



ClearShare **MEMBER GUIDELINES**

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ClearShare

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Our Story

Healthcare in America is due for a major overhaul. It's too complex and notoriously puts profit before people. We believe healthcare should be transparent and affordable, and always put the patient first. Above all, we believe healthcare should be on your side and invested in your wellness. That's why we started ClearShare in 2022.

ClearShare is a 501(c)(3) non-profit organization that allows you to pay monthly contributions to have your medical needs shared by a community of other generally healthy individuals. The concept of healthshares isn't new. It dates back to the 1700s when small religious communities would pool their money to help each other bear the burdens of medical costs during hard times. Healthshare communities have multiplied and expanded over the years, becoming increasingly popular over the past three decades. Today, over two million people participate in healthshares.

While Healthshares have grown in popularity, they've also earned a reputation for being exclusive, especially when it comes to religion, and being difficult to work with when it comes to getting needs paid.

ClearShare is different because we're devoted to the health of our members, and we pride ourselves in saying "yes" when other healthshares say "no."

- We don't discriminate based on background, nationality, ethnicity, sexual orientation, or denomination.
- We offer medical cost-sharing for a broad range of health needs as defined in our Member Guidelines.
- We put our members first and work hard to make sure health needs are covered.
- We're transparent about what needs can be shared so there are no surprises.
- We keep costs low by vetting the health of individuals who join our community, and by offering value-based solutions like care coordination and virtual care.
- We strive to offer members the lowest fixed amount each month and the lowest out-of-pocket costs.
- We strive to allow members the broadest access to providers.
- We pride ourselves in giving members a simple, fair, easy-to-understand experience.

While other healthshares might look for ways of getting out of sharing medical needs, we measure our success by:

ClearShare

1. The number of people who feel cared for, and who are happy with their plan.
2. The number of providers who are paid quickly for eligible member needs to build a good reputation and ease the administrative burden on our members.

Join us on our mission to lower healthcare costs for all, while keeping members happy and healthy along the way.





Statement of Beliefs

- 1) I believe in a higher being or power.
- 2) I understand that ClearShare is a membership-based, non-insurance community of individuals established for the purpose of sharing eligible healthcare expenses between Members, as described in the Membership Guidelines.
- 3) I believe in personal responsibility to pursue a healthy lifestyle and not abuse my body by taking illegal recreational drugs, excessive alcohol use, driving while intoxicated, or otherwise abusing my body or that of my family with harmful acts. I believe it is wrong to abuse others and that any mental, emotional, verbal or physical abuse of a family member is morally wrong.
- 4) I believe that ClearShare is a benevolent organization dedicated to helping lower the cost of healthcare and that it is not an insurance company therefore it cannot legally guarantee payment of medical expenses.
- 5) I acknowledge that ClearShare considers itself accountable to a higher power to ensure all members from all backgrounds, nationalities, ethnicities, and faiths are treated fairly and with the highest ethical conduct.

If you share these beliefs we welcome you to join our membership community.

Membership Eligibility

If you agree to our community guidelines and qualify for our plans based on your age, we welcome you to join our membership community.

ClearShare members pay their monthly contributions, and in exchange, medical needs are shared as they arise. Monthly contributions must be received within 15 days of the agreed-upon start date for the membership to be considered active.



ClearShare Statement Of Beliefs

Members of ClearShare commit to abide by a set of personal standards as outlined in the ClearShare Statement of Beliefs. If a violation of the Statement of Beliefs is discovered through review of a member's submitted medical records, all cost sharing for the needs of that member will be put on hold. This hold will begin on the date in which the violation was discovered or recorded in the member's medical records. A notification of the hold and an explanation of the discovery will be issued to the member.

The member will be granted 30 days to submit documentation supporting compliance with the Statement of Beliefs. If the submitted documentation does not satisfactorily demonstrate compliance with the Statement of Beliefs, the member will automatically be withdrawn from the sharing program and membership will be canceled. If membership is canceled due to a

violation of the Statement of Beliefs, ClearShare will not return the member's contributions received before the date of cancellation.

Participation By Monthly Contributions

To participate in the member-to-member medical cost sharing community, members must submit the monthly contribution amount associated with their level of membership.

