ClearShare Only

ClearShare

Plan Details

PLAN TYPE	HEALTHSHARE		
Individual Annual Max	$1,000	$2,500	$5,000
Family Annual Max	Up To $3,000	Up To $7,500	Up To $10,000

Common Service Costs

SERVICE	COST	PRE-APPROVAL REQUIRED?	PRE-MEMBERSHIP CONDITION LIMITATIONS?	OTHER LIMITS / NOTES
Preventive Care	$0 **After** Annual Max	No	Yes	See Member Guidelines For Details And Eligible Expenses.
Primary Care Visit	$0 **After** Annual Max	No	Yes	$150 Benefit Limit Per Visit; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.
Specialist Care Visit	$0 **After** Annual Max	No	Yes	$200 Benefit Limit Per Visit; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.
Chiropractic Services	Included After Annual Max Under Certain Conditions	No	Yes	See Member Guidelines For Details And Eligible Expenses.
Physical Rehabilation	$0 **After** Annual Max	Yes	Yes	$160 Benefit Limit Per Visit; Excess Costs Are Member's Responsibility. See Member Guidelines For Details And Eligible Expenses.
Mental Health Office Visit	Not Shareable	N/A	N/A	Not Shareable
Lab Work	$0 **After** Annual Max	No	Yes	$15 Benefit Limit Per Test; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.
X-Ray	$0 **After** Annual Max	No	Yes	$50 Benefit Limit Per Test; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.
Imaging (MRI, CT/PET, Ultrasound)	$0 **After** Annual Max	Yes	Yes	$350 Benefit Limit Per Test; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.
Urgent Care	$0 **After** Annual Max	No	Yes	$150 Benefit Limit Per Visit; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.

Hospital Services

SERVICE	COST	PRE-APPROVAL REQUIRED?	PRE-MEMBERSHIP CONDITION LIMITATIONS?	OTHER LIMITS / NOTES
Emergency Room	$0 **After** Annual Max	No	Yes	See Member Guidelines For Details And Eligible Expenses.
Ambulance	$0 **After** Annual Max	No	Yes	See Member Guidelines For Details And Eligible Expenses.
Hospital Stay And Outpatient Procedures	$0 **After** Annual Max	Yes	Yes	See Member Guidelines For Details And Eligible Expenses.
Childbirth/Delivery Services	$0 **After** Annual Max	Yes	Yes	See Member Guidelines For Details And Eligible Expenses.

Prescriptions

Discount Card Available At: *writewiserx.americaspharmacy.com*

30/90 DAY	**Generics:** $0 / $0	**Other Rx:**	May Be Included After Annual Max Under Certain Conditions. See Member Guidelines For Details And Eligible Expenses.

Clearwater

ClearShare is not insurance. Read more: ClearShareHealth.org/disclaimers