HSA Mec + ClearShare

ClearShare

Plan Details

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

MEC Service Costs

Deductible (Individual / Family) $3,000 / $6,000 **Out Of Pocket Max** (Individual / Family) $8,700 / $17,400

SERVICE	COST	OTHER LIMITS / NOTES
Preventive Care	$0	As Outlined By The Affordable Care Act
Primary Care Visit	$0 After Deductible	$150 Benefit Limit Per Visit After Deductible; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.
Specialist Care Visit	$0 After Deductible	$200 Benefit Limit Per Visit After Deductible; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.
Prenatal Office Visit	$0 After Deductible	$175 Benefit Limit Per Visit After Deductible; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.
Mental Health Office Visit	$0 After Deductible	$150 Benefit Limit Per Visit After Deductible; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.
Lab Work	$0 After Deductible	$40 Benefit Limit Per Visit After Deductible; Excess Costs Are Member's Responsibility. Not Covered At A Hospital.

Healthshare Service Costs

SERVICE	COST	PRE-APPROVAL REQUIRED?	PRE-MEMBERSHIP CONDITION LIMITATIONS?	OTHER LIMITS / NOTES
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.
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.
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. Excess Costs Are Member's Responsibility. Not Covered At A Hospital.
Hospital Stay & Outpatient Procedure	$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