GaiaMedCare — Decentralized Health Insurance Policy

Concept v1.0 — 16-08-2025

Foreword

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The GaiaMedCare Policy you are about to read is not an ordinary insurance contract. It is the blueprint for a new kind of healthcare solidarity: transparent, community-driven, and rooted in ethics rather than profit.

For too long, traditional health insurance has operated as a system of exclusion and exploitation. Policies were written in complex jargon to hide exclusions, inflate costs, and protect shareholders instead of patients. Access to care was rationed not by need, but by profit margins.

GaiaMedCare rejects this legacy. Here, members are not customers but **co-owners**. Providers are not vendors but **partners in healing**. Decisions are not made in boardrooms but **in open circles on-chain**, where transparency and accountability replace secrecy.

This document lays out the ethical charter, insurance conditions, governance structures, and appendices that define the pilot of GaiaMedCare. Every clause reflects a single commitment: **to build health systems that honor safety, autonomy, nature, and community**.

May this policy serve not only as a legal document, but as an **invitation to participate** in rewriting the future of health care. Together, we are dismantling a broken model and planting the seeds of something better.

— GaiaMedCare Founding Circle

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Executive Summary

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GaiaMedCare (GMC) is a decentralized, member-owned health coverage model that replaces profit-driven insurance with community-governed solidarity. Built on an **Ethical Charter**, **consent-based governance**, and **on-chain transparency**, GMC funds and coordinates safe, traditional, and research-backed natural care across jurisdictions where legal.

Why Now Conventional insurers optimize for premium capture and claims denial. Complexity, fine print, and data extraction erode trust and exclude those who need care most. GMC flips the paradigm: - **Transparency by default** (budgets, parameters, sanctions on-chain). - **Safety-first** protocols for screening, incidents, and integration. - **Member sovereignty** over data and decisions. - **Community-aligned economics** via staking (discounts for stability, not lock-in).

What GMC Covers (Pilot) - **Basic**: herbal & phytotherapy, energetic therapies, traditional consults, integration support. - **Extended**: psychedelic therapy and plant-medicine ceremonies (where legal), with mandatory screening and integration. - **Family**: household pool with per-member upgrades. Coverage limits and co-pays are **clear and simple** (Appendix A).

How It Works - **Premiums** in fiat or crypto; optional **staking** (3/6/12 months → 10/20/30% discount). - **Claims** via portal/app with standard fields; direct-to-provider payouts preferred; decisions ≤7 days, payouts ≤3 days. - **Providers** accredited through community trust, safety handbooks, facility standards, and ratings (≥4.2/5). - **Governance** through sociocratic circles with **double-linking**; proposals move through on-chain states with timers and quorum.

What's Different - **No shareholders, no kickbacks, no opaque committees.** - **Data sovereignty**: health data off-chain and encrypted; on-chain only hashes/metadata with revocable access tokens. - **Consent over majority**: valid objections (safety, legality, unacceptable risk, purpose misfit) must be addressed. - **Restorative responses** to incidents; audits to learn and improve, not to punish or cut cost.

Pilot & Roadmap (High-Level) - **Phase 1 (0–6 months):** Launch pilot in Latin America & Europe; onboard founding providers; baseline governance parameters. - **Phase 2 (6–12 months):** Expand provider network; refine coverage matrix; third-party audits; biannual review. - **Phase 3 (12–24 months):** Regional scaling; interoperability standards; research partnerships; treasury diversification.

Outcomes We Aim For - **Safer access** to traditional and natural care. - **Lower friction** and **faster payouts** than legacy insurers. - **Measurable community well■being**, not just medicalized throughput. - A living, transparent policy that **members evolve together**.

GMC is not a workaround—it is a **replacement architecture** for health solidarity in a world that demands dignity, privacy, and truth.

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Mission & Vision

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Mission GaiaMedCare exists to make natural and traditional healing accessible, safe, and community-governed. We provide coverage for therapies often excluded by mainstream insurers—herbal medicine, energy work, traditional healing, and psychedelic therapy (where legal)—and we do so with **transparency, fairness, and solidarity**.

Our mission is to build a system that: - Respects the **autonomy** of members. - Protects the **safety** of participants. - Operates with **truth and transparency**. - Honors **nature and tradition**. - Strengthens **solidarity and reciprocity** across communities.

Vision We envision a future where health coverage is not a corporate product, but a **commons**—co-owned and co-governed by those it serves.

In this future: - Members fully control their data, their care, and their contributions. - Providers are valued for their integrity, lineage, and community trust. - Governance is transparent, sociocratic, and consent-based. - Health is measured not in cost-savings for insurers, but in **well-being for communities**.