Members have multiple options for submitting their monthly contributions. Individual members can make contributions directly to ClearShare. For members who enroll in ClearShare through their workplace, payments can be made through their employer.

All member contributions are voluntary, but the monthly contribution is required to be active and eligible for sharing. Monthly contributions must be received by the last day of the month after the billing date. If a monthly contribution is not received by the last day of the billing month, the membership will become inactive, and the member will be withdrawn from the medical cost sharing community.

Any member that has been withdrawn may reapply, provided they meet all enrollment and eligibility requirements. Once the member reapplies and membership is reinstated by ClearShare, the member will become eligible to participate in cost sharing. All member needs occurring after the membership is inactivated and before reinstatement will be ineligible for cost sharing, and any medical conditions existing before the date of reinstatement will be considered pre-membership medical conditions. Any member whose membership has been inactivated three times will not be eligible to reapply.

Qualification

To be qualified for membership, an applicant must meet all criteria set forth in the membership guidelines and the membership enrollment form. If at any time it is discovered that a member did not submit a complete membership enrollment form, the incomplete form could result in either a retroactive membership limitation or a retroactive denial of membership.

While member health status has no effect on eligibility for membership, there are limitations on medical cost sharing for some conditions that existed prior to a member's effective date.

Primary members must be at least 18 years old to enroll in their own plan, and all members must be under 65 years old.

Enrollment Requirements

ClearShare offers different enrollment types for individuals and families. Monthly contributions are based on the enrollment type, annual maximum, and member age. This section outlines the different household memberships and who is eligible for enrollment therein.

Determination Of Household Membership

There are four tiers of membership, and member contributions are calculated depending on the participating members of a household.

- 1) Member Only: An individual member of ClearShare
- 2) Member + Spouse: A member and their spouse
- 3) Member + Children: A member and their dependent child or children
- 4) Member + Family: A member, spouse, and any dependent children

Dependents

An unmarried dependent may participate under a combined membership with the head of household through age 25. Children born into a membership due to an eligible maternity need may participate under a combined membership. Under a combined membership, the head of household is responsible for ensuring that each individual participating under the combined membership complies with membership guidelines and the ClearShare Statement of Beliefs.

Once a dependent reaches the age of 26 or marries, that dependent is no longer eligible to participate under the combined membership. A dependent who wishes to continue participating as a member with ClearShare may complete an enrollment form. Any medical needs that occur between the time when a child leaves their parent's membership and enrolls in their own membership are not shareable. If a dependent ages out of their ClearShare membership but chooses to re-enroll at a later date, they will be subject to the limitations associated with pre-membership medical conditions.

Newborns

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 the "Pre-Membership Medical Conditions."



Adoption

ClearShare regards adopted children the same as biological children regarding membership. Any physical conditions of which the adoptive parent are aware prior to the legal adoption of the child are considered pre-membership medical conditions and are subject to the sharing limitations and phase-in period outlined in the Member Guidelines. Adopted children cannot be added to a ClearShare membership prior to birth.

Guardianship

Any non-biological child or children, such as a grandchild, may be included as part of their guardian's membership if they meet the following criteria:

ClearShare

- 1) The guardian has legal custody of the child.
- 2) The child lives with their guardian at least nine months out of the year.
- 3) There is no other agency, person, or group responsible for the child's medical needs.

Tobacco

ClearShare households with one or more tobacco users are required to contribute a higher monthly contribution to maintain membership. The monthly tobacco surcharge is \$50 per household.

A household member who has used any tobacco product one or more times a month within the past year is considered a tobacco user. Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, snuff, vape products, pipe tobacco, nicotine pouches, and other nicotine products.

To remove the monthly tobacco surcharge, a member's provider must submit on office letterhead that the member has quit using tobacco/nicotine products and has abstained from use for the past 12 months.

Specific Sharing Qualifications affect Tobacco users. See 'Tobacco Use.' Removing the monthly tobacco surcharge does not remove sharing limitations for previous Tobacco users.

Membership Add-Ons

At the time of enrollment, members may choose to include an Advanced, Basic, Holistic Premium, Holistic, Holistic Savings, or Holistic Essentials add-on to their membership. These add-ons provide sharing for certain day-to-day services as listed in their respective guidelines:

- [Advanced](#)
- [Basic](#)
- [Holistic Premium](#)
- [Holistic](#)
- [Holistic Savings](#)
- [Holistic Essentials](#)

Members can only change to or from any add-on during membership renewal, March 1 through April 30 each year, with changes effective on May 1.



