1) IN GENERAL
- “(2) RELIGIOUS EXEMPTIONS
- “(A) RELIGIOUS CONSCIENCE EXEMPTION
- “(B) HEALTH CARE SHARING MINISTRY
- “(i) IN GENERAL—Such term shall not include any individual for any

- month if such individual is a member of a health care sharing ministry for the month
- “(ii) **HEALTH CARE SHARING MINISTRY**—The term ‘health care sharing ministry’ means an organization
- “(I) which is described in section 501(c)(3) and is exempt from taxation under section 501(a)
- “(II) members of which share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs and without regard to the State in which a member resides or is employed
- “(III) members of which retain membership even after they develop a medical condition
- “(IV) which (or a predecessor of which) has been in existence at all times since December 31, 1999, and medical expenses of its members have been shared continuously and without interruption since at least December 31, 1999, and
- “(V) which conducts an annual audit which is performed by an independent certified public accounting firm in accordance with generally accepted accounting principles and which is made available to the public upon request

E. Administrative Costs

A portion of your monthly Gift is used to pay for the operations of the ministry, including the costs of coordinating and facilitating the sharing of health care expenses. CMM’s annual audit is available to members and the public upon request.

II. REQUIREMENTS / QUALIFICATIONS

A. Statement of Faith and Christian Testimony

1. To participate in CMM, an individual must:
 - (1) Accepted Jesus Christ as their personal Lord and Savior (Romans 10:9)
 - (2) Confess to be a follower of Jesus Christ (I John 4:15)
 - (3) Live according to Biblical principles (Galatians 6:2)
 - (4) Be a faithful member of the Body of Christ and attend worship service on a regular basis (Hebrews 10:25)

** Please notify CMM in writing if you are unable to attend church service regularly due to health, weather or other extenuating circumstances.*

B. Healthy Christian Lifestyle

1. To participate in CMM, an individual must:
 - (1) Abstain from tobacco, illegal drugs and the improper or unauthorized use of prescription medications or over-the-counter medications, abuse

- of alcohol, substance abuse and dependence (1 Corinthians 6:19-20)
- (2) Follow Biblical teaching on the use of alcohol
 - (3) Members must only engage within the Biblical principles of Christian marriage between one man and one woman

C. Application Review

Applicants must provide medical and lifestyle information during the application process. It may be necessary to submit medical records. If a member or applicant becomes aware of any medical history not reported during the application process, that information must be submitted immediately. Failure by an applicant or a member to disclose any of his or her medical history on the application form or at any time during membership may result in immediate membership termination.

III. MEMBER'S ROLE

A. Monthly Gift

1. A Gift is a monetary amount given voluntarily for the purpose of providing assistance with eligible medical bill sharing requests made by fellow CMM members. CMM oversees and facilitates the distribution process. The member Gift is sent by free will with no assumption of risk or promise to share medical bills among the members or to the members.
2. Your monthly Gift may be mailed in the form of a check, or sent via Automated Clearing House (ACH), or by credit card. Additional details are included in the CMM Welcome Packet. Members' Gifts are due on the 1st day of each month.
3. Gifts are to be made payable to Christian Mutual Med-Aid. Submitted Gifts are NOT refundable. All returned checks will incur a minimum \$20.00 service fee. Reminders are sent to members who have not sent in their monthly Gift.
4. All CMM members, including overseas missionaries, must have a private U.S. mailing address. Please promptly notify CMM of any change of address.

Notification to be mailed to:

Christian Mutual Med-Aid
Attn: Member Service Department
5235 N. Elston Ave.
Chicago, IL 60630

Note: CMM Gifts are not tax deductible; however, additional donations to the ministry (over and above the CMM Gift amount) are tax deductible.

B. Sharing of Medical Needs

1. As a member of a health care sharing ministry, when a member receives medical care there is no “claim” that can be processed by CMM. Rather, members are billed directly and are required to submit their needs with all of the proper paperwork (See Section VII). The qualifying needs are shared among the members of CMM. Members are asked to pray for others in need and will receive notice regarding other members’ needs through our monthly newsletter and The Korean Christian Journal.
 - (1) If a member’s shared needs exceed \$10,000, the assigned monthly Gift will be adjusted on a monthly basis. (Additional 0.1% per dollar shared)
 - (2) A member’s account must be current and in good standing in order to be eligible for sharing medical needs within the program.
 - (3) The members who submitted bills for sharing should be responsible to keep patient account/ medical credit line with providers in good standing.

*** If the bills are collecting by the agencies not by medical providers because of the member’s ignorance or negligence, up to 60% of the medical bills may be deemed eligible for sharing.*
 - (4) Membership will be automatically terminated if the member misuses CMM funds received strictly for eligible medical bills or falsifies needs requests.

*** Whether or not you receive any payments for medical expenses and whether or not CMM continues to operate, you are always responsible for payment of your own medical bills.*

C. Cancellation/Termination/Re-applying

1. Any member who wishes to cancel his or her membership must do so in writing and received by CMM before the 1st day of the cancellation effective month via mail, e-mail to **msd@cmmlogos.org**, or **fax** to **(773)777-0695**, stating the reason for such cancellation.
2. Any and all Gifts submitted prior to the time of any cancellation are non-refundable except only for the following refund:
 - (1) The full refund of any Gift paid by any new member of the CMM will be made in the only event that the new membership is properly cancelled by the new member in writing to be received by the CMM on or before the 10th day of the first month on such member’s effective membership.
3. Notwithstanding anything to the contrary in this Guidelines, if any member’s Gift is not received for three consecutive months, the membership shall be cancelled as of the first month of the non-payment by such member regardless of any writing for the cancellation by such member to be received by the CMM.

4. Any former member whose membership was cancelled not for disqualification but for non-payment of Gift or the voluntary cancellation by the member himself or herself may re-apply for a new membership with CMM on or after 3 months from the cancellation month. Such former member must meet all the requirements for new membership, subject to the following:
 - (1) Re-applying: the cancelled member can seek to participate in the ministry again no sooner than 3 months from the month of cancellation;
 - (2) Gift Calculation: if the member had over \$10,000 shared in medical bills from the previous participation, the additional Gift amount (0.1% per dollar shared or up to \$150) will be calculated and applied to the member's new membership Gift amount;
 - (3) Requalification for membership; or
 - (4) Re-screening of pre-existing conditions
5. Any submitted needs will not be shared regardless of the date of the medical bill due to membership cancellation or termination (with the exception of death).
6. If a member fails to abide by the requirements and qualifications for living a healthy Christian lifestyle, as set out in these Guidelines, the membership will be terminated and the member will not be allowed to re-apply.
7. If a member fails to fully disclose their health history or medical records, withholds any information, or provides false, incomplete, or wrong information, the bills submitted for sharing will be refused and the membership will be terminated and the member will not be allowed to re-apply.
8. If a membership is terminated by CMM, the member will not be allowed to re-apply.