Our vision is a global ecosystem of care, rooted in tradition and enhanced by technology, where dignity and trust replace bureaucracy and profit.

GaiaMedCare is more than a policy—it is a movement to **reclaim healthcare as a human and ecological right**.

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Pilot & Roadmap

Pilot & Roadmap

The GaiaMedCare policy is introduced as **Concept v1.0 (16-08-2025)**. This version establishes the foundation for community-driven, decentralized health coverage, while openly acknowledging its pilot stage.

Pilot Phase (0–6 months) - Geographic focus: **Latin America & Europe**. - Initial provider onboarding through community accreditation. - Member enrollment with Basic, Extended, and Family packages. - Early adoption of claims portal and staking discounts. - Governance: establish core circles (Members, Providers, Safety & Ethics, Finance, Tech, Ombuds).

Expansion Phase (6–12 months) - Broader provider network expansion, especially in underrepresented modalities. - Refinement of Coverage Matrix and inclusion of feedback from members and audits. - Launch of third-party audits for transparency and safety verification. - Adjust governance parameters (quorum, objection codes) through DAO consent.

Scaling Phase (12–24 months) - Regional scaling with more jurisdictions added where legal. - Interoperability standards with other DAOs and decentralized health initiatives. - Partnerships with research institutions for evidence-based validation. - Diversification of treasury (stablecoins, impact investment pools).

Long-Term Vision (Beyond 24 months) - Global ecosystem of accredited providers. - Insurance portability across borders. - Policy evolution through continuous member consent. - Integration with regenerative finance (ReFi) and community solidarity pools.

The roadmap demonstrates that GaiaMedCare is not a static contract but a **living framework** that adapts with its members, providers, and communities—driven by ethics, transparency, and solidarity.

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Appendices & Supporting Material

Appendices & Supporting Material

To ensure credibility, clarity, and operational feasibility, GaiaMedCare includes a set of **appendices** that act as reference material for members, providers, and regulators. These documents provide the technical, safety, and governance details behind the main policy.

Appendix A — Coverage Matrix (Pilot) - Details of covered care categories, limits per session/year, and co-pay percentages. - Clear tables for Basic, Extended, and Family packages. - Transparent prior authorization rules for high-cost or long-duration trajectories.

Appendix B — Contraindications & Safety Protocol - Medical and psychological risk factors (e.g., cardiovascular, psychiatric, pharmacological). - Mandatory prescreening and integration plans. - Incident reporting within 48 hours.

Appendix C — Provider Accreditation Checklist - Minimum training and lineage requirements (≥3 years). - Safety handbooks and hygiene standards. - Community rating threshold (≥4.2/5). - Audit procedures and liability requirements.

Appendix D — Claims Workflow & Data Fields - Standardized claim submission process. - Data requirements (provider ID, country, care type, consent hash, etc.). - Smart contract decision logic (≤7 days). - Payout timeline (≤3 days).

Appendix E — Staking Rules - Minimum stake and lock durations. - Discount tiers (10%, 20%, 30%). - Early unstake consequences.

Appendix F — Governance Parameters - On-chain governance variables (quorum, timers, objection codes). - Petition and recall mechanisms. - Biannual review and DAO transparency requirements.

These appendices guarantee that GaiaMedCare is not only visionary but also **practical and enforceable**, bridging ethics, technology, and safety into a coherent framework.

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Branding & Presentation

Branding & Presentation

For GaiaMedCare to be received as **credible, visionary, and professional**, its branding and presentation must be consistent across all formats (PDF, website, presentations).

Logo & Symbolism - A **circular logo** combining elements of nature (leaf, star, water ripple). - Symbolizes **unity, healing, and decentralization**. - Small version (monochrome) for official documents. - Full-color version for presentations and web.

Color Palette - **Earth Green (#154C42):** Healing, trust, stability. - **Gold (#FFCC00):** Integrity, value, reciprocity. - **Neutral White/Grey:** Clarity, readability. - Optional secondary accent: **Sky Blue (#3FA9F5)** for openness and transparency.

Typography - Headings: clean sans-serif (e.g., Lato Bold). - Body text: modern readable font (e.g., Open Sans, Roboto). - Code/governance snippets: monospace (e.g., Source Code Pro).

Visual Identity - Minimalist design, no clutter. - Consistent iconography: - ■ Nature & Healing - ■ Blockchain & Governance - ■ Community & Solidarity - Use of subtle background motifs (stars, plants, waves).

Applications - **Policy Document (PDF):** formal, structured, clean. - **Website:** interactive diagrams, light/dark mode. - **Pitch Deck:** bold visuals, infographics, simple messages. - **Community Material:** accessible, simplified summaries with visuals.

