



OFFICIAL TERMINOLOGY

PROPOSAL

I propose the member guidelines committee agree on official terminology, as well as on the use of certain style elements, pertaining to the member guidelines and other company documents.

While the adoption of this proposal would result in sweeping changes, it would also make our writing more concise, welcoming, and accessible. Moreover, it would make life easier for our customer service personnel, who work with, and educate others on, our guidelines every day.

MAJOR ISSUES

The following issues—along with options to solve them—are discussed in this proposal:

- Reducing repetition of our full name, "██████████"
- Reviewing the impact of adopting "sharing request" on other terms, such as "medical need(s)," "maternity need request(s)," and "maternity medical need(s)"
- Addressing the negative impact of "sharing request" on certain sentences
- Using inconsistent or ill-defined terms in the guidelines that are not in the appendix
- Avoiding introducing new terms unnecessarily
- Defining "eligible for sharing" and "shareable," and then using the terms consistently
- Cutting down on the ways we refer to loss of membership
- Clarifying whether all withdrawn members are eligible to reapply for membership
- Understanding the impact of changing guidelines
- Auditing and updating existing documentation to reflect changes to the guidelines

CONSISTENCY

Currently, the jargon we use fluctuates throughout the guidelines. The same concept, like types of membership or sharing eligibility, may be labeled in a dozen different ways.

Going forward, we should reference the same ideas in as consistent and practical a manner as possible, while still retaining warmth and clarity. The reason for this is simple: using fewer terms leads to those terms, and the concepts they represent, being easier to grasp and remember.

This would help us on several fronts: when writing and editing there would be no mistaking when each term should be used; our members would have an easier time understanding the member guidelines; our customer service personnel would have an easier time learning, referencing, and explaining the guidelines to others; and our affiliates would have an easier time accurately promoting our services to prospective members.

CLARITY

We need to avoid confusing syntax, the misuse of existing terms, and repeating the same information—whether it be a sentence-long disclaimer or an entire paragraph—when making a short reference to the same information from another section suffices. If we are able to do all of that, it would highlight existing details and make future additions seamless.

WHO WE ARE

In the current member guidelines, we refer to our organization by its full name, “██████████” a total of 162 times: about twice as often as all other ways we reference our organization, combined.

Since “██████████” is quite a mouthful, we could employ strategies to cut down on its unabridged use. I have outlined some possible options below, starting with the corporate “we.” (Not all of the options are mutually exclusive.)

CORPORATE “WE” OR NEUTRAL “IT”

The corporate “we” / “our” is a common sight in business writing and advertisements, although its use occasionally results in mixed points of view (in the case of the member guidelines, it would be a mix of third- and first-person perspectives). Despite this caveat, we actually already use this tactic on our website and in our updated marketing materials, which use second-person perspective. In fact, the corporate “we” is already used a few times in the opening paragraph of our member guidelines (“At ██████████, we have reimaged the HealthShare model...”), but outside of the introduction is notably absent.

There are many positives to fully adopting the use of the corporate “we”; it emphasizes collective identity, and by extension community; it makes our accomplishments, and all other

self-praise, apply not only to our organization but also to our members and affiliates; and it would improve the flow and warmth of our writing — all while reducing repetitiveness.

If we do approve of its use, the change would necessitate significant rewrites of existing material. However, I believe the resulting improvement would prove such an undertaking worthwhile.

Alternatively, if we prefer to stick with a third-person point of view (exclusively using pronouns like “he,” “she,” “it,” and “they”) in the guidelines and other compliant documents, we can instead substitute “it,” “they,” and “their,” for [REDACTED].

Using the neutral “it” is essentially the opposite of using the corporate “we”: instead of adopting a warmer, but mixed tone, we would instead adopt a stricter, more legalistic one. Instead of “we” / “our,” we would use “it” / “they.” This would have the effect of making the entirety of the guidelines third person (minus the Principles of Membership, which currently contain rules that members must attest to that are appropriately presented in first-person perspective).