Member Responsibilities

All members of ClearShare share certain responsibilities to remain a part of the sharing program. Because the actions of one member can affect the entire community, each member will be held accountable for following these standards.

Member Contributions

Monthly membership contributions should be made in a timely manner. If contributions are not made by the last day of the month after the billing date, the membership will be inactivated, and any needs will not be shareable. See “Participation by Monthly Contributions” for more information.

Proper Submission Of Medical Needs To ClearShare

ClearShare will attempt to obtain all required documentation from a member’s provider in order to share in the member’s medical expenses. In some cases, ClearShare may need member’s participation and cooperation. All required documentation must be submitted to

ClearShare

ClearShare within 60 days of the date that the bills are received. This process is outlined in the section titled “Submission of Medical Needs.”

Trust & Accountability

ClearShare members are expected to act with honor and integrity. Members should not falsify medical needs or medical records or use deceptive practices. If a member abuses the trust of ClearShare and its members, their membership may be revoked.

Pre-Approval

Pre-approval is the process of evaluating if services, supplies, or treatment are medically appropriate and priced at usual and customary rates to help ensure cost-effective care. 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.

Pre-approval is required for the following services:

- Imaging, including but not limited to MRI's, CT scans, PET scans, and ultrasounds.
 - Routine diagnostics in a provider's office, for example x-rays, do NOT require pre-approval.
- Outpatient services, including but not limited to surgeries, procedures, and doctor visits in an outpatient setting
- Inpatient stays
- Chemotherapy
- Spinal fusion
- Transplants
- Childbirth
- Rehabilitation and habilitation services
- Durable Medical Equipment (DME)
- Hospice services
- Infusions
- Injections

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.

If pre-approval is not obtained in advance of a service, ClearShare will initiate a retrospective review. If the Need is deemed shareable, then a 25% payment reduction penalty will apply for failure to obtain pre-approval. Pre-approval does not guarantee eligibility or sharing of a Need. Needs are subject to all additional requirements as outlined in these Member Guidelines.

ClearShare will make a pre-approval decision within a reasonable time period considering the medical circumstances. Most requests will be processed within 14 business days. If a provider classifies the pre-approval request as urgent, ClearShare will notify providers as soon as possible, and generally within 72 hours after receiving the pre-approval request. Urgent requests are based on the member's condition and not for scheduling reasons.

If a pre-approval request is denied, the member or provider may appeal the decision by contacting ClearShare. Additional information can be found under Appeals.

Cooperation Required

When ClearShare members submit a need, they are committing to cooperate with ClearShare and ClearShare's third-party partners to seek fair and reasonable prices from medical providers.

If a member qualifies for financial assistance for medical care received at a hospital, the financial assistance policy (FAP) is the primary payer of care. This care payment policy is in accordance with the Affordable Care Act (ACA) and Internal Revenue Service Code Section 501(r) statutes to help hospitals honor and fulfill their federal non-profit obligation to serve their communities, as well as for-profit hospitals that also have similar FAPs. Members must complete the hospital financial assistance application in cooperation with ClearShare or ClearShare's partners. If members fail or refuse to complete the financial assistance application, the Need may be denied.

How Needs Are Shared

This section explains how the shareable amount of a member's medical expenses will be determined.



Medical needs are submitted on a per-member, per-need basis. Medical needs may be injuries or illnesses that result in medical expenses. These medical expenses may be incurred by receiving medically appropriate treatment from licensed medical professionals and facilities, such as physicians, emergency rooms, and hospital facilities.

When a member has a medical expense to be shared, the member must have their providers submit original, itemized bills for the medical expense within 60 days of treatment. Bills submitted more than 60 days after the date a member receives them will not be shareable. There is no lifetime limit on the number of conditions or the total dollar amount that may be shared.

Determination Of A Need

Expenses related to the same medical condition, whether expenses for a single incident or separate incidents, will be shared as one need. The related expenses will accumulate toward the total need amount.