Tone of Voice - Professional yet human. - Transparent and accessible (avoid legal jargon where possible). - Multilingual where relevant (EN, ES, NL).

By applying consistent branding and style, GaiaMedCare becomes not only a **policy framework** but also a **movement with a recognizable identity**, standing apart from corporate healthcare systems.

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Implementation & Next Steps

Implementation & Next Steps

The transition from **conceptual framework** to **operational reality** requires a clear roadmap of actions. GaiaMedCare adopts a step-by-step approach to ensure credibility, safety, and community trust.

1. Community Engagement - Organize **introductory webinars** and open Q&A; sessions. - Publish accessible summaries of the policy (1-page and infographic versions). - Begin DAO member recruitment (founding circle).

2. Provider Onboarding - Launch **accreditation pilot** with selected practitioners. - Offer orientation on claims process, safety protocols, and DAO governance. - Build an initial **provider directory** accessible to members.

3. Technical Development - Deploy **claims portal** with minimal viable product (MVP). - Integrate staking discounts into smart contracts. - Develop DAO voting platform with consent-based flow.

4. Legal Preparation - Map regulatory requirements in pilot countries (e.g., Peru, Netherlands, Spain). - Establish DAO-based cooperative entities where needed. - Secure partnerships with legal advisors on cooperative law.

5. Financial Setup - Launch treasury with a mix of stablecoins and transparent budget reporting. - Initiate independent **annual audits**. - Define provider payment rails (crypto + fiat options).

6. Pilot Rollout (0–6 months) - Enroll first 200–500 members. - Test coverage categories and claims workflow. - Gather feedback for iterative improvements.

7. Evaluation & Scaling - Conduct **biannual reviews** of ethics, governance, and safety outcomes. - Publish public reports to members and regulators. - Gradually scale to new jurisdictions based on success of the pilot.

Next Step: Present this Concept v1.0 to community members, providers, and advisors. Their input will shape GaiaMedCare v1.1 and beyond—ensuring this project grows as a **living, community-owned health system**.

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Legal & Regulatory Notes

Legal & Regulatory Notes

To ensure GaiaMedCare can function within different jurisdictions, a set of **legal disclaimers and compliance strategies** are necessary. These notes make clear what GaiaMedCare is—and is not.

1. Nature of GaiaMedCare - GaiaMedCare is a **Decentralized Cooperative (DAO)**, not a traditional insurance corporation. - It provides **mutualized coverage** through smart contracts and community governance. - GMC Tokens are **utility tokens**, not securities.

2. Compliance Boundaries - GaiaMedCare does not provide coverage for **illegal acts** or treatments forbidden by local law. - Coverage is restricted to **natural and traditional modalities** recognized by the DAO. - Conventional pharmaceuticals, surgery, and acute hospital care are explicitly excluded.

3. Jurisdictional Adaptation - Each country may require **local DAO implementations** with additional terms. - Regional circles within the DAO are empowered to adapt appendices (e.g., accreditation rules, coverage limits).

4. Consumer Protection - Members retain rights equivalent to **cooperative members**, including transparency, voting, and appeal mechanisms. - Data ownership remains with members; health data is encrypted off-chain.

5. Liability & Disputes - Providers are required to carry liability coverage where applicable. - Disputes follow the Ombuds → Appeals Circle → Independent Arbitration pathway. - The DAO itself is shielded from liability except in cases of proven fraud.

6. Regulatory Engagement - GaiaMedCare proactively publishes **annual governance & financial reports**. - Third-party audits ensure integrity and compliance. - Partnerships with legal experts help maintain alignment with cooperative and health law frameworks.

Disclaimer: This policy is a **conceptual framework**. It is not yet a licensed insurance contract. As the pilot expands, legal teams and DAO members will collaboratively refine regulatory pathways in each jurisdiction.

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Part II — Insurance Conditions

Article 1 — General Provisions

Article 1 — General Provisions

1.1 Name & Legal Form GaiaMedCare (GMC) is established as a **Decentralized Cooperative (DAO)**. Unlike traditional insurance companies, GMC has no shareholders seeking profit. Its sole purpose is to pool community resources transparently for mutual protection and healing access.

1.2 Purpose & Scope GMC provides health coverage for natural and traditional care, validated through empirical use and research. Coverage is offered globally, restricted only by local legality. This stands in contrast with conventional insurers who narrowly define coverage to maximize exclusions.

1.3 Definitions - **Provider:** A practitioner accredited by the community, not by profit-driven bureaucracies. - **Natural medicine:** Healing traditions and research-based practices outside the conventional pharmaceutical monopoly. - **Smart contract:** An open-source blockchain protocol that executes premiums, coverage, and claims automatically and transparently. - **DAO vote:** Consent-based, tokenized member participation in decision-making, replacing opaque boardrooms. - **GMC Token:** A utility token used for governance and staking discounts, designed for member benefit rather than speculation.