Using the neutral “it” would have similar benefits to “we” when it comes to conciseness and reducing repetition—while giving the guidelines a consistent point of view. However, it would likely detract from, rather than add to, the emphasis on community throughout our guidelines.

OPTIONS TO CONSIDER

- Adopt the use of one of the following for the guidelines:
 - the corporate “we”
 - the neutral “it”

RECOMMENDATION

- Adopt the use of the corporate “we” in the member guidelines

COST SHARING COMMUNITY

We already refer to ourselves as a “community” quite often but do not always expound upon it the same way. While we occasionally refer to ourselves as a “medical cost sharing community,” we also say, “[REDACTED] community,” “member-to-member medical cost sharing community,” and “member-focused community.”

Problematically, we also refer to ourselves as a “medical cost sharing program” in the guidelines. Because of its association with insurance, I suggest we remove all instances of “program,” especially when referring to our organization.

It would be beneficial to declare an official unabridged version of “community” and remove any unnecessary takes on it. Should we be a “medical cost sharing community,” a “HealthShare community,” or the “[REDACTED] community”? If we do adopt an official longer version of “community,” it would still be possible to avoid its use and default to “community” instead.

OPTIONS TO CONSIDER

- Adopt “community” as an official shortening of ██████████
- Adopt one of the following as the unabridged version of “community”:
 - “medical cost sharing community”
 - “HealthShare community”
 - “██████████ community”
- Alternatively, default to using “community,” and avoid using the longer version

RECOMMENDATION

- Adopt “medical cost sharing community” as the unabridged version of “community”
- Remove all instances of “program”

██████████ OR ██████████

On occasion, I have seen both “██████” and “█████” used as abbreviated forms of “██████████”. In the current guidelines, “██████” is used about five times (near the end), perhaps accidentally. “██████” a common moniker among ██████████ businesses, is used in company correspondence, but is not present in our guidelines.

“██████” is more convenient to write than “██████████” but is not particularly pleasant to say out loud: the “█” at the start of the abbreviation does not roll off the tongue. Adopting it as an official shortening of our full name would make written references to our name less unwieldy, but its adoption would not yield the same benefits as would the corporate “we” when it comes to emphasizing a sense of community.

“██████” sounds nice, but it is also commonly used by other organizations and locations (e.g., ██████ Bank, ██████ Nails & Spa, ██████████ Stadium, and ██████████). While its adoption in documents that are not legally scrutinized may be fine (like intercompany communications, newsletters, and social media posts), it could otherwise cause confusion. While we could adopt the use of either—or both—of these abbreviations, I don’t think they would benefit the guidelines specifically, given the drawbacks associated with each of them.

OPTIONS TO CONSIDER

- Adopt “██████” as an official abbreviation for ██████████
- Adopt “█████” as an official abbreviation for ██████████
- Adopt both “██████” and “█████” as official abbreviations for ██████████
- Adopt neither “██████” or “█████” as official abbreviations for ██████████
- Omit “██████” and “█████” from the member guidelines and other similar documents

RECOMMENDATION

- Omit both abbreviations from the member guidelines

FOR OUR MEMBERS

For good reason, the words “share,” “sharing,” and “shared,” are everywhere in the guidelines. But we are now in the process of changing the official terminology from “medical need request(s)” to “sharing request(s),” which will necessitate rewriting a large part of the current guidelines. This gives us the perfect opportunity to also implement additional complementary changes.

SHARING NEED

Now that a medical need request is a sharing request, we must decide if “sharing” is going to apply to all relevant terms. For example, is a “medical need” now a “sharing need”? And if specific types of sharing requests, like “maternity needs request(s),” should include “sharing” rather than “needs” (e.g., “maternity sharing request(s)”). While “sharing need” may fit better with “sharing request,” adopting it would require significant rewrites, and may cause confusion.

We need to avoid coming off as impersonal when possible. A “medical need,” or “need,” is more applicable and personable than “sharing need.” Members don’t experience “sharing needs,” they experience “medical needs,” or simply “needs,” that result in expenses they need assistance with. Because of this, “medical need(s)” can remain the official term.