IV. DETERMINATION OF UNITS

Monthly Gifts are determined by the number of units, whether a participant is an individual or a family. One unit is defined as one qualifying individual. Any family with three or more qualifying immediate family members would be considered three Units total.

- A. One Unit:** One qualifying individual
- B. Two Units:** Two qualifying immediate family members (husband and wife, single parent and a dependent child(ren)). Dependent children will be considered as one Unit.
- C. Three Units:** Three or more qualifying immediate family members
- D. Dependent:** An unmarried, legal or financial dependent child aged from

1 month through 25 years will be considered as an immediate family member. ('Legal and financial dependent' is defined as a child who is reported on their parents' income tax forms.)

1. Proof of a child(ren)'s dependent status (e.g., first page of parents' tax return, copy of student ID, etc.) is required for dependent.
2. If the grandparent(s) is (are) the legal guardian(s) of the child(ren), they will be considered as immediate family. In addition, if the parent(s) of the child(ren) live(s) in another country (outside of the U.S.) permanently, separate from the child(ren), proof of legal guardianship such as a copy of the court order establishing guardianship is required.
3. An adult child can remain on their parent's membership until the last month of their 25th year of age as long as he or she meets CMM qualifications - must be Christian living by Biblical principles, unmarried, legal and financial dependent.
4. Children who are no longer a legal or financial dependent or have passed their 26th birthday may become One unit as an independent CMM member. A new independent account will be starting from the 1st day of the birth month of separation child. If CMM does not receive the application no later than one month in advance of the birth month, the membership of separating child will end of the last month of 25th year of age automatically.
5. Notify the CMM Member Service Department in writing if your adult child is reaching the age of 26 and you would like him or her to apply for an independent CMM membership. If the primary family member does not notify CMM in advance, CMM will send a reminder for a 'new' independent member 3 months in advance of the separating child's birth month.
The application must be submitted to start a new membership of an independent child.
6. Gap Time: Any medical expenses arising, and any incidents which occur after a child loses a dependent membership will not be shared on parent's account. An independent and separated child's account will be considered a new member account.
7. The entire medical history of the dependent will be transferred to his or her own new account as an independent member account.
8. Previous Gifts received through the parents' membership are not transferable to the new account of the independent and separated child member.
9. The dependent child's membership level cannot be higher than parents' membership level.
10. Married dependents who are ages 19 and over will no longer be considered as dependent members.
11. The standard maternity provisions will be applied to the pregnancy of a married child. Expecting couples are required to be Gold Plus members.

V. PROGRAMS

Christian Mutual Med-Aid offers various membership levels. Each membership level provides your family with a choice that is most suitable for you. Personal Responsibility amounts and eligible needs vary according to each program.

A. Gold Plus Program:

1. Gold Plus members have a Personal Responsibility for the first \$500 of medical bills each calendar year (includes services such as hospitalization, surgery, office visits, tests, Emergency Room visits, urgent care and prescriptions).
2. Gold Plus members are eligible for Well-Being Care after 6 months of participation (up to \$500 annually). Well-Being Care includes preventive care services such as annual physical examinations, blood tests, urine tests, immunization vaccines, bone density tests, mammograms, and pap smears.

NOTE: CMM DOES NOT ACCEPT NEW MEMBERS FOR GOLD MEDI-I, II PROGRAM.

B. Gold Medi-I Program: Applicable only to ages 65 and over; Medicare A & B are required.

1. Gold Medi-I members have a Personal Responsibility for the first \$500 of medical bills each calendar year (includes hospitalizations, surgery, doctor office visits, tests, Emergency Room visits, urgent care and prescriptions). However, the Personal Responsibility will be waived if the amount paid or adjusted by Medicare or other resources is higher than the required Personal Responsibility. Up to 20% of the Medicare approved amount is eligible for sharing.
2. Medical bills for health care services received outside of the U.S. are not eligible for sharing.
3. Gold Medi-I members are eligible for Well-Being Care after 6 months of participation (up to \$500 annually). Well-Being Care includes preventive care services such as annual physical examinations, blood tests, urine tests, immunization vaccines, bone density tests, mammograms, and pap smears.

C. Gold Medi-II Program: Applicable only to ages 65 and over; Limited to existing Members Only who do not have Medicare A & B.

1. Gold Medi-II members have a Personal Responsibility for the first \$500 of medical bills each calendar year (includes hospitalizations, surgery, doctor office visits, tests, Emergency Room visits, urgent care and prescriptions).

However, the Personal Responsibility will be waived if the amount paid or adjusted by other resources is higher than the required Personal Responsibility. A maximum up to 20% of qualifying medical bills will be shared.

2. Medical bills for health care services received outside of the U.S. are eligible for sharing.
3. Gold Medi-II members are eligible for Well-Being Care after 6 months of program level change (up to \$500 annually). Well-Being Care includes preventive care services such as annual physical examinations, blood tests, urine tests, immunization vaccines, bone density tests, mammograms, and pap smears.

*** Gold Medi-I and II are exempt from Gift increases (See Section III, B).*

D. Gold Program:

1. Gold members have a Personal Responsibility for the first \$500 of each qualifying incident (medical treatments received for a specific illness without a 90-day gap) before the need is presented to CMM for sharing (includes hospitalization, surgery, doctor office visits, tests, Emergency Room visits, urgent care and prescriptions).
2. Well-Being Care is not eligible for sharing.

E. Silver Program:

1. Silver members have a Personal Responsibility for the first \$1,000 of each qualifying incident before the need is presented to CMM for sharing (includes hospitalization, surgery or one-day surgery center).
2. Well-Being Care, outpatient care, doctor office visits, tests, Emergency Room and prescriptions are not eligible for sharing.

F. Bronze Program:

1. Bronze members have a Personal Responsibility for the first \$5,000 of each qualifying incident before the need is presented to CMM for sharing (includes hospitalization, surgery or one-day surgery center).
2. Well-Being Care, outpatient care, doctor office visits, tests, Emergency Room and prescriptions are not eligible for sharing.

