

A pregnant woman is shown from the waist up, wearing a light-colored, textured sweater. She is holding a tablet computer with both hands, and her right index finger is touching the screen. The background is softly blurred, showing more of her clothing and a hint of a bed or couch. The overall tone is warm and calm.

ClearShare

Maternity Guide

CONGRATULATIONS!

We are here to help you with questions you might have during this special time. This Maternity Guide will help you understand your member responsibilities and know what services relating to your maternity need are shareable with the ClearShare community. Please read each section carefully.

Please note that all submitted bills must include:

- Patient's name
- Date of service
- Place of service
- A list of charges for each service
- Procedural (CPT) codes (or description of services)

This Maternity Guide does not replace the [ClearShare Member Guidelines](#), it provides additional information for maternity needs. If there are any discrepancies, the Member Guidelines supersede this document.

WHAT TO DO WHEN...

YOU FIND OUT YOU ARE PREGNANT:

- Congratulations! We are here to help.
- Contact Care Coordination to see if your care can be free.
- Direct your provider to obtain pre-approval [online](#) or call (877) 405-2926
- Maternity need requests must be submitted within 45 days from the date the member's pregnancy is verified.

YOU HAVE YOUR FIRST APPOINTMENT WITH YOUR OB/GYN:

- Request a "Stork Package" or "Global Package" from provider on letterhead
- Request that sonograms and blood work be included in "stork package"
- Ask your provider to submit bills directly to ClearShare using the information on your member ID card.

YOU CONTACT THE HOSPITAL OR BIRTHING CENTER:

- Request a "prepayment agreement" on provider letterhead
- Submit the agreement to ClearShare for review as soon as possible

YOUR BABY IS BORN:

- Ask your provider to send any final medical bills to ClearShare for prompt payment.
- Enjoy your precious new addition!

WHAT IS SHAREABLE?

PRENATAL

Routine office visits, blood work, prescriptions related to pregnancy*, up to three standard ultrasounds (unless an unexpected complication requires additional scans), STD screenings prescribed by a licensed practitioner.

**See the ClearShare Member Guidelines for more information about prescription sharing eligibility.*

DELIVERY

OB/GYN labor and delivery, cesarean, multiple births, hospital labor and delivery, hospital room and board, anesthesiologist, legally-practicing midwives, home births, birthing center, charges related to unexpected complications for mother or baby, an in-hospital pediatrician visit. Tubal ligation is shareable if done in conjunction with a delivery.

POSTNATAL

Mother's six-week postpartum checkup with Pap test, breast pumps (up to \$300), and lactation consultants within the first 3 months of birth.

WHAT IS NOT SHAREABLE?

PRENATAL

Invasive genetic testing (such as amniocentesis), 3D ultrasounds, immunizations (such as a flu shot or Tdap vaccine), non-prescription supplements, acupuncture, herbal supplements, prenatal massages, birthing classes. Services included in member's global package, but that a member chooses to have rendered outside of the global package by another provider, will not be shareable.

DELIVERY

Doula services, birthing tubs (or other items related to midwife delivery), placenta encapsulation, circumcision, evoked auditory tests (including BAEP, ABR, or BAER)

POSTNATAL

Mother's immunizations, postpartum counseling, additional postpartum services

If you have difficulty obtaining a discount or receiving the appropriate documentation for your maternity care, please ask us for help. We are here to negotiate on your behalf.

PREPAYMENT AGREEMENTS

Prepayment agreements should be collected as soon as possible and be presented on provider letterhead. Do not sign the agreement before you submit it to ClearShare. As soon as you receive a prepayment agreement, email it to ClearShare.

OB/GYN

A prepayment agreement from your OB/GYN is also known as a "stork package" or "global fee." It will usually include appointments, blood work, and labor and delivery charges. We suggest that you promptly pay for these services up to your Annual Maximum amount and immediately submit an itemized bill and receipt. Services included in a member's global package, but that a member chooses to have rendered outside of the global package by another provider, will not be shareable.

HOSPITAL

If you plan to give birth at a hospital, you will need a hospital prepayment agreement in addition to your OB/GYN prepayment agreement. In most cases, ClearShare can send funds for your delivery charges before the baby is born—as long as you request the prepayment agreement at least three months prior to your due date.