If we decide that a “maternity needs request” should instead be a “maternity sharing request,” then we may need to change “surgery needs request(s)” and “preventive needs request(s)” to “surgery sharing request(s)” and “preventive sharing request(s)” respectively. If we inconsistently pair “sharing” with relevant terms, it could lead to further confusion.

OPTIONS TO CONSIDER

- Define “need(s)” in the guidelines
- Replace “medical need(s)” with “need(s)”
- Replace “medical need(s)” with “sharing need(s)”
- Replace “maternity need request(s)” with “maternity sharing request(s)”
- Replace “preventive needs request(s)” with “preventive sharing request(s)”
- Replace “surgery needs request(s)” with “surgery sharing request(s)”

RECOMMENDATION

- Do not replace “medical need(s)” with “sharing need(s)”
- Adopt terms like “maternity sharing request(s),” “preventive sharing request(s),” and “surgery sharing request(s),” to remain consistent

DIFFERENT MEMBERSHIPS

As previously mentioned in the “Consistency” section, we refer to the concept of different membership types (i.e., Member & Spouse, Member & Family, etc.) inconsistently throughout the guidelines.

This gets confusing, especially considering how different the various terms we use to refer to membership types are: we introduce the concept by calling them the “four tiers of membership” and then “tiers” are never brought up again. We also refer to membership types as “enrollment type,” “household membership,” “combined membership,” “level of membership,” “membership household,” “household,” or simply “the membership.”

To alleviate this problem, we should first agree on a way to refer to the concept as a whole, either as “membership types,” or “enrollment types” (“membership tiers” should be removed to avoid the impression of a membership hierarchy). Then, we should agree on a way to refer to memberships comprising one or more individuals, either as “household membership(s),” or “combined membership(s).”

In the description of the “Member & Spouse” membership, we say it may be made up of “two married members or two members in a *domestic partnership*.” However, in the description of the “Member & Family” membership, we omit “domestic partnership,” instead saying that it may be made up of “a member, spouse, and any dependent children.” This is confusing, and it should be clarified whether a domestic partnership is only permissible in a Member & Spouse membership, or if it is also permissible in a Member & Family membership.

OPTIONS TO CONSIDER

- Adopt one of the following ways to refer to the concept of membership types:
 - membership type(s)
 - enrollment type(s)
 - tiers of membership
- Adopt one of the following as the official way to refer to memberships comprising one or more individuals:
 - household membership(s)
 - combined membership(s)
- Do one of the following:
 - Add “domestic partnership” to the description of the Member & Family membership
 - Omit “domestic partnership” from the description of the Member & Spouse membership

RECOMMENDATION

- Cease using “tiers of membership” in the guidelines
- Adopt “membership type(s)” as the official term
- Adopt “household membership(s)” as the official term
- Remove instances of “combined membership(s)” and other unnecessary labels
- Clarify Member & Family memberships include “domestic partnerships”

HEAD OF HOUSEHOLD

The “head of household,” according to the guidelines, is “responsible for ensuring that each individual” under the same membership “complies with the Member Guidelines and the Principles of Membership.” However, the “head of household” is defined in the appendix as simply, “the oldest participating member in the household.” This could lead to problems if the oldest community member in the household is physically or mentally incapable of handling the responsibility associated with the role.

We also use the term “primary member” and “head of household” interchangeably in the guidelines, and we need to decide which one of them should be official. “Head of household” is not as appropriate and encompassing a term as “primary member,” and the guidelines may benefit from making “primary member” the official term, replacing “head of household.” Alternatively, we could make the term “primary household member,” which, while longer, is more accurate.