G. Burden-Sharing:

1. CMM members may share qualified medical expenses in excess of the ministry's \$150,000 lifetime limit per illness after one full year (12 consecutive months) of participation.

2. The additional Gift amount for the requested medical needs will be calculated based on the total number of CMM units.
3. CMM will inform all members in regard to the Burden-Sharing funds through the CMM News Letter.
4. After 12 consecutive months of membership, Burden-Sharing needs can be shared up to \$ 100,000 per year, up to a maximum of \$ 1,000,000 per related illness.
5. All members agree to participate in Burden-Sharing.

H. Life Plan:

Life Plan is a program to provide assistance with funeral cost of a deceased member. There are no additional fees required to participate in this program. If a member has held his or her membership for 2 or more consecutive years prior to the death, CMM will share the amount of 100 times of average monthly Gift during the membership sent by the member under this program. If a member has held his or her membership for less than 2 consecutive years prior to his or her death, CMM will share the amount of \$500 under this program. This program requires the Death Certificate and the beneficiary has been chosen by the deceased member in writing.

Gold, Gold-Plus membership discounts are available for a family with two or more units. Please visit our website at www.cmmlogos.org or contact a Member Service representative at (773)777-8889 for details.

VI. PROGRAM LIMITATIONS and CHANGE

A. 90-Day Waiting Period

The new members will serve a 90-day waiting period at the beginning of their membership. The waiting period is to screen pre-existing conditions. The entire eligibility of sharing bills will be effective after 90-day waiting period. There is no waiting period for bills for accidents (The bills for extreme sports are excluded). The qualifying bills occurs during the waiting period will be shared up to \$10,000.

B. First Year Medical Expense Limit of \$150,000 per Illness for a New Member

If a new illness (a specific diagnosis of a malady made by a licensed medical doctor) is diagnosed during the first year of membership, the medical expense sharing limit is \$150,000 per illness. Medical expenses that exceed \$150,000 per illness during the first year of membership cannot be shared and do not qualify for Burden-Sharing. However, you may post your medical needs on the Prayer Page in Korean Christian Journal for additional support. (See Section III and XIV).

C. First Year Medical Expense Limit of \$150,000 per Illness for a New Member

If there is a gap of 90 days or more between any hospital visit, or related treatment or tests for an illness, the visits, treatments or tests will be considered to be a new incident and the member will be subject to a new Personal Responsibility (Except Gold Plus, Gold Medi-I & II).

D. Change of Program Level

If a member intends to make changes to their program, they must notify CMM in writing by the last day of the prior month of change by mail; **e-mail** to **msd@cmmlogos.org**; or **fax** to **(773)777-0695**.

1. Program Level Upgrade

- (1) The new upgraded program will be effective after 90 days.
- (2) Needs will be shared at the same level of giving as when the medical needs occurred or the symptoms have been incurred.
- (3) 'Add on' bills from an ongoing incident occurred during the previous lower program level will be shared within the lower program level.
- (4) The new illness occurred during the first 90 days will be shared under the provisions of the newly selected program.
- (5) Eligible medical bills for accidents during the first 90-day will be shared within the upgraded program.

2. Program Level Downgrade

- (1) Any program downgrades will be effective immediately. In the event of occurrence of medical needs, downgrading of program level will be eligible after 2 months of complete submission of the bills.

VII. NEEDS PROCESSING and SHARING

A. Register as “Self-Pay” with Medical Provider

CMM is not an insurance company and you will register as a “**self-pay**” patient. As such, all itemized medical bills are to be mailed directly to your address. CMM highly encourage you to pay the amount you affordable at the service, and CMM will reimburse you. If the bills are big enough to bear the burden at the service, you should contact CMM immediately after medical service provided. If you have a hard time to receive medical services because you are a self-pay patient, inform them that you are a member of a health care sharing ministry. Contact CMM immediately to assist you getting medical services properly.

Please ask for and receive any self-pay or uninsured-patient discount that may apply or any financial aid assistance that may be available at the time of service.

B. Personal Responsibility

As a body of Christ, our members are instructed, “for each one should carry his own load”, as stated in Galatians 6:5. The Personal Responsibility amount for each incident is the action of paying or negotiating the medical costs directly with your health care provider.

By choosing to participate in CMM, members have chosen to pay a Personal Responsibility (the amount paid by the member as carrying his own load) in order to retain monthly Gift amounts and to demonstrate their own ability to pay. Each program has a specific Personal Responsibility amount and is limited to the specific incident.

If more than one qualifying illness is treated during the same hospital stay, only one Personal Responsibility amount will be applied.

C. Self-Discount

A Self-Discount is a reduction applied to your medical bill such as Medicare, state assistance, hospital charity care, prompt pay discount and other reduction adjustments. If, as a result of the member’s own efforts, the itemized bills reflect discounts or reductions from the doctor(s), hospital or any other provider, the reduction amount will be applied towards your Personal Responsibility.

Most medical providers have special rates available for “**self-pay**” patients. Please be sure to notify your health care provider at the time of service to secure such discounts.

D. Submit Itemized Medical Bills with Needs Processing Packet

Needs MUST be submitted to CMM within 6 MONTHS of the date of service (DOS). Duplicate copies of all submissions should be kept for the member’s personal records. Once all the required paperwork is completed and received, the sharing process takes approximately 30 to 60 days.*

To be considered for sharing, all four pages of the Needs Processing Packet, Itemized Medical Bills, and Proof of Payment (if already paid) are required.

1. The 4 pages Needs Processing Packet includes the following:

- (1) Needs Processing Request Form
- (2) Explanation of Condition and Prayer Request Form
- (3) Health Information Release Authorization Form
- (4) Needs Processing Worksheet

2. The following information is required in the itemized medical bill:

- (1) Medical service provider’s name, address, and phone number
- (2) Detailed description of services
- (3) Transaction date
- (4) Amount paid
- (5) Form of payment (cash, check, or last four-digit number of credit card)

3. Proof of payment such as:
 - (1) Receipt from the medical provider or
 - (2) The front and back copy of your cleared check, or credit card statement is also acceptable. (for your privacy and security, please be sure to mask any personal account on your financial statements prior to submitting to CMM.)

If portions of the Needs Processing Packet sent to CMM are incomplete or other required documents are missing, there will be a delay in processing and sharing of your medical needs. In addition, CMM will notify the member and request that the missing documentation/ information be submitted within 90 days of the initial request.