Annual Maximum

The Annual Maximum is the amount that a member will pay before the ClearShare community shares in medical expenses. The Annual Maximum is also known as the member's personal responsibility. ClearShare has three primary levels of personal responsibility: \$1000, \$2500, and \$5000. The lower a member's personal responsibility, the higher their monthly contribution will be.

All qualifying medical expenses submitted after the Annual Maximum is met are shareable with the ClearShare community up to 100% of the [usual and customary charge](#) determined by ClearShare. There is no annual or lifetime limit. You will not need to pay the Annual Maximum again until the new plan year begins. Additionally, you are only responsible for the Annual Maximum once each plan year.

For members who selected ClearShare's Advanced, Basic, Holistic Premium, Holistic, Holistic Savings, or Holistic Essentials add-on, some shareable services do not accumulate towards the Annual Maximum, as defined in their respective guidelines:

- [Advanced](#)
- [Basic](#)
- [Holistic Premium](#)
- [Holistic](#)
- [Holistic Savings](#)
- [Holistic Essentials](#)

Service copays are **not** included in the Annual Maximum. For members who are also part of an HSA MEC, service related costs that apply to the member's deductible are **not** part of the annual maximum.

Family Annual Maximum

If you have family members on the plan, they have to meet their own Annual Maximum until the overall Family Annual Maximum has been met. Once the household has paid up to its Family Annual Maximum, the ClearShare community will share in eligible medical expenses up to 100% of the usual and customary charge determined by ClearShare.

	Annual Max \$1,000	Annual Max \$2,500	Annual Max \$5,000
Member + Spouse A member and their spouse.	Family Annual Max \$2,000	Family Annual Max \$5,000	Family Annual Max \$7,500
Member + Children A member and their dependent child or children	Family Annual Max \$2,000	Family Annual Max \$5,000	Family Annual Max \$7,500
Member + Family A member, spouse, and any dependent children	Family Annual Max \$3,000	Family Annual Max \$7,500	Family Annual Max \$10,000

If adding dependents to your membership changes your tier, your Family Annual Maximum will increase when the dependent becomes active on your membership.

If removing dependents from your membership changes your tier, your Family Annual Maximum will not decrease until your membership renewal. Any payments made for the removed dependent's Annual Max will remain and count towards the Family Annual Max.

Changing Your Annual Maximum

Members may choose to change their Annual Maximum at their membership renewal, March 1 through April 30 each year, with changes effective on May 1.

Maximum Shareable Amount

There is no annual or lifetime maximum shareable amount for any member or membership household. ClearShare has a systematic way to handle large needs and has budgeted to address large needs.



Use of Care Coordination Required

Certain medical conditions can be extremely high cost and can pose an unnecessary burden on the ClearShare community. In order to best control costs and provide sharing for the broadest amount of medical Needs, ClearShare requires members to use Care Coordination for certain conditions.

To be eligible for consideration for sharing, an in-take call with Care Coordination is required for any pre-planned and non-emergent procedures for the following conditions:

- Cancer
- Orthopedic surgeries
- Cardiac procedures
- Neurosurgery procedures
- Dialysis
- Transplants
- Specialized wound care
- GI procedures
- Prosthetics, including cochlear implants

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.

If a member does not participate in a call with Care Coordination for the above conditions, the Need will not be shared.

Completion of the Care Coordination process does not guarantee that costs will be waived or that the Need will be deemed shareable. Conditions such as membership status and pre-membership conditions are also considered to determine shareability. Other sharing limitations as outlined in these guidelines apply even if Care Coordination is used.

Insurance Companies, Government Entities, and Other Coverage

Insurance companies and government entities are primarily responsible for the payment of a member's medical expenses. For any on-the-job injuries, an employer's plan or worker's compensation coverage is primarily responsible for the payment of a member's medical expenses. Members who are eligible for benefits through either insurance, government assistance, or another liable party, must contact ClearShare before submitting their medical Need.

Members must follow all policies and procedures for obtaining care under any primary carrier, including but not limited to prior authorizations. If those policies and procedures are not followed and result in a claim denial from the primary carrier, then the treatment or service will not be shareable.

Notice of payment, or rejection, must be received from the potentially liable party before ClearShare will make a determination of sharing. Amounts paid by obligated third parties will not be shared. If the primary carrier denies a claim, ClearShare may require the documentation or records submitted to the primary carrier for review as part of the Need Request.