1.4 Term & Termination - Policies renew automatically on a monthly basis. - Members may terminate at any time before renewal without penalty. - GMC may terminate coverage only in cases of proven fraud, prolonged non-payment (>30 days), or violation of applicable law. Traditional insurers impose complex lock-ins and penalties for termination; GMC guarantees freedom and fairness.

1.5 Amendments - Policy changes require approval by the DAO through a transparent consent process. - Operational fixes (e.g., security patches or technical corrections) may be implemented with immediate effect but must be reported transparently post-facto. Unlike conventional insurers who alter terms unilaterally, GMC ensures that **members always decide on substantive changes**.

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Part II — Insurance Conditions

Article 2 — Premiums & Staking

Article 2 — Premiums & Staking

2.1 Packages (Pilot Values) - **Basic** — $50/month. Includes herbal therapies, energetic modalities, and integration coaching. - **Extended** — $100/month. Includes Basic plus psychedelic therapy and recognized ceremonies (where legally permitted). - **Family** — starting from $150/month. Household coverage on Basic; upgrades per member possible.

Unlike conventional insurers that use complex tiers and hidden surcharges, GMC's packages are **clear, flat-priced, and transparent**. No hidden administrative fees, no unpredictable adjustments.

2.2 Payment Members can pay premiums in **fiat** (card or bank) or **crypto** (USDT, BTC, ETH, GMC). Transaction fees are covered by the payer. Traditional insurers often lock members into one payment system; GMC embraces **multi-currency freedom**.

2.3 Staking Discount Members may stake GMC Tokens to receive premium discounts: - 3 months = 10% - 6 months = 20% - 12 months = 30% (maximum)

Formula: Net premium = price × (1 − discount). If a stake is withdrawn early, the discount ends at the next cycle.

This replaces loyalty schemes and opaque "bonus points" used by insurers with a **transparent blockchain-based staking mechanism**, which rewards commitment to community solidarity instead of punishing mobility.

2.4 Non-Payment - Reminder at 7 days. - Suspension at 30 days. - Termination at 45 days. - Claims paused during suspension.

Unlike traditional insurers, who weaponize late payments with heavy fines, GMC uses a **proportional, fair, and transparent process**. Members are not trapped by punitive fees; they are simply asked to contribute fairly and consistently.

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Part II — Insurance Conditions

Article 3 — Covered Care

Article 3 — Covered Care

3.1 Principle Coverage applies to therapies and healing practices that demonstrate effectiveness through traditional wisdom, empirical practice, or independent research. Unlike conventional insurers who limit coverage to pharmaceutical and hospital-centric care, GMC recognizes **holistic and community-rooted healing**.

3.2 Categories a) **Herbal & phytotherapy** — consultations, preparations, extracts. b) **Energetic therapies** — reiki, breathwork, sound healing, somatic release. c) **Traditional consultations** — Shipibo-Konibo healers, Ayurveda, TCM, curanderismo, and similar. d) **Psychedelic therapy (Extended only)** — includes screening, guided session, and integration, only where legal. e) **Plant-medicine ceremonies (Extended only)** — ayahuasca, iboga, cactus/peyote; in accredited settings with prescreening and integration. f) **Prevention & lifestyle** — nutrition, detox, stress management, bodywork. g) **Community programs** — therapeutic groups, retreats, collective healing initiatives.

This stands in contrast with mainstream insurers, who exclude these modalities under the label of "alternative" or "experimental." GMC acknowledges their value as **primary, not secondary, care**.

3.3 Conditions Coverage requires: - An accredited provider. - Informed consent from the member. - Compliance with local legality. - Claims submission through authorized channels.

Traditional insurers burden members with **opaque forms and endless rejections**. GMC simplifies claims into **clear, verifiable, and respectful processes**.

3.4 Pilot Focus Initial focus: Latin America & Europe. Expansion to new regions will be reviewed every 6 months by the DAO. Where conventional insurers expand only if profitable, GMC expands **where communities request and consent**.

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Part II — Insurance Conditions

Article 4 — Exclusions

Article 4 — Exclusions

4.1 Principle Exclusions exist not to deny care arbitrarily, but to protect members from unsafe, exploitative, or harmful practices. Unlike conventional insurers, who use exclusions to shrink obligations and maximize profits, GMC uses exclusions only to safeguard integrity and safety.