OPTIONS TO CONSIDER

- Adopt one of the following as the official term in the guidelines
 - primary member
 - head of household
 - primary household member
- Redefine the adopted term in the guidelines

RECOMMENDATION

- Adopt “primary household member” as the official term
- Refine the definition of “primary household member”
 - Add references to the role’s responsibilities
 - Clarify if the oldest household member should serve the role

UNNECESSARY TERMS

There are instances in the guidelines where terms are unnecessarily created and used. In the future, when considering creating a new term to refer to a concept in the guidelines, we should first consider whether this concept is already being referred to in a different way; if it would be better served by an accurate description of what is being discussed; or if introducing a term would make it harder, rather than easier, to understand.

PARTICIPATING

In a similar vein to “membership types,” we use “participating” and “participate” to refer to members being part of the same membership or being a part of the community generally. I don’t think this is necessary; we can remove “participating” and “participate” without detracting from the meaning of sentences in which it is used, for example:

Original: "One or more family members participating under the same membership."

Edited: "One or more family members under the same membership."

Furthermore, if we are going to continue using "participate" and "participating," we should clarify whether a participant is a part of a membership but is not the primary member, or if all members of [REDACTED] are participants. If it is the former, then we should also remove instances of "household member," "participating member," and "community member," as they are also used to refer to non-primary members.

If a member is always participating, and all members are participants, then the terms are redundant and should be removed. If we want a term to refer to non-primary members of a household membership, then we may adopt "participant(s)" or "household member(s)" for this purpose.

OPTIONS TO CONSIDER

- Omit "participate" and "participating" from the guidelines
- Omit "participant(s)" from the guidelines
- Alternatively, define either "participant(s)" or "household member(s)" as non-primary members of a household membership, and use the term consistently
 - If we adopt "participant(s)" as the official term for non-primary members, omit instances of "household member" and "participating member" to reduce confusion
 - If we adopt "household member(s)" as the official term for non-primary members, omit instances of "participant" and "participating member" to reduce confusion

RECOMMENDATION

- Reduce the unnecessary use of the words "participating" and "participant"
- Choose between "household member" and "participant" as the term for non-primary household members

CONTINUOUS MEMBERSHIP

Though the words "continuous membership" only come up four times in the guidelines, in one of those instances, they introduce a new concept that is neither elaborated on nor referenced again.

The first three times it is used, its meaning is easily inferable. Here is how "continuous membership" is initially used in the guidelines:

- "Up to \$25,000 may be shared after one year of *continuous membership*."
- "Colonoscopies are shareable after six months of *continuous membership*."
- "Youth immunizations (up to 18 years old) are shareable after six months of *continuous membership*."

In the fourth instance of “continuous membership,” however, its use is problematic:

- “Members have 30 days from the membership cancellation date to reactivate membership in order to *qualify for continuous membership*. For example, an employee whose employer-sponsored membership has been canceled.”

This likely means that members have 30 days after canceling their membership when they may renege on their cancellation. And if a member reneges on their cancellation within those 30 days, their membership will not be subject to pre-membership condition limitations. If that is the case, then it would be better to simply state that in full, rather than to introduce a new term not defined in the appendix or anywhere else in the guidelines.

OPTIONS TO CONSIDER

- Remove the fourth instance of “continuous membership”
- Clarify what we mean by “continuous membership,” where the fourth instance has been removed

RECOMMENDATION

- Remove the fourth instance of “continuous membership” from the guidelines (in “Appendix A: Defined Terms,” under “Membership cancellation request”)
- Rewrite the section that contains the fourth instance as needed

MEMBER’S RESPONSIBILITY

The guidelines state that the “IUA is also known as the member’s responsibility.” If this is true, then that means the two terms are interchangeable. Currently, “member’s responsibility” is also referred to as “personal responsibility,” “IUA responsibility,” or “responsibility of the member,” which is inconsistent and confusing.

Changing from “IUA” to “member’s responsibility” would not be practical, given how often “IUA” shows up in our documentation and website, and our community’s general familiarity with it, as well as its ease of use.

Rather than equivocating “member’s responsibility” and “IUA,” we could instead tell members that they can think of an “IUA” as a member’s responsibility, transforming it from a seldom used and interchangeable term to more of an explicit educational device. We could also remove “member’s responsibility” from the guidelines entirely, as well as its derivations.