E. Additional Medical Bills

1. Additional medical bills may be submitted at a later time and should be clearly marked, "ADD ON". The member ID number and "ADD ON" should be written on all additional medical bills
2. If a member has an ongoing, chronic condition, they must submit an updated Needs Processing Packet on an annual basis.
3. The medical supplies or equipment for ongoing conditions will be ineligible for sharing.

F. Medical Records Request

Medical records may be requested by CMM from your medical providers to determine eligibility of the medical bills submitted. In such instances, there may be an additional delay in processing and sharing your qualifying medical needs. The Authorization of Release of Health information form will be requested to the member by CMM.

G. Mailing Address & Phone Number

Please mail all medical correspondence to:

**Christian Mutual Med-Aid
Attn: Needs Processing Department
5235 N. Elston Ave.
Chicago, IL 60630**

Due to the sensitive information included in your personal medical documents, we highly discourage the use of e-mail for the purposes of Needs Processing. All such documents that are e-mailed are done so at your own risk. There is no security guarantee of the electronic transmission of your personal medical documents.

For further assistance and needs processing information please contact a Needs Processing Analyst at **(773)777-8889 extension 5003**.

VIII. MEDICARE, MEDICAID, INSURANCE, WORKERS' COMPENSATION, DISCOUNTS and OTHER PAYMENTS

- A.** The ministry will not consider sharing bills for the portion of a need that an insurance company, Medicare, Medicaid, Worker's Compensation or any other source is obligated or willing to pay.
- B.** If payments or adjustments have been made by a third-party after the medical needs were shared, the amount shared by CMM is to be promptly returned in full to the ministry. Failure to do so may result in membership termination.
- C.** If part of your qualifying need is paid by any other source or self-discounted, the amount paid is applied to your Personal Responsibility amount. (See Section VII, B-C)
- D.** CMM is secondary to other potential payment sources. If a CMM member has insurance or is eligible/qualifies for Medicare, Medicaid, Workers' Compensation, fraternal benefits or any other resources designed to pay medical bills in whole or in part, such sources of payment/reimbursement must be used before bills are eligible for sharing. The member must cooperate fully with CMM in qualifying for such payments.
- E.** If alternative payment resources exist, efforts to obtain payment through such resources should be exhausted prior to submitting bills to CMM. If the member fails to apply for and/or accept available sources of payment, the amount which could have been paid through other sources will not be shared by CMM members. CMM is not responsible for delinquent balances that a member might incur in connection with any medical care or treatment, regardless of whether the expense has been or is eligible for sharing.
- F.** Medical needs submitted from non-members based on allegations of injury caused by a member are specifically excluded.
- G.** If a member suffers injury and the liable party fails or refuses to pay, the medical needs may be eligible for sharing. The injured member should pursue legal remedy. If, however, the member receives compensation from the third-party or on behalf of the third-party the member shall reimburse CMM up to the amount shared by CMM.

IX. HEART CONDITIONS and CANCER

- A.** Gold Plus, Gold Medi-I & II and Gold program level members may submit medical bills for heart or cancer treatment, doctor office visits, prescriptions, and tests. Eligible medical bills up to a maximum of \$150,000 per illness may be shared.
- B.** Silver and Bronze program level members are not eligible for outpatient services. However, they may submit medical bills for radiation, chemotherapy, or other cancer treatments performed at a specialized cancer center.

The tests include blood tests (e.g. Cancer SEEK, Complete Blood Count), x-rays, or scan which performed prior to chemotherapy may be eligible for sharing.

- C. A heart or cancer-related incident will be handled separately from other incidents for Gold, Silver, and Bronze program level members. Personal Responsibility amounts will be applied per calendar year, not per illness.
- D. The provision of a 90-day gap period does not apply to medical bills related to heart or cancer related treatment. (See Section VI, C)
- E. Current pacemaker usage of a new member is considered a pre-existing condition.
- F. Cancer is not considered pre-existing if you have not experienced signs, symptoms, or treatment for five years.
- G. The bills for invasive medical procedures for preventive care of cancer will not be eligible for sharing.

X. BILLS for PRE-EXISTING CONDITIONS

PRE-EXISTING CONDITION If a member has signs/symptoms or has received medical treatments (including prescribed medications) for any illness, disease, or condition prior to membership, bills for such condition are NOT eligible for sharing.

A Pre-Existing Condition Waiver and Release Form completed and signed by a licensed/ board certified medical doctor may be required for a previous condition that has gone without treatment for 12 consecutive months.

However, the pre-existing conditions as provided in this section of the Guidelines are eligible for sharing conditionally.

A. Diabetes, Hypertension, High Cholesterol, and Cardiovascular Disease

IMPORTANT: Pre-existing conditions that occurred before the start date of membership will be excluded from sharing. However, the medical conditions such as high blood pressure, diabetes, and cardiovascular conditions will be eligible for sharing with limitations. Some restrictions may apply for the first four years.

TABLE A : Yearly limits for qualifying bills

First Year	\$15,000	Total of \$15,000
Second Year	Additional \$10,000	Total of \$25,000
Third Year	Additional \$25,000	Total of \$50,000
Fourth Year	Additional \$100,000	Total of \$150,000

1. Diabetes, hypertension or high cholesterol will be excluded from the general pre-existing condition provisions, but will have limits on the amount of sharing as indicated in **TABLE A**. Qualifying bills for pre-existing high blood pressure, diabetes, or high cholesterol will be considered for sharing if the member has not been hospitalized related thereto within a 12-month period prior to participation.

2. A cardiovascular condition which (i) has been declared cured by a doctor, (ii) has not shown signs/symptoms or required treatments for one full year, and (iii) has not required prescription medication except aspirin, will be excluded from the general pre-existing condition provisions, but will have limits on the amount of bills to be shared, as indicated in **TABLE A**.

B. Pre-existing Chronic Conditions Eligible for Sharing

Pre-existing chronic conditions that did not require treatment before and after participation for each 12 consecutive months will be eligible for sharing. Any such members submit all required documents and may be medical records for five years from the date of the service required.