Coordination with Insurance or Other Liable Parties

Members are required to submit coordination of other benefits information during enrollment of their ClearShare membership. Members must also submit coordination of other benefits information with every need. If a member has extra coverage that is not disclosed, ClearShare may deny the entire need.

Active Membership

To participate in medical cost sharing with the ClearShare community, a membership must be active. Membership is considered active when the member has paid their monthly contributions on time and is in good standing with Clearwater.

For a medical need to be shared, the membership must be active during the dates of service, when medical bills are received, and at the time the Annual Maximum is paid. If a membership deactivates before the determination of sharing is made and before all required documentation is received the bills will not be shared with the community. Any pre-membership condition limitations are applied based on the first date of active membership.

Exceptions for Members Turning 65

For members turning 65 years old and aging out of their plan, Needs may still be considered for sharing if the membership deactivates before the determination of sharing is made as long as the dates of service are when the membership was active. These Need requests must be submitted within 30 days after the termination date.

Late Fees & Interest

Any late payment fees or interest charges that may accrue to medical bills before the member meets their Annual Maximum are the member's responsibility – they are not shareable.

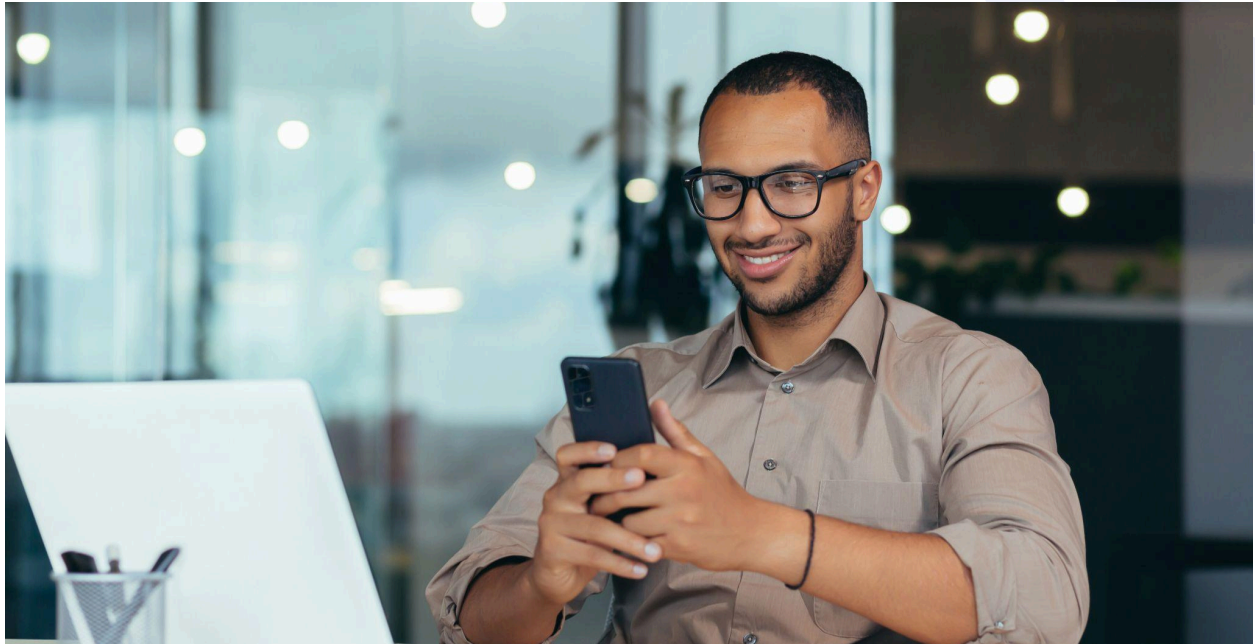
Additionally, any late fees or interest charges caused by a member's delay in providing necessary documentation to ClearShare are not shareable.

Appeals

If a member believes that a limitation was incorrectly placed on member sharing, an appeal may be submitted. Members may submit an appeal and provide supporting medical evidence to have the membership limitation removed. Bills submitted after a membership cancellation date will need to be appealed, however, the community generally does not share in these bills. All appeals are reviewed monthly by a committee that includes at least one ClearShare board member.