OPTIONS TO CONSIDER

- Omit “personal responsibility,” “responsibility of the member,” and “IUA responsibility” from the guidelines
- Use “member’s responsibility” as an educational device rather than as a term interchangeable with IUA
- Omit “member’s responsibility” from the guidelines

RECOMMENDATION

- Avoid using “member’s responsibility” as an alternative for “IUA”
- Use “member’s responsibility” as a way to explain the IUA
- Omit “personal responsibility,” “responsibility of the member,” and “IUA responsibility” from the guidelines

ELIGIBLE AND SHAREABLE

Currently, we use both “eligible” and “shareable” throughout the guidelines when referring to the ability to share medical costs associated with a sharing request. We do not define “eligible for sharing” or “shareable” in the appendix, so their meaning must be inferred from how they are used. Unfortunately, they are sometimes used synonymously, and the guidelines could be improved by having each of them be defined, and having their use be consistent with that definition.

Now that we have adopted “sharing request” (replacing “medical need request”), many sentences that were previously innocuous now sound disjointed and odd.

DEFINE ELIGIBLE AND SHAREABLE

“Shareable” shows up 126 times in the guidelines, about twice as often as “eligible” or “eligibility,” and removing it would require significant rewrites. Instead, we should define “shareable,” and then use it correctly and consistently.

Given the previously mentioned change to “sharing request” (and the possibility of further changes in terminology, like adopting “maternity sharing request” and “sharing need”), its presence sometimes results in oddly worded, confusing sentences, as evidenced in the following examples:

“Injections related to a shareable sharing request are shareable up to 50,000.00”

“Laboratory tests and checkups are considered part of a shareable sharing request when prescribed by a licensed medical provider.”

“Medical transportation, including air and ground, is shareable as part of a sharing request when it is required in relation to a specific shareable illness or injury.”

This can be avoided by using “shareable” and “eligible” when appropriate, rather than blending the two. Likewise, we should differentiate between “ineligible for sharing” and “not shareable.”

The terms can be defined as follows:

Eligible for Sharing: Expenses that are eligible for sharing (or “eligible,” for short) are related to an eligible sharing request. Not all expenses that are eligible for sharing are shareable.

Ineligible for Sharing: Medical expenses are ineligible for sharing (or “ineligible,” for short) if they are related to an ineligible sharing request or ineligible need.

Shareable: Not all expenses that are eligible for sharing are shareable. For expenses to be shareable, all of the following must be true:

- The expenses are related to an eligible need
- The member has already paid the IUA related to that need
- The expenses are not in excess of any associated maximum shareable amount

If, however, any of the above are false, then the expenses are not shareable.

OPTIONS TO CONSIDER

- Define “shareable” and “eligible for sharing,” or “eligible” for short, and then use them accordingly
- Define “ineligible for sharing,” and then use it accordingly
- Rewrite sentences where the use of both “shareable” and “sharing request” results in those sentences being confusing

RECOMMENDATION

- Define “shareable” and “eligible for sharing”
- Use each term consistently
- If necessary, due to awkward syntax, replace “shareable” with “eligible”

LOSING MEMBERSHIP

There are a variety of ways a member may lose their membership, and we often use different terminology depending on how it is they lost it. If a member does not pay their monthly contribution on time, their membership becomes “inactive,” and that member is subsequently “withdrawn” from the community. If a member violates the Principles of Membership, their membership is “revoked.” And, when membership is “revoked,” they are also “withdrawn” from membership. This is contrary to the first paragraph in the “Principles of Membership” section of the guidelines, where it says members “must comply with the following requirements to *maintain* membership with [REDACTED] and remain eligible to participate in the medical cost sharing program,” but makes no reference to a membership revocation. Furthermore, if it is discovered that a member did not submit a complete enrollment form, it could result in a “retroactive membership limitation” or a “retroactive denial of membership.”