Room and board charges may not be included in the hospital prepayment agreement, but you can ask your provider to include those charges. If the provider will not include room and board in the agreement, submit the itemized bill for room and board as an "add-on" to your needs request.

Anesthesiology charges are eligible for sharing, but ClearShare cannot share these expenses prior to birth. We suggest asking for a cash discount and an estimated bill of itemized charges. To expedite the sharing process, upload or email the estimated bill prior to delivery and submit the final, itemized hospital bill when your baby is born.

BIRTHING CENTER OR HOME BIRTH

If you plan to give birth at a birthing center or at home, obtain a prepayment agreement from the provider that will deliver your baby. The agreement should include any services from prenatal care to the birth of your baby. Any other charges must be pre-approved by ClearShare.

Home births typically incur fewer expenses. If the costs are significantly lower for a home birth than for a hospital birth and the member is under the care of a licensed care provider, ClearShare may partially waive the Annual Maximum for the maternity need, subject to approval. If, for any reason, the birth is transitioned to a hospital or medical facility, you will be responsible for the standard Annual Max—whether or not you received pre-approval for an Annual Max waiver.

FAQ

How will I know what bills are eligible?

Once ClearShare receives the necessary paperwork and invoices, we'll review the bills to make sure that they're eligible according to the Membership Guidelines, that they're itemized, and that there are no billing mistakes.

What if my healthcare provider will only bill per visit?

If your OB/GYN will not provide you with a prepayment agreement, your provider must submit medical bills directly to ClearShare.

How do I pay my providers?

ClearShare can pay the provider directly. If your provider has set a time limit for reduced charges (seven months is common), notify ClearShare immediately.

What about my Annual Max?

For your maternity need, you will pay your Annual Max before ClearShare will share in your maternity expenses. Afterward, or if you've already met your Annual Maximum payment for the plan year, eligible maternity expenses will be shared at 100% of the usual and customary charge determined by ClearShare.

Your Annual Max may be waived if you opt for a home birth (requires prior approval). Your Annual Max may also be waived if you use our Care Coordination service to schedule your maternity appointments and procedures.

In the event a maternity need spans two calendar years, only one Annual Maximum payment is required to be met for the maternity need. If the Annual Maximum is paid in the year the maternity need begins, for any need, the maternity need is not subject to another Annual Maximum payment in the next year. Needs in the second year not related to the maternity need are subject to an Annual Maximum as usual. If the Annual Maximum is only partially met in the year the maternity need begins, eligible payments related to the maternity need will rollover and count towards the second year's Annual Maximum payment. If no costs are paid towards the Annual Maximum in the first year, the Annual Maximum will need to be met in year two as usual.

If you or your provider have any additional questions, please contact us.

FAQ

How do I add my Newborn to the plan?

Newborns whose birth is part of a shareable maternity need must be enrolled by the parent within 30 days of birth. In the case of a change in household enrollment type, the monthly contribution amount will be adjusted automatically for the next billing cycle. If the parent does not enroll their newborn within 30 days, any conditions present at birth or that occur before the child's enrollment date will be considered pre-membership medical conditions.

Newborns who are not born as a part of a shareable maternity need must be enrolled manually in a ClearShare membership. The newborn's membership will begin on the date of enrollment but can be no sooner than seven days after delivery. Any genetic conditions or complications for newborns not born as part of a shareable maternity need are considered pre-membership medical conditions and subject to the same limitations as defined in "Pre-Membership Medical Conditions" in the Member Guidelines.

What if I am pregnant prior to joining ClearShare?

Conception that occurs prior to membership effective date is not eligible for sharing. ClearShare requires notes from the first provider visit in order to verify the conception date.

What is Care Coordination and how do I use it?

The Care Coordination team is here to assist you in navigating the healthcare system. To use Care Coordination, simply contact ClearShare. Our Care Coordination team helps members find lower cost, high quality providers. When you use a provider we recommend, your out-of-pocket costs can be waived. Our team will work diligently to find you a recommended provider, however there are instances where no provider is available.

Care Coordination must be contacted for each service needed in order for costs to be waived. If Care Coordination is used to waive the Annual Max for part of a maternity need, such as the delivery, Care Coordination must be contacted again for each additional service, such as ultrasounds, otherwise the Annual Max or other member responsibility costs will apply.

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 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.