TABLE B: Yearly limits for qualifying bills

Second Year	\$15,000	Total of \$15,000
Third Year	Additional \$10,000	Total of \$25,000
Fourth Year	Additional \$25,000	Total of \$50,000
Fifth Year	Additional \$100,000	Total of \$150,000

1. The conditions, treatments and procedures listed below will be eligible for sharing after 12 consecutive months of membership. This is a non-exhaustive list.
 - (1) Allergy
 - (2) Asthma
 - (3) Back and shoulder problems
 - (4) Carpal tunnel syndrome
 - (5) Cataract
 - (6) Gastrointestinal conditions (e.g. Endoscopy, Colonoscopy)
 - (7) Female conditions (e.g. Hysterectomy, Mastectomy)
 - (8) Foot disorders
 - (9) Hemorrhoids
 - (10) Hepatitis
 - (11) Hernia
 - (12) Kidney problem
 - (13) Menopause symptoms
 - (14) Prostate

- (15) Tonsillitis
 - (16) Tubes in ears
 - (17) Thyroid
 - (18) Urinary incontinence
 - (19) Varicose veins
 - (20) Wart removal
2. If a latent skin lesion becomes in effect or patent, the bills for tests, treatments or removal are eligible for sharing.
 3. Bills for complications, sequel or secondary illness from a pre-membership organ transplant are eligible for sharing only if the member has been free from any symptoms or treatment related to such organ transplant for one full year after becoming a member.

C. Eligible for Sharing from 6th year of participation:

1. Bills resulting from complications related to and/or removal of pins, screws, plates, shunts, rods or breast implants for augmentation which were inserted prior to participation will be considered for sharing. This consideration will only take place if the member has consistently participated in the ministry for a period of at least five consecutive years immediately prior to the bill being incurred.
 2. Congenital Conditions: Birth defects existing at birth which characterized by structural deformities termed 'congenital anomalies'. If the medical records state the diagnosis/ conditions with 'congenital anomalies' or 'malformation', the bills will be eligible after 60 consecutive months of participation. The signs, symptoms, diagnosis or treatment should not be existed during first 60 months of participation.
- D. Bills for birth defects like hernia, Temporomandibular Joint Disorder (TMD or TMJD), or cleft lip and cleft palate will be considered for sharing in the following circumstances:**

1. Newborn of existing member: the bills will be shared up to \$25,000 with the mother's maternity sharing (see XIII. MATERNITY NEEDS for MOTHER and CHILD)
2. New members with defects:
 - (1) The member must participate in the ministry for a minimum of five consecutive years,
 - (2) The member has not experienced problems with the condition for at least five years

XI. BILLS for RELATED CONDITIONS PRIOR TO MEMBERSHIP

- A. Medical bills for illness related to the conditions/ habits prior to membership will be limited for sharing (for example, related conditions to past smoking habits, past drinking problem, or past illicit drug use).

Please see the table below:

Second Year	\$15,000	Total of \$15,000
Third Year	Additional \$10,000	Total of \$25,000
Fourth Year	Additional \$25,000	Total of \$50,000
Fifth Year	Additional \$100,000	Total of \$150,000

XII. ELIGIBLE / INELIGIBLE / ADVANCE NOTICE

The CMM will determine the criteria for eligibility of sharing according to the CMM Guidelines and will determine the eligibility of the respective needs sharing according to the Guidelines after reviewing the medical records.

A. Eligible Medical Bills for Sharing

1. A member may opt for overseas medical travel with program limitations (See Section XII, C, 1-(8)).
2. If a physician has advised the member to have surgery, a second opinion may be requested by CMM from a disinterested physician. This second physician cannot be a part of the same practice, in partnership with, or affiliated with or related to the initial diagnosing physician or the physician who recommended the surgery.
3. Except in the case of an emergency, the member must inform CMM no less than 5 days prior to a scheduled medical procedure or an upcoming hospital admission, surgery or treatment.
4. Emergency hospital admission, surgery, or treatment must be informed to CMM within 48 hours after the admission, surgery or treatment.
5. Medical procedures and testing of donors for bone marrow or organ transplant will not be eligible for sharing within the ministry. Only bills related to the member's medical bills will be shared.
6. Prescription medications are eligible for sharing (maximum of 6 months), but routine or maintenance medications are not eligible for sharing.

7. Medical bills for immunization, tests for Well-Being Care such as blood tests, mammograms, pap smears, bone density tests, and physicals for school are eligible for sharing. (Gold Plus and Gold-Medi I & II members only with a maximum \$500 per year)
8. Medical bills for osteopathic treatment with a doctor's order are eligible for sharing (excludes adjustments, manipulations, ultrasound or similar treatments related to adjustments). (Gold Plus, Gold-Medi I & II and Gold members only)
9. Medical bills for visiting nurses must be:
 - 1) Ordered by a doctor who provides medical care to the member
 - 2) Related to the incident
 - 3) Incurred within 90 days after discharge from the hospital or according to the physician's recommended period of time
10. Medical bills incurred in connection with an injury as a result of an accident are eligible for sharing (Except for bills related to Motor Vehicle Accidents and Bike Accidents; Pursuant to Section XII).
11. Medical bills for fracture treatment including x-rays, emergency treatment, setting casts, initial brace, operations, removal of splints or pins, or other related medical expenses are eligible for sharing (Excludes chiropractic care).
12. Physical Therapy is eligible for sharing only when:
 - (1) Treated and ordered by the licensed medical physician specialist and
 - (2) Within 90 days after discharge from the hospital or
 - (3) Limited to 45 individual therapy sessions
13. Recurrence: If a doctor has previously declared the member is cured from an illness or condition, and the member is free from signs and symptoms related to the illness or condition and receives no medications or treatment related thereto for 1 year, the recurrence of the illness or condition will be considered as a new incident.
14. Dental: If an accident causes natural teeth to break (except if chipped or broken while eating), the bills for the treatment including dental crown or appropriate dental treatment will be shared. (Dentures are excluded)

B. Ineligible Medical Bills for Sharing

1. Abortion of a living fetus
2. Abuse of drugs or alcohol, substance abuse or self-inflicted, non-accidental incidents and conditions

3. Acupuncture

4. AIDS and HIV

*** If contracted from a blood transfusion, a high risk job such as a dentist or health professional, the bills are eligible for sharing up to a maximum of \$150,000.*

5. Bills for Infertility tests, prescriptions or treatment, surrogacy, In Vitro Fertilization (IVF) or other procedures associated to infertility

6. Breast reduction or lift for back pain

7. Chiropractic or osteopathic treatment, procedures or tests

8. Clinical trials and experimental procedures (i.e. PRP, prolotherapy, Stem Cell Treatment)

9. Contraceptives or birth control

10. Dental treatment, dentures, partial plates or repairs

11. DNA and genetic testing

12. Extreme sports

*** Involving high degree of risk like speed, height, a high level of physical exertion and highly specialized gear. The medical bills for the extreme sports will not be eligible for sharing by the members of CMM.*