No matter how a member loses their membership, as long as it is determined they were a member, they are “withdrawn” from membership. And, all members who are withdrawn from membership may subsequently reapply for enrollment with [REDACTED]. (The way the guidelines are currently worded, it seems that even if your membership was revoked for violating the member guidelines, and your monthly contributions were not refunded, you could still reapply for membership.) But monthly contributions, as far as I am aware, are not refunded if a member withdraws voluntarily, or if we impose “membership limitations” on that member.

Additionally, the term “inactive” is used around the concept of membership withdrawal. Is membership inactivation different from membership withdrawal? If so, how? For example, in the guidelines it states that a membership becomes “inactive” when a member fails to pay their monthly contribution, and as a result, they are withdrawn from membership. However, if they pay their contribution they may become an active member again. If we mean to indicate that there is a grace period once a membership becomes inactive before that membership's withdrawal becomes permanent, we should make that clear.

We may be able to resolve some of these issues by cutting down on the number of ways we refer to members losing their membership. If we can simply state a member will be withdrawn from the community, or have their membership withdrawn, then we should do so. Right now, the separate terms for each cause of membership withdrawal seem unnecessary.

OPTIONS TO CONSIDER

- If memberships which are revoked should not be able to reapply for membership, then that needs to be explained and membership revocation needs to be defined in the guidelines
- If, regardless of the reason for the membership's withdrawal, that member may reapply, then we can omit many of the terms related to specific reasons for membership withdrawal
- Define all terms related to members losing their membership and then use them accordingly

RECOMMENDATION

- Remove the majority of the terms used to refer to members losing their membership
- Use “withdrawal” and “withdrawn,” and omit all other terms (if, no matter how a member loses their membership, they are withdrawn and may reapply)

MOVING FORWARD

For anyone who made it this far, I appreciate your patience and willingness to inform yourself on official terminology, elements of style, and simplifications that will soon be put to a vote.

Member guidelines should be a collaborative effort. Each member of the committee has a valuable perspective on the guidelines, whether it be how they are written, what they should contain, or how they should be presented. If you have any suggestions for further changes, or feel one of these options should not be put to a vote, please feel free to reach out.

There will be more issues that need to be addressed in the future. It is important we agree on a consistent review and approval process to ensure they can be addressed effectively.

APPROVAL PROCESS

The changes the committee makes to our guidelines will affect how [REDACTED] communicates, both in writing and over the phone. Implementing even a single change—like adopting “sharing request”—will require an audit of all company documentation and communication. Only a thorough audit and review of our existing documentation can ensure changes are applied consistently: this means that in addition to rewriting significant portions of the guidelines, all other relevant documentation and communication will also need to be updated.

With that in mind, the Member Guidelines committee needs to implement a consistent approval process for all proposed changes to the member guidelines. Changes should not be made arbitrarily; they should serve a purpose. Any proposed change should meet certain criteria.

A proposed change should only move forward if

- it serves a purpose,
- it does not cause compliance issues, and
- it does not invent new terminology unnecessarily.

If the proposed change meets the criteria, the committee should then consider the following:

- The impact it would have on the guidelines
- The impact it would have on related documentation and communication
- The work necessary to implement it
- When would making the change be reasonable

If, after researching, discussing, and reviewing the proposed change, the committee still feels confident about the change, it may be put to a vote. If a majority of the committee agrees on the proposed change, we may proceed with an audit and update of all existing documentation to implement it and other approved changes.

Auditing our documentation, though necessary, will take a significant amount of time. We should implement all desired changes simultaneously, across all of our documentation. It will be a lot of work, but it will also be *important* work, and the results will be worthwhile. If we were to instead implement changes piecemeal, it would require additional time-consuming audits and would be an inefficient use of our time.

OPTIONS TO CONSIDER

- Adopt all changes simultaneously to avoid the need for multiple audits
- Agree on approval process for proposed changes to guidelines

RECOMMENDATION

- Agree on, and implement, approval process for proposed changes to the guidelines
- Implement all desired changes simultaneously (to the guidelines and all other relevant documents)