

ClearShare Member Guidelines

Holistic Premium

Version 2 | Last updated: May 1, 2025

ClearShare

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The Holistic Premium Plan offers low-cost functional medicine and holistic options to anyone interested in alternatives to Western medicine.

Services & Costs

Service	Shareable Amounts		Limits
	In Network	Out of Network*	
Preventive Care Visit	Entire amount shareable	Not Shareable	As outlined by the Affordable Care Act
Primary Care Visit	Member responsible for first \$20 per visit	Member responsible for first \$50 per visit	<p>Includes traditional care through licensed medical providers, as well as licensed Naturopathic Doctors (ND), NDs with a degree from a CNME-accredited Naturopathic Medical School, Doctors of Chiropractic (DC) with a DABCI certification, or Doctors of Medicine (MD) or Doctors of Osteopathic Medicine (DO) specializing in functional medicine.</p> <p>\$150 benefit limit per visit. Limited to 5 visits per plan year, per person for any office visit (primary care or specialist). Included only when services are provided in a non-hospital setting. Services provided at hospital outpatient departments are not included.</p>
Specialist Visit	Member responsible for first \$50 per visit	Member responsible for first \$100 per visit	<p>Includes traditional care through licensed medical providers, as well as licensed Naturopathic Doctors (ND), NDs with a degree from a CNME-accredited Naturopathic Medical School, Doctors of Chiropractic (DC) with a DABCI certification, or Doctors of Medicine (MD) or Doctors of Osteopathic Medicine (DO) specializing in functional medicine.</p> <p>\$150 benefit limit per visit. Limited to 5 visits per plan year, per person for any office visit (primary care or specialist). Included only when services are provided in a non-hospital setting. Services provided at hospital outpatient departments are not included.</p>



Chiropractic	Member responsible for first \$35 per visit		Including any licensed Doctor of Chiropractor (DC). Limited to 24 visits per plan year, combined with acupuncture. \$175 benefit limit per visit. Extra services can be included if serviced on the same date and in conjunction with the visit, and if the provider is acting within the scope of their license.
Acupuncture	Member responsible for first \$35 per visit		Including any licensed acupuncturist (LAc). Limited to 24 visits per plan year, combined with chiropractic. \$175 benefit limit per visit. Extra services can be included if serviced on the same date and in conjunction with the visit, and if the provider is acting within the scope of their license.
Urgent Care	Member responsible for first \$50 per visit	Member responsible for first \$100 per visit	3 visits per year, per person. Included only when services are provided in a non-hospital setting. Services provided at hospital outpatient departments are not included.
Lab Work	Member responsible for first \$10 per visit	Member responsible for first \$25 per visit	5 visits per year, per person. Included only when services are provided in a non-hospital setting. Services provided at hospital outpatient departments are not included
X-Ray	Member responsible for first \$50 per visit	Member responsible for first \$100 per visit	2 visits per year, per person. Included only when services are provided in a non-hospital setting. Services provided at hospital outpatient departments are not included.
Imaging (CT scan, MRI, ultrasound)	Member responsible for first \$200 per visit	Member responsible for first \$400 per visit	2 visits per year, per person. Included only when services are provided in a non-hospital setting. Services provided at hospital outpatient departments are not included. Pre-approval is required or a 25% payment reduction penalty applies.
Rx Tier 1: Generic	\$0	N/A	Limit \$500 per member per year.
Other Rx	Available to members at a discount	N/A	N/A

*ClearShare will share in out-of-network services up to 150% of usual, customary, and reasonable (UCR) industry rates, or 150% of Medicare.

ClearShare

Annual Maximum Does Not Apply

For members who are also part of a ClearShare 1000, ClearShare 2500, or ClearShare 5000 membership, all Holistic Premium Plan services are available for sharing even before you pay your Annual Maximum associated with your other ClearShare plan. Expenses for the services listed above do not accumulate towards your Annual Maximum. The shareable amounts listed do not change even after you have paid your Annual Maximum for other services.

Pre-Membership Conditions Do Not Apply

The Holistic Premium Plan services listed above are eligible for sharing with the ClearShare community regardless of the pre-membership conditions and waiting periods outlined in the ClearShare Member Guidelines.

Pre-Approval

Pre-approval can eliminate unnecessary services, hospitalizations, and shorten confinements while improving quality of care and reducing costs to the member and the ClearShare community. Members are required to direct their providers to obtain pre-approval from ClearShare online at ClearwaterBenefitsAdmin.com/s/pre-approval-request-form or call (877) 405-2926. Providers should contact ClearShare at least 14 days in advance of the member's procedure to ensure there is enough time to review the request. Failure to obtain pre-approval will result in a 25% payment reduction penalty on the shareable need. See the [ClearShare Member Guidelines](#) for information.

Preventive Care Services

This membership add on includes over 74 preventive care services that are completely free. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations. For information on services included [click here](#).

Network

Many Holistic Premium add-on services participate in a nationwide network. To find a list of providers, go to the [PHCS network website](#).

Location Restrictions

The Holistic Premium membership add-on services listed above are not eligible for sharing if performed at a hospital, regardless of network status. Seeking proper non-emergent care at offices, clinics, or independent labs reduces the financial strain on the entire community.

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Prescriptions

To see how prescriptions are categorized, browse the [Drug Formulary](#).

How to Access Care

At the time of service, let your provider know you are part of the PHCS Specific Services network and show them your member ID card. If your provider has trouble, call ClearShare for help.

Most holistic providers will only accept cash payments at the time of service. For holistic services outside of the PHCS network, request an itemized superbill with each service or procedure listed, as well as the cost of each. If you expect multiple treatments, ask your provider for a bundled price or package for services. You can submit your bill(s) and proof of payment directly to ClearShare at ClearShareHealth.org/holistic-need-request.

Submission of Needs

ClearShare strives to process medical need requests in a timely, accurate manner. To do this, members must submit medical needs correctly and include all required documentation.

Holistic Premium Plan Need Requests should be submitted through ClearShare's website: ClearShareHealth.org/holistic-need-request. To be shared, Holistic Premium Plan Need Requests must be submitted within 30 days of the date of service or date of sale.

To expedite your monthly reimbursement for qualifying wellness expenses, submit all your receipts together.

Other Services

Other services not listed above may be available to members with another ClearShare membership, such as ClearShare 1000, ClearShare 2500, or ClearShare 5000. See the [ClearShare Member Guidelines](#) for information about sharing eligibility for other services not listed here.

Disclaimer

NOTICE: ClearShare is not insurance or an insurance policy nor is it offered through an insurance company. Neither is ClearShare a discount healthcare program nor a discount health card program. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as neither ClearShare nor any other member is liable for or may be

ClearShare

compelled to make the payment of your medical bill. As such, ClearShare should never be considered as insurance. Whether you receive any amounts for medical expenses and whether or not ClearShare continues to operate, you are always personally responsible for the payment of your own medical bills. ClearShare is not subject to the regulatory requirements or consumer protections of your particular State's Insurance Code or Statutes.