4.2 Not Covered The following are excluded from GMC coverage: - **Pharmaceutical drugs** and **surgical interventions**, which fall under conventional medical systems. - **Cosmetic or aesthetic procedures** without therapeutic purpose. - **Practices without plausible therapeutic basis** or explicitly rejected by the DAO. - **Self-administration of powerful plant medicines** outside accredited settings. - **Illegal treatments**, including those prohibited under local or international law.

4.3 Ethical Context Traditional insurers often exclude essential care (e.g. mental health, holistic treatments) simply because they are "unprofitable." GMC instead excludes only those practices that compromise **safety, legality, or community trust**.

4.4 Transparency Guarantee All exclusions are publicly listed, voted upon by the DAO, and may be revised by member consensus. This prevents the **hidden fine print** and arbitrary denials that define conventional policies.

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Part II — Insurance Conditions

Article 5 — Limits & Waiting Periods

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5.1 Limits Coverage includes clear session and annual limits, detailed transparently in Appendix A. Large or long-term treatment trajectories require prior authorization by the DAO's delegated review process. Unlike traditional insurers who hide benefit caps in fine print, GMC ensures **all limits are public, simple, and voted by members**.

5.2 Waiting Periods - **Basic package:** 14 days. - **Extended package:** 30 days. This protects against opportunistic short-term use while respecting fairness. Traditional insurers use long waiting periods as barriers; GMC keeps them **minimal and transparent**.

5.3 Pre-Existing Conditions Pre-existing conditions are **not excluded**. - For trajectories lasting longer than X months, a collaborative care plan is required. - Emergency hospital care is excluded, as GMC focuses on natural and traditional care.

This contrasts sharply with conventional insurers, who often reject members with chronic conditions. GMC embraces them, building **solidarity rather than exclusion**.

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Part II — Insurance Conditions

Article 6 — Claims & Payments

Article 6 — Claims & Payments

6.1 Process Claims are submitted via the GMC app or web portal, using standard fields listed in Appendix D. - Wherever possible, payment is made **directly to providers**, removing financial stress from members. - If direct payment is not possible, members are reimbursed promptly.

Unlike conventional insurers, who delay or complicate reimbursements, GMC makes **claims frictionless and transparent**.

6.2 Timing - Decision within **7 days** of submission. - Payout within **3 days** of approval. - If information is missing, members are given 7 days to supplement without penalty.

Traditional insurers intentionally delay decisions and bury members in bureaucracy; GMC operates on **fixed, rapid timelines**.

6.3 Deductible & Co-Pay - **No deductible** applies. - Co-pay ranges **0–20%**, depending on category (see Appendix A).

This ensures shared responsibility without the exploitative deductibles imposed by conventional insurers.

6.4 Currency Reimbursements are issued in the claim's original currency or in USDT, based on the member's choice. This protects members from **forced conversions and hidden fees** that conventional insurers frequently exploit.

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Part II — Insurance Conditions

Article 7 — Member Rights & Duties

Article 7 — Member Rights & Duties

7.1 Rights of Members Members of GaiaMedCare are entitled to: - **Full data access:** Each member owns their personal health data. - **DAO voting rights:** Members actively shape policy, premiums, exclusions, and governance. - **Free provider choice:** Accredited providers across the network may be selected without restrictions.

This contrasts with conventional insurers, who routinely restrict networks and deny freedom of care. GMC guarantees **autonomy and empowerment**.

7.2 Duties of Members Members agree to: - Provide **truthful information** in all applications and claims. - Follow **safety protocols** established by accredited providers and the DAO. - Refrain from **fraud or double-claiming**.

Unlike conventional insurers, where duties are framed as punishments, GMC frames duties as part of **solidarity and shared responsibility**.

7.3 Balance of Rights & Duties Traditional insurers skew contracts heavily toward obligations while minimizing rights. GMC establishes a **symmetrical relationship**: rights and duties are balanced, ensuring fairness and mutual respect.

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Part II — Insurance Conditions

Article 8 — Provider Accreditation & Quality

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8.1 Requirements Providers must meet the following standards: - Minimum of **3 years of practice** in their modality or tradition. - A **safety handbook** including hygiene and emergency protocols. - Facilities that meet community-defined quality standards. - Integration support offered as part of every therapeutic process. - Liability coverage where legally required. - Community rating of at least **4.2/5** from members.

This differs from conventional insurers, who prioritize bureaucratic licenses and profit-driven contracts over **real community trust**.

8.2 Audit & Monitoring - Providers undergo **periodic audits**, with results published transparently. - Any incident must be reported within **48 hours**.

Traditional insurers perform opaque audits that primarily enforce cost-cutting. GMC audits are designed to **improve safety, integrity, and accountability**.

8.3 Sanctions - Providers who fail to meet requirements may face temporary suspension or removal by DAO consensus. - Restoration is possible if deficiencies are corrected and verified.