13. Medical equipment or supplies

*** For example, syringes, test strips for checking blood sugar, lancets, respirators, hospital beds, oxygen equipment, special shoes, orthotics, batteries for pacemakers and hearing aids, crutches, etc.*

14. Medical Transportations (e.g. ambulances, life flights)

*** Bills for transferring a patient from hospital to hospital will be shared; the situation must be verified by the physician and included in the emergency medical records. Bills for emergency treatment during such transfer such as oxygen use will be shared. Gold Plus/ Gold Medi/ Gold members only.*

15. Medical treatment related to domestic violence

16. Non-health related/ elective cosmetic surgery

17. Non-medical testing to hair, bones, etc.

18. Nursing home, hospice and long term care

19. Optometrist and audiologist tests, treatments, and services

*** For example, eye-glasses, contact lenses, eye refractions (myopia, hyperopia, presbyopia, or astigmatism), visual therapy, hearing aids or any related examination or fitting.*

20. Out of wedlock birth

*** The ministry will review cases individually by personal appeal.*

21. Private room in hospital or medical facilities
22. Prosthetics (artificial arms, legs, eyes, hair, etc.), Reconstructive procedures
23. Psychological, psychiatric, mental or emotional conditions tests, treatment, counseling, or psychiatric hospitalization and medication
24. Services of alternative herbal or oriental medicine, nutritionists, dietary consultations, or non-prescription products
25. Sleep apnea study, insomnia
26. Sterilization, tubal ligation, vasectomy or the reversal thereof
27. Weight reduction program, clinics, diet centers or any other procedures involving weight reduction

C. Advance Notice for Medical Services and Treatments

As a member of CMM, there are no network limitations. Members are encouraged to make the best possible medical choices prayerfully together with family and health care providers. CMM is available at (773)777-8889 to help our members navigate through the proper channels of exceptional and low cost medical services and provide cost-saving tips.

1. Some common medical services require a minimum of 5-day advance notice such as (not limited to):
 - (1) Colonoscopy, endoscopy, esophagogastroduodenoscopy (EGD)
 - (2) Diagnostic services for Magnetic Resonance Imaging (MRI) on an outpatient basis whether at a physician's office or other facility
 - (3) Home health care services
 - (4) Inpatient admissions to hospitals, medical centers, rehabilitation facilities or any other qualifying facilities included in this outline
 - (5) Multiple treatments, hyperbaric units, intravenous therapies (IV), rehabilitation treatments
 - (6) "Extensive" diagnostic testing indirectly related to diagnosis
 - (7) Surgery performed at an ambulatory care center or free-standing surgical center. However, surgical procedures that are performed in the physician's office do not require advance notice
 - (8) International medical travel—All medical procedures outside of the United States must be requested in writing to be considered for sharing amongst CMM members. Complete itemized statements for such treatment must be translated into English and converted to U.S. dollars. The member must review the statements and assume responsibility for all extraneous charges. Finance charges, foreign transaction fees, interest, surcharges, medical record fee, postage, shipping or handing charges are not eligible for sharing.

2. If the member does not provide CMM with advance notice, up to 60% of the medical bills may be deemed eligible for sharing.

XII. MOTORIZED VEHICLE and BICYCLE NEEDS

CMM is NOT a substitute for motorized vehicle insurance. CMM is secondary to other payment resources. All other primary funding resources must be exhausted before medical bills become eligible for sharing.

A. Licensed Motorized Vehicles

Bills from an accident involving a licensed motorized vehicle are eligible for sharing up to \$50,000 per member or \$100,000 per family per accident after all other funding resources are exhausted. For bills incurred in connection with operating or being a passenger of an open air vehicle, including but not limited to all-terrain vehicles (ATVs), boats, cars, mopeds, motorcycles, snowmobiles, any individual member must have been wearing a protective helmet and seatbelt while driving or sitting in the automobile or motorized vehicle, and the driver and passenger must not have been racing.

B. Automobile Insurance

There are many variations in insurance policy offerings and in numerous state rules and regulations regarding auto insurance. Therefore, CMM has not set a minimum requirement of motor vehicle insurance coverage that its members are required to carry. However, in order to keep monthly Gifts low, CMM mandates ‘medical expenses coverage’ insuring the member’s own bodily injury in an auto insurance policy to be eligible for sharing for the bills from an accidental incident involving licensed motorized vehicles. CMM reserves the right, in the ministry’s sole discretion, to limit members’ sharing eligibility of incidents involving automobile or other motorized vehicles.

C. Non-Members

CMM is not liable for injury involving non-members.

D. Payments Received from Other Sources, Including but Not Limited to Third-Party Tortfeasors, or Insurers

If a member receives compensation from the third-party tortfeasors or insurer or on behalf of the third-party tortfeasor or insurer, the member shall reimburse CMM up to the amount shared through CMM.

E. CMM may require a copy of the police report or accident report to determine eligibility of sharing.

If any CMM members involved were driving under the influence or intentionally caused the accident, then the medical bills will not be considered for sharing.

XIII. MATERNITY NEEDS for MOTHER and CHILD (Available for Gold Plus Members Only)

- A.** Medical bills for delivery, (premature, normal, cesarean, multiple birth and miscarriage), home birth (attended by certified professionals), certified midwives' care during pregnancy and childbirth, postnatal check-up (excludes Postpartum Care Center), complications (up to three months of age) with a maximum of \$150,000 per pregnancy will be eligible for sharing. Both parents must participate in the CMM as Gold Plus members for at least 300 days prior to the birth of the baby. Needs Processing Forms must be submitted for maternity bills for mother and child with the birth estimation date from the doctor.
- B.** If the mother develops complications or experiences a miscarriage before her due date, the approval of her estimated conception and due dates are required by CMM.
- C.** The membership of a new born baby starts from the age of 1 month, but registration is available immediately after birth. The newborn baby will not be added automatically to his or her parents' account. If parents have alternative health plan for the baby, it must be notified CMM promptly.
- D.** If adoption of a baby has been arranged before the baby is born, bills for the birth mother will not be shared by CMM members. Only the bills for the adopted newborn baby will be eligible for sharing. The adopting parents must be participating in Gold Plus membership for at least 300 days prior to the birth of the adopting baby. The 90-day waiting period does not apply to the membership of the adopted new born baby. The membership will be effective from the month of adoption or at birth if the adopted baby's membership is pre-arranged during adoption process.
- E.** The qualifying bills for the new born baby which occurred in birth month will be shared within mother's maternity sharing limitation.
- F.** Circumcision must be performed within 60 days after birth (Medical bills for circumcisions outside of this time frame will be individually reviewed based on medical necessity).
- G.** Consideration for babies with birth defects or congenital anomalies at birth: Bills for birth defects or congenital anomalies at birth will be eligible for sharing with a maximum of \$25,000 per need. (Example: Congenital hernia, TMJD)

XIV. PRAYER PAGE

There is great power in prayer! God has demonstrated His healing, grace, provision, and unconditional love in our ministry without fail!