To file an appeal, send the medical evidence, an explanation of why you feel that the limitation was placed unfairly, and any supporting documentation to ClearShare. Members and providers have 90 days from the date of the sharing decision to submit an appeal.

Appeals will be reviewed and responded to within 30 days after ClearShare receives a complete appeal.



Submission of Medical Needs

ClearShare strives to share in its members' medical needs in a timely, accurate manner. To do this, it is crucial for members and providers to submit medical needs correctly and include all required documentation.

Submitting A Need Request

For prompt payment, providers should submit medical bills directly to ClearShare using the information on a member's ID card.

- **Payer ID:** DCRSS
- **Medical bill address:** PO Box 3616, Portland, ME 04104
- **Fax:** 877-405-3639

If a provider cannot or will not submit bills to us directly, members should contact ClearShare prior to scheduling a procedure, or as soon as possible.

Required Documentation

Need requests must contain all required documentation, including but not limited to the following:

- 1) Itemized bills - include all pages of the bill. Invoices and/or statements that say "This is not a bill" do not need to be submitted.
- 2) Proof of Annual Maximum payment
- 3) Medical records and other additional documents

In most cases, providers will be able to send all the required documentation if they are billing us directly. If needed, ClearShare will attempt to gather documents from the provider, but may require a member's participation and cooperation. All documents must be unaltered or the Need may be denied.

Time Limit For Providing Documentation

Original, itemized bills should be submitted promptly to ClearShare along with other required documents in order for the need to be processed as soon as possible. In order to be shared, bills and need requests must be submitted within 60 days of the date that bills were received.

Meeting The Annual Maximum

Needs are only shareable with ClearShare after the member has met their Annual Maximum. Members should provide ClearShare documentation of all payments contributing to the member's Annual Maximum.

Paying At The Time Of Service

To make your experience as simple as possible, ClearShare can pay providers over the phone at the time of service.

Negotiating Medical Bills

ClearShare prefers to pay providers quickly and negotiate the best rates for healthcare services. This helps ClearShare keep rates low for members.

Members should inform ClearShare about any potential cash-pay discounts and consult with a member needs team associate before signing any payment arrangements. ClearShare is happy to participate in cost negotiations for its members.

Excess Charges

If a member receives a bill from a provider for excess charges after their Need has been paid, sometimes called a balance bill or surprise billing, the member should contact ClearShare for assistance. To best avoid these bills, contact ClearShare ahead of pre-planned services.

Pre-Membership Medical Conditions

To keep membership contributions low for all members, ClearShare implements a waiting period for the sharing of medical conditions that exist prior to the effective date of a ClearShare membership. This section defines medical conditions prior to membership and outlines the sharing limitations.

12 Months Treatment Free

Needs that arise from conditions that existed prior to membership are only shareable if the condition was regarded as cured and did not require treatment for 12 months prior to the effective date of membership.

Any illness or injury for which a person has been:

- 1) Examined
- 2) Taken medication
- 3) Had a diagnostic test performed or ordered by a physician
- 4) Received medical treatment
- 5) Or experienced symptoms, as documented by provider

See the Specific Sharing Qualifications section for certain conditions that have special rules, including: [Cataract Surgery](#) and [Joint-Replacement Surgery](#).

60 Months Treatment Free: Cancer, Heart Disease, Stroke, COPD

Cancer, heart disease, stroke, and chronic obstructive pulmonary disease (COPD) are only shareable if the condition was regarded as cured and did not require examination, medication, testing, or any other medical treatment for five (5) years prior to the effective date of membership. Members are required to have followed their provider's medical advice. If checkups or any kind of follow up appointments or services were recommended and not completed, the Need will not be shareable.

Exceptions For High Blood Pressure, High Cholesterol, Diabetes, Thyroid

High blood pressure, high cholesterol, diabetes (types 1 and 2), hypothyroidism, and hyperthyroidism will not be considered pre-membership medical conditions as long as the member has not been hospitalized for the condition in the 12 months leading up to the effective date and is able to control it through medication and/or diet, as evidenced by lab results/readings within the normal range.