Unlike traditional insurers, who blacklist providers permanently for contractual reasons, GMC uses sanctions **as a path to improvement**, not punishment.

8.4 Alignment with Ethical Charter All accreditation and quality control processes are bound by the **Ethical Charter (Part I)**. This ensures that care provision is guided not only by standards but also by **values**: safety, integrity, and community respect.

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Part III — Governance & Blockchain

Article 9 — Sociocratic Round Table Structure

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9.1 Circles Governance is organized in **sociocratic circles**, each with clear scope and accountability: - **General Circle** — overall strategy & ethical alignment. - **Members Circle** — voice of the insured community. - **Providers Circle** — representing accredited practitioners. - **Safety & Ethics Circle** — monitors incidents, risks, and compliance with the Charter. - **Finance & Treasury Circle** — transparent budget allocation and staking pool management. - **Tech & Protocol Circle** — smart contracts, app, blockchain governance. - **Ombuds & Appeals Circle** — dispute resolution and restorative processes. - **Regional Circles** — localized governance reflecting cultural and legal contexts.

This differs from conventional insurers, where governance is centralized in **opaque boards of directors** with profit mandates. GMC ensures **distributed, inclusive, and purpose-driven governance**.

9.2 Double Linking Each circle elects both: - A **Lead Link** (responsible for strategy and implementation). - A **Delegate Link** (responsible for feedback and upward communication).

This guarantees **two-way accountability**, replacing the one-way command hierarchies of traditional institutions.

9.3 Roles & Terms - **Facilitator:** 6 months. - **Secretary:** 12 months. - **Lead & Delegate Links:** 6 months. - Roles are filled via **sociocratic election by consent**, not top-down appointment.

9.4 Transparency Commitment All circle meetings, elections, and minutes are logged **on-chain with privacy-preserving hashes**, ensuring that governance cannot be manipulated behind closed doors.

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Part III — Governance & Blockchain

Article 10 — Consent-Based Decision Making

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10.1 Standard Flow Decisions follow a **consent-based process**: 1. **Draft proposal** is published on-chain. 2. Members may raise **questions** for clarification. 3. Only **valid objections** (safety concerns, purpose misfit, unacceptable risk, legal breach) are considered. 4. Proposal is refined through **integration of objections**. 5. Consent is granted once no unresolved valid objections remain.

Unlike majority voting in conventional systems, which silences minorities, GMC ensures that **every voice can stop unsafe or unethical proposals**.

10.2 Integration Rounds - Maximum of **two integration rounds** per proposal. - If consensus is not achieved, the issue escalates to fallback mechanisms.

This balances inclusivity with decisiveness, avoiding the **gridlock** seen in traditional cooperatives.

10.3 Fallback Mechanism If consent fails twice, a predefined **super-majority (≥66%)** may approve budget or policy decisions within their scope. This prevents paralysis while still respecting strong objections.

10.4 Emergency Bridge In urgent situations, temporary measures (maximum 14 days) may be enacted by 2/3 approval of the **Facilitator, Secretary, and Safety Lead**. Such measures require **DAO ratification** after the fact.

This replaces the opaque executive powers of traditional insurers with **temporary, transparent, and reviewable emergency authority**.

10.5 Transparency All proposals, objections, integrations, and outcomes are published **on-chain**. This ensures that no decision can be hidden or manipulated by insiders, a common abuse in legacy institutions.

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Part III — Governance & Blockchain

Article 11 — On-Chain Parameters & Enforcement

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11.1 Proposal States All governance proposals move through transparent states: - **Draft → Advice → Consent-1 → Integration → Consent-2 → Execute** - Each state has predefined time windows to prevent manipulation.

This ensures predictability and avoids the **backroom deals** of conventional insurers.

11.2 Core Parameters The following parameters are enshrined on-chain and may only be changed by DAO vote: - **Quorum minimum** (e.g., 12% of members must participate). - **Objection codes** (safety, legality, unacceptable risk). - **Round time** (default 5 days). - **Integration time** (default 3 days). - **Proposal deposit** to prevent spam. - **Challenge window** (72 hours). - **Role terms** and renewal limits. - **Recall threshold** (10% petition required to remove a role-holder).

Traditional insurers hide governance rules in corporate bylaws; GMC puts **all governance logic on-chain**.

11.3 Transparency & Logging - Governance decisions, budgets, and sanctions are recorded **on-chain** with privacy-preserving hashes. - Members may verify decisions independently without relying on corporate press releases.

This eliminates the **opacity and manipulation** that dominate legacy health insurers.