It is through our faith that we act on the promise written in Matthew 18:20, “for where two or three gather in my name, there am I with them.” We believe in the power of prayer and call on our members to join us in praying for one another. All members may request spiritual support during times of medical need in the monthly Prayer Page of the Korean Christian Journal.

Prayer requests may be submitted on the second page of your Needs Processing Packet. (See Section VII)

XV. PHONE / ORAL OPINION

Members who call the ministry office detailing their circumstances and asking if a need qualifies will be given a preliminary response or opinion as to whether the need is likely to qualify as an eligible need. The opinion is not a determination of whether the need is eligible for sharing. Needs cannot be authorized for sharing over the phone. All needs are required to be submitted in writing and CMM will respond in writing with a decision. (See Section VII)

NOTE: ORAL STATEMENTS MADE BY MINISTRY EMPLOYEES, OR OTHERS ARE NOT VALID IF THEY DIFFER FROM THE GUIDELINES.

XVII. APPEALS and RECONCILIATION

A. You and CMM Agree to Resolve Disagreements through Christian Mediation and Arbitration, and Not by Going to Court

1. Members of CMM have joined together in a covenant to share each other's burdens as a community of Christians. CMM and its members believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the church, and not to resort to the civil courts to resolve disagreements (Matthew 18:15-20; I Corinthians 6:1-8). CMM takes these Biblical commands seriously as they are clear in how Christians are to conduct themselves with each other, and in relationship to the world. Accordingly, any member of CMM who violates these commands by taking a dispute before the civil courts or other government agency – rather than having the dispute resolved through the Christian dispute resolution process set forth in this section of the Guidelines – has chosen to break this covenant and the fellowship of the CMM community. In doing so, this person has chosen to separate themselves from CMM and, therefore, is to be treated as if they had never been a CMM member and they will not have needs shared by CMM.
2. Resolving disputes within the Body of Christ is always the command of the Bible. Accordingly, as a member of CMM, you agree that any claim or dispute you have with or against CMM, its employees, directors, or members, that is related to CMM in any way, shall be resolved by fellow Christian believers exclusively through Biblically-based mediation through the Institute for Christian Conciliation (Peacemaker Ministries) and its established procedures.
3. If such mediation is not successful, the disagreement shall be decided through legally binding Biblically-based arbitration through Peacemaker Ministries. The relief available through the Christian dispute resolution processes shall be the same as would be available if the matter were decided in a civil court. The determination reached through such Christian arbitration shall be binding, and the member and CMM voluntarily waive any right to bring any disagreement related to membership in CMM, or with respect to these Guidelines, or any other rights or interests thereto or hereunder to the civil courts. CMM likewise agrees that any claim or dispute regarding any matter that CMM might have involving you shall also be resolved using this same process. You and CMM agree to cooperate and to use best good faith efforts to facilitate these Christian mediation and arbitration efforts in the Body of Christ. CMM will pay all of the arbitrator's fees and costs unless the arbitrator determines that there was no reasonable basis for the member's complaint.

mediation and arbitration efforts in the Body of Christ. CMM will pay all of the arbitrator's fees and costs unless the arbitrator determines that there was no reasonable basis for the member's complaint.

4. You agree that the process described in this section of the Guidelines (using Christian mediation and binding Christian arbitration, as opposed to the civil court system) shall be the exclusive remedy for any controversy or disagreement arising out of the relationship between you and CMM, and as a CMM member you waive your right to file a lawsuit in any civil court against CMM, its directors, and other members, and you agree that this section of the Guidelines shall be an absolute bar to (and provide a basis for dismissal of) any lawsuit, charge, or claim filed in violation of this provision of the Guidelines, other than to enforce an arbitration decision rendered pursuant to this section of the Guidelines.

B. Arbitration and Class Action Waiver

Notwithstanding anything to the contrary in the Guidelines ("Guidelines") of Christian Mutual Med-Aid ("CMM") or any other administrative rules or regulations applicable to, with regard to or in relation to any membership between any member of the CMM and the CMM, any member and the CMM agree to submit to mandatory binding alternative dispute resolution ("ADR") including without limitation mediation and arbitration as provided by the Guidelines, any and all claims (collectively, "Arbitrable Claims") against the CMM or its employees, officers, directors, agents, heirs or assigns arising out of or related to any member's membership with the CMM and the termination thereof, including, but not limited to, claims for medical bill sharing, wrongful termination of any membership, torts and/or wrongful discrimination based upon any federal, state or local ordinance, statute, regulation or constitutional provision. Further, to the fullest extent permitted by law, the parties hereto agree that no class or collective actions can be asserted in arbitration or otherwise. All claims, whether in arbitration or otherwise, must be brought solely the parties' individual capacity, and not as a plaintiff or class member in any purported class or collective proceeding. Nothing in this Arbitration and Class Action Waiver section, however, restricts any member's nonwaivable statutory right, if any, to file in court any statutory action as a matter of law under the applicable law. SUBJECT TO THE ABOVE PROVISO, THE PARTIES HEREBY WAIVE ANY RIGHTS THEY MAY HAVE TO TRIAL BY JURY IN REGARD TO ARBITRABLE CLAIMS. THE PARTIES FURTHER WAIVE ANY RIGHTS THEY MAY HAVE TO PURSUE OR PARTICIPATE IN A CLASS OR COLLECTIVE ACTION PERTAINING TO ANY ARBITRABLE CLAIMS BETWEEN ANY MEMBER AND THE CMM. Furthermore, the parties hereto agree that, to the fullest extent permitted by law, the ADR shall be the exclusive remedy for the Arbitrable Claims. The ADR shall be conducted in proper venue in

Illinois before a single neutral mediator or arbitrator whichever is the case, in accordance with applicable mediation or arbitration rules whichever is the case then in effect and the Guidelines.