Exceptions For Other Medical Conditions

ClearShare recognizes that each member's situation is different. ClearShare reserves the right to make exceptions for certain medical conditions on a case-by-case basis. ClearShare makes decisions based on the best interest of the entire community.

There may be exceptions for services available as part of an [Advanced](#), [Basic](#), [Holistic Premium](#), [Holistic](#), [Holistic Savings](#), or [Holistic Essentials](#) plan that are not subject to pre-membership limitations. See the respective guidelines for more details.

Pre-Membership Medical Condition Phase-In Period

Pre-membership medical conditions have a phase-in period wherein sharing is limited. Members have a one-year waiting period before pre-membership medical conditions are shareable, starting from the initial effective date.

After the first year, pre-membership medical condition needs are eligible for sharing on a limited basis, with the amount increasing each membership year.

ClearShare attempts to negotiate all medical bills received; even if a pre-membership condition is not shareable, members may still receive discounts for their service through negotiation.

Shareable amounts for pre-membership medical conditions:

- 1) Year One: \$0 (waiting period)
- 2) Year Two: \$25,000 maximum benefit per pre-membership medical condition
- 3) Year Three: \$50,000 maximum benefit per pre-membership medical condition

4) Year Four: \$125,000 maximum benefit per pre-membership medical condition

After year four of membership, expenses related to pre-membership medical conditions will remain shareable at a maximum of \$125,000 in a 12-month rolling period and resetting each membership year based on the effective date.

Specific Sharing Qualifications

Member needs not associated with a pre-membership medical condition are generally shareable. The following list reflects limitations on sharing for certain conditions or requirements for certain expenses to become eligible. All shareable expenses are subject to the member's Annual Maximum. These Specific Sharing Qualifications and stated limits apply even if a member uses the Care Coordination service and is eligible to have their Annual Maximum waived.

Alternative Medical Practices

Alternative medical treatments may be shared with the ClearShare community with prior written approval from ClearShare. Alternative medical treatments without written approval may not be shareable. To be considered a viable alternative to a traditional treatment plan, treatments must be considered safe and effective. A member is also required to demonstrate the proposed value of the alternative treatment.

What is needed for ClearShare to consider an alternative medical need?

- 1) Explanation of why the alternative medical need was selected
- 2) Explanation of why the alternative medical need should be shared
- 3) Doctor notes on current condition (ClearShare can help obtain doctor notes)
- 4) Estimated costs (ClearShare can help obtain the estimated costs, if appropriate)
- 5) Proof that the provider is properly licensed

ClearShare considers alternative medical treatment plans on a case-by-case basis and may put a cap on visits or shareable costs depending on the service.

Alcohol & Drug Abuse Treatment

Treatment for alcohol abuse, substance abuse, or chemical dependency is shareable up to \$3,000 per member.

Ambulance Transports

Ambulance transports are shareable as part of a need when:

1. It is required in relation to a specific shareable illness or injury; and
2. Traveling in any other vehicle could endanger your health; and
3. You need medically necessary services from a hospital or facility

ClearShare may share in emergency ambulance transportation in an airplane or helicopter if you need immediate and rapid transport that ground transportation can't provide.

Transport must be either from the site of the emergency to the closest medical facility, or between medical facilities because the sending facility lacked the capability of providing the appropriate level of care. Ambulance transports for routine care are not shareable.

Audiological

Audiological needs to correct hearing loss are shareable.

Automobile Accidents

Needs arising from an automobile accident are only shareable when a third party or insurance entity is not liable. If the member's medical need is being considered or should be considered, by a third party or insurance entity, the need is not shareable until ClearShare receives documentation to reflect a lack of liability or partial payment. If a member resides in a state where auto insurance personal injury protection is a state requirement, and the member does not have it, then the need is not shareable.

Cancer

To be eligible for consideration for sharing, pre-approval and use of Care Coordination is required for any pre-planned and non-emergent procedures relating to cancer treatment. See the "Pre-Approval" and "Use of Care Coordination Required" sections for more information.

Cardiac Procedures

To be eligible for consideration for sharing, pre-approval and use of Care Coordination is required for any pre-planned and non-emergent cardiac procedures. See the "Pre-Approval" and "Use of Care Coordination Required" section for more information.