11.4 Enforcement Smart contracts automatically enforce key parameters (e.g., quorum, voting deadlines, role expiry). This prevents unilateral override by executives, ensuring that **rules apply equally to all members**.

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Part III — Governance & Blockchain

Article 12 — Disputes & Appeals

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12.1 Ombuds Process Members may raise disputes through the **Ombuds Circle**, which must respond within 14 days. The Ombuds Circle investigates impartially, with full transparency, and seeks restorative solutions first. Unlike traditional insurers, who bury members in legal departments, GMC makes **dispute resolution accessible and human-centered**.

12.2 Appeals Circle If members are unsatisfied, cases may be escalated to the **Appeals Circle**, which delivers a binding decision within 21 days. This process is transparent, recorded on-chain, and focused on **restoration, not punishment**.

12.3 Independent Arbitration For conflicts unresolved by the DAO, independent arbitration under the DAO's statute may be invoked. Unlike corporate arbitration, which favors insurers, GMC ensures **neutral and fair third-party resolution**.

12.4 On-Chain Case Tracking - All disputes, appeals, and outcomes are tracked **on-chain** with anonymized identifiers. - This guarantees accountability without exposing sensitive member data.

12.5 Ethical Foundation The entire dispute process is rooted in the **Ethical Charter**. Restoration, learning, and prevention of recurrence take precedence over blame, contrasting with the adversarial litigation model of conventional insurers.

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Part III — Governance & Blockchain

Article 13 — Privacy & Data Ownership

Article 13 — Privacy & Data Ownership

13.1 Member Data Sovereignty Each member fully owns their health data. Unlike traditional insurers, who monetize and resell data, GMC guarantees that **data belongs to the individual**.

13.2 Data Storage - **Off-chain:** Health records are stored encrypted, controlled by the member. - **On-chain:** Only hashes and metadata are recorded, ensuring verifiability without exposure.

This contrasts with conventional insurers, who centralize data in vulnerable silos and expose members to surveillance.

13.3 Access Rights - Members issue **time-bound, revocable access tokens** for providers and governance purposes. - No permanent access rights exist; consent must be explicit and can be withdrawn at any moment.

13.4 Privacy by Design All GMC apps, smart contracts, and governance tools are built with **privacy by design** principles. Data minimization, encryption, and member control are defaults — not add-ons.

13.5 Accountability Any misuse of data by providers, developers, or governance bodies triggers restorative measures and may result in sanctions by the DAO. This prevents the abusive practices of legacy insurers, who rarely face consequences for data breaches.

13.6 Transparency Balance While privacy is paramount, essential governance events (budgets, sanctions, disputes) are published **on-chain in anonymized form**, balancing transparency with protection.

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Appendix A — Coverage Matrix (Pilot)

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Basic (per member/year) - **Herbal & phytotherapy:** up to $600/year; $60/session; 10% co-pay. - **Energetic therapies:** 12 sessions/year; $80/session; 10% co-pay. - **Traditional consults:** 6/year; $120/session; 10% co-pay. - **Integration coaching:** 6/year; $80/session.

Extended (add-on) - **Psychedelic therapy:** 2 journeys/year; up to $1,200 each (screening + session + integration); 15% co-pay. - **Ceremonies (ayahuasca/iboga/cactus):** 4 nights/year; $300/night; integration included; 15% co-pay. - **Therapeutic retreats:** 1/year; up to $1,500 (therapeutic component only).

Family - Shared Basic pot: $1,800/year. - Per-member limits mirror Basic. - Individual upgrades permitted.

Prior Authorization Required For - Trajectories > $1,500. - Duration > 3 weeks. - Risk flags as listed in Appendix B.

Unlike traditional insurers, who disguise coverage limits in complex legal jargon, GMC publishes **clear and simple limits**, voted by the DAO and visible to all members. This matrix empowers members to plan care proactively, free from the uncertainty and hidden denials that plague conventional systems.

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Appendix B — Contraindications & Safety Protocol

Appendix B — Contraindications & Safety Protocol (Extract)

Contraindications The following conditions and factors exclude members from participating in certain treatments or require heightened safety measures:

- **Cardiovascular:** uncontrolled hypertension, arrhythmia, recent infarct. - **Psychiatric:** acute psychosis, manic episodes, untreated schizophrenia risk. - **Pharmacology:** MAOIs, SSRIs (wash-out required), stimulants. - **Pregnancy/Breastfeeding:** ceremonial/psychedelic use excluded. - **Dependence:** only with specialized team and integration plan.

Protocol Requirements - **Medical intake** before participation in high-risk modalities. - **Risk stratification** documented transparently. - **Sobriety rules** applied before, during, and after ceremonies. - **Integration plan** mandatory for all psychedelic/ceremonial care. - **Incident log & reporting** within 48 hours, accessible to the Safety & Ethics Circle.