C. Appeals Regarding Needs Not Shared

It will almost always be the case that the eligibility of a need can be readily determined by a review of these Guidelines. In those instances, however, where the Guidelines are not completely clear, CMM will determine the eligibility for need sharing according to these written Guidelines, CMM procedures, and how CMM has handled similar needs in the past (precedent). If a member disagrees with the needs sharing decision, the member can appeal to CMM for reconsideration by submitting a written request within 90 days of the day the decision in question was made.

A member can appeal a decision regarding need eligibility if they believe:

1. the medical records were misinterpreted,
2. the Guidelines were misapplied,
3. the medical history was incorrectly recorded, or
4. the member can submit additional documentation or doctor's notes that support their appeal.

D. Appeal Panel

In the case of appeals regarding sharing of medical needs, CMM will present any such appeal to it's a committee (hereinafter referred to as Appeal Panel). With the member's consent, the Appeal Panel will review the submitted bills and supporting documentation, and determine the eligibility for sharing according the CMM Guidelines within 90 days from the request the appeal decision.

E. Applicable Law

For any matter arising under this section, or under these Guidelines generally, including the interpretation of the Guidelines and the mediation/arbitration requirements of the Guidelines, the laws of the State of Illinois shall govern without regard to choice-of-law rules.

XVIII. PRIVACY

CMM is committed to your privacy. In order to maintain your privacy, we are only able to discuss patient matters directly with the member who was treated by the medical providers. The member may provide written consent to CMM to speak with an authorized representative. It is the nature of the ministry to share in the costs of other members' medical needs and thus requires communication with third-party providers.

BOARD OF DIRECTORS

Samuel D.W. Park, Chairman and President
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Lin D. Park



Logos House
in Ramona
로고스하우스

샌디에이고 인근 라모나에 세워진 로고스 하우스는 기독의료상조회 회원과
후원자들뿐 아니라 지역교회와 일반 성도들에게도 개방되어 마음과
육체의 쉼을 얻고 영적 재충전을 할 수 있도록 돋고 있습니다.

- 120에이커의 동산에 마련된 쉼터, 기도원, 게스트 하우스
- 아름다운 자연환경 속에서 개인 휴식, 단체 세미나 가능
- 인근에 온천, 골프, 낚시, 트레일 코스 위치
- 샌디에이고 공항에서 1시간, LAX 공항에서 2시간
30분 소요



Korean Christian Journal

1978년 창간한 크리스찬저널은 지난 40년간
'그리스도의 편지' (고후 3:3)를 대필한다는 사명감으로
북을 전도자로 11문서 사역을 감당하고 있습니다.

- 월간 발행 (현재 1441호)
- 미 전역의 20,000여 한인 가정에 배포
- 매일 업데이트 되는 인터넷 신문 (www.kcjlogos.org)
- 전 세계, 미주 한인 교계, 한국 교계 소식들
- 목회와 영적 성장에 도움이 되는 자료와 다양한
필자들의 글



CMM
CHRISTIAN MUTUAL MED-AID
기독의료상조회

1996년에 시작된 기독의료상조회는 성경적인 삶을 사는
4만여 성도들이 치유여해 의료비 나눔을 정직하게
실천하고 있습니다.

- 낮은 회비로 다양한 의료비 지원
- 미국 내 의사나 병원 제한 없이 지원
- 한국을 비롯한 전 세계에서 발생한 의료비 지원
- 골드플러스 회원은 건강검진비 지원 (\$500/1년)
- 장례비 보조를 위한 Life Plan (사망 시 평균 회비의 100배 지원)
- 새 회원 소개 시 회비 크레딧을 주는 Member Referral 제도
- CA 샌디에이고 인근 로고스 하우스(기도원/쉼터) 이용 시 할인 혜택

XIX. GLOSSARY

Terms	Description	Page
Burden Sharing	Additional funds for needs beyond the \$150,000 maximum for members who have participated for a minimum of 12 consecutive months	11
Gift	A monetary amount given voluntarily to the health care sharing ministry used to assist other members with eligible medical bill sharing requests	6
Health Care Sharing Ministry	An organization that facilitates sharing of health care costs among individual members, in the United States, who have common ethical or religious beliefs	3
Illness	A specific diagnosis of a malady made by a licensed medical doctor	12
Incident	Medical treatments received for a specific illness without a 90-day gap	12
Itemized Bill	A detailed document generated by the medical provider that reflects the patient's name, account number, home address, date of service, type of medical service, CPT code (if applicable), dollar amount, adjustments/credits/discounts, payments, balance, etc.	14
Life Plan	Life Plan is to provide assistance with funeral cost tragic passing of a member.	12
Health Information Release Authorization Form	A document signed by the patient that gives authorization to their health care providers to share their personal medical records, medical history and personal health information with other individuals or organizations	14
Need	The portion of the patient's medical bill to be shared through CMM amongst fellow brothers and sisters in Christ	7
Personal Responsibility	The amount that the patient pays directly to their medical provider specific to their membership level	14
Pre-Existing Condition	Any physical signs or symptoms of an illness prior to start of the membership	17
Self-Discount	The reduction amount negotiated and secured by the member directly with their medical provider (discount amount can be applied towards Personal Responsibility)	14
Self-Pay	Uninsured patients who receive medical treatment	13
Sharing	Medical bill amounts that have been reviewed according the CMM Guidelines and deemed eligible to be paid	7
Signs/ Symptoms	Any manifestation of an onset of a medical condition	17
Unit	Individual member	8



Monthly Gift

Send in by the 1st day
of the month



Medical Care Needed

No network restrictions



Call CMM

Notify CMM 5 days in advance
for hospital admission.
Emergency Room visits require
notification within a 48 hour period.



Needs Processing

Processing takes approximately
30-60 days



Prayer

Intercessory prayer for physical
and spiritual recovery



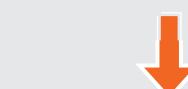
Needs Shared

Spiritual support through
prayer along with sharing of
financial burdens



Submit Medical Needs

Complete Needs Processing
Packet, itemized medical bills,
and proof of payment



Medical Care & Treatment

Hospitalization, surgery,
in-patient and outpatient

CONTACT US at (773)777-8889:

Department

Member Service
Needs Processing
Member Gifts

Extension

5001
5003
5005



LOGOS MISSIONS, INC.



KOREAN CHRISTIAN JOURNAL



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* CMM is not an insurance company and should not be referred to or considered as health or medical insurance.

CMM is a Biblical health care sharing ministry (HCSM) through which Christians share God's blessings by paying one another's medical expenses.