Unlike traditional insurers, who hide behind disclaimers to reject coverage, GMC integrates **safety protocols directly into coverage rules**. This ensures that care is both **accessible and safe**, reducing risk without weaponizing exclusions against vulnerable members.

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Appendix C — Provider Accreditation Checklist

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Minimum Requirements - **Training & Lineage:** At least 3 years of practice within their healing tradition or modality. - **Safety Handbook:** Documented hygiene standards, emergency plan, and risk management. - **Facility Standards:** Space meets minimum safety and accessibility guidelines set by the DAO. - **Integration Program:** Providers must offer or coordinate integration support for clients. - **Liability Coverage:** Where required by law, providers must carry liability insurance. - **Community Rating:** Minimum average of **4.2/5** based on verified member feedback. - **Data Compliance:** Providers must use secure invoicing and respect GMC's privacy protocols.

Ongoing Verification - **Periodic audits** conducted by the DAO or delegated circle. - **Spot checks** after incidents or complaints. - **Mandatory reporting** of serious incidents within 48 hours.

Purpose Traditional insurers focus on licenses and cost-control contracts that exclude authentic healers. GMC flips the model: accreditation is based on **community trust, safety, and transparency**, not bureaucratic gatekeeping.

This checklist guarantees that providers remain **accountable to the community they serve**, rather than to profit-driven institutions.

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Appendix D — Claims Workflow & Data Fields

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Workflow 1. **Start claim:** Member or provider submits request through GMC portal/app. 2. **Validation:** Smart contract automatically checks package eligibility and session limits. 3. **Authorization:** Required if cost > $1,500 or flagged in safety protocol. 4. **Payout:** Direct to provider where possible; reimbursement to member otherwise.

This eliminates the paper-heavy bureaucracy of traditional insurers and replaces it with a **streamlined, automated, and fair process**.

Standard Data Fields Each claim submission must include: - **Provider-ID** (unique accreditation identifier). - **Date** of service. - **Country** of service. - **Care type** (category code). - **Tariff code** (standardized treatment cost reference). - **Consent hash** (proof of informed consent). - **Clearance hash** (if prior authorization required). - **Amount** claimed.

Processing Times - Decision: within **7 days**. - Payout: within **3 days** of approval.

Transparency All claims are logged **on-chain in anonymized form**, making fraud harder and governance easier. Unlike conventional insurers, GMC does not hide behind paperwork; members can **verify the fairness of every transaction**.

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Appendix E — Staking Rules

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Minimum Stake - Members must stake at least **100 GMC Tokens** to qualify for discounts.

Lock Durations & Discounts - **3 months** = 10% discount. - **6 months** = 20% discount. - **12 months** = 30% discount (maximum).

Formula: Net premium = base price × (1 − discount).

Early Unstake - If tokens are withdrawn before the agreed lock period ends, the discount is revoked for the next cycle. - No punitive fines — unlike conventional insurers who punish early exits with hidden penalties.

Purpose Staking aligns financial sustainability with community solidarity. Instead of profit extraction (as in legacy insurers), GMC rewards members who **commit to stability**.

Transparency - All stakes and discounts are **logged on-chain**, verifiable by members. - Prevents manipulation, favoritism, or hidden deals.

This system replaces the exploitative "loyalty schemes" of traditional insurers with a **fair, transparent, and member-controlled mechanism**.

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Appendix F — Governance Parameters

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Core Governance Settings The following parameters define how GMC's decentralized governance operates: - **Quorum minimum:** e.g., 12% of members must participate for decisions to be valid. - **Objection codes:** valid reasons include safety, legality, unacceptable risk, or purpose misfit. - **Round time:** default 5 days per proposal stage. - **Integration time:** default 3 days for resolving objections. - **Proposal deposit:** required to prevent spam; refunded if proposal is valid. - **Challenge window:** 72 hours for members to contest a decision. - **Role terms:** fixed durations (Facilitator 6m, Secretary 12m, etc.). - **Recall threshold:** 10% petition required to trigger recall of a role-holder.

Review Cycle - Parameters undergo **biannual review** by the DAO. - Members may propose adjustments if parameters no longer serve the community.

Transparency - All governance parameters are **published on-chain** and visible to members at all times. - Prevents the hidden bylaw amendments common in legacy insurers.

Purpose These parameters ensure that governance remains: - **Transparent** (rules cannot be changed secretly). - **Accountable** (role-holders can be recalled). - **Adaptive** (parameters can evolve with consent).

Traditional insurers centralize governance to shield executives from accountability. GMC instead ensures **every parameter is public, dynamic, and community-owned**.