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Cataract Surgery

Cataract surgery is treated as a pre-membership medical condition and is subject to a one-year waiting period before it is shareable. Each eye is considered a separate need and subject to an Annual Maximum.

Chiropractic

Services related to the treatment of a specific musculoskeletal injury or disease are shareable for up to 25 office visits per need. All other chiropractic services will be treated as alternative medical practices and are subject to the limitations as outlined.

Chronic Pain Therapy

Services related to chronic pain therapy have the same limitations as an alternative medical practice. They are shareable as part of a related eligible need, and members must get pre-approval from ClearShare for the number and type of sessions. See the limitations on injections for more information.

Clinical Trials

Clinical trials may be shared with the ClearShare community with prior written approval from ClearShare. Clinical Trials will be treated as alternative medical practices and are subject to the same criteria and limitations as outlined under alternative medical practices.

Cochlear Implants

Cochlear implants are shareable up to \$25,000. To be eligible for consideration for sharing, use of Care Coordination is required for any pre-planned and non-emergent procedures relating to cochlear implants. See the "Use of Care Coordination Required" section for more information.

Common Childhood Ailments: Adenoidectomy, Tonsillectomy, Ear Tubes

Adenoidectomies, tonsillectomies, or ear tubes for children up to the specified age limits will be considered for sharing regardless of pre-membership treatment or diagnosis of common symptoms such as ear infections, sinus infections, or strep throat.

Adenoidectomies and tonsillectomies are shareable up to \$5,000 each for children up to age 17, subject to approval by ClearShare.

Ear tubes for children up to age 7 are shareable up to \$5,000 for both ears, subject to approval by ClearShare.

Adenoidectomies, tonsillectomies, and ear tubes for anyone outside of the specified age limits are subject to pre-membership limitation conditions as usual.

Congenital Conditions

Congenital conditions of children born outside a shareable maternity will be considered a pre-membership medical condition and will be subject to the waiting period for cost sharing.

Congenital conditions of children born as part of a shareable maternity are generally shareable up to the usual and customary charge, as determined by ClearShare. The member is responsible for charges over that amount.

Cosmetic Surgery

Expenses related to cosmetic surgery are shareable only from disfigurement due to a shareable injury or illness.

Diagnostics and Imaging

Diagnostic tests and imaging, including but not limited to x-rays, MRIs, CT scans, and ultrasounds, at a hospital are not shareable, unless it's an emergency. Seeking proper non-emergent care at offices, clinics, or independent labs reduces the financial strain on the entire community. Contact Care Coordination for assistance and for the opportunity to have member responsibility amounts lowered. Imaging services require pre-approval from ClearShare.

Dialysis

ClearShare will share in hemodialysis for the first month reported and for the following three consecutive months. Home/self dialysis is not shareable. To be eligible for consideration for sharing, pre-approval and use of Care Coordination is required for any pre-planned and non-emergent dialysis treatment. See the "Pre-Approval" and "Use of Care Coordination Required" sections for more information.

Emergency Visits

Emergency room visits are generally shareable separately or with an eligible medical need related to an illness, injury, or accident. The first ER visit for a medical condition is treated as a normal need. Each additional visit related to the same condition may not be shareable.

Members with non-emergent needs should seek out other treatment options such as doctor visits, telemedicine, urgent care clinics, or other appropriate care. Non-emergent emergency room visits may not be shareable. Seeking proper non-emergent care reduces emergency room visits and the financial strain on the entire community.

IF YOU HAVE A LIFE-THREATENING EMERGENCY, YOU SHOULD GO TO THE EMERGENCY ROOM

Urgent but non-emergent needs can be treated at Urgent Care.

Gastrointestinal (GI) Procedures

To be eligible for consideration for sharing, pre-approval and use of Care Coordination is required for any pre-planned and non-emergent GI procedures. See the “Pre-Approval” and “Use of Care Coordination Required” section for more information. For members with an [Advanced](#), [Basic](#), or [Holistic Premium](#) membership, use of Care Coordination is not required for preventive care procedures.

Genetic Mutation

Needs resulting from a genetic mutation that existed prior to membership are subject to the same limitations as other pre-membership medical conditions.

If the member did not receive a diagnosis, require treatment, or take medication for the genetic mutation in the 12 months prior to membership, needs related to the condition are considered shareable without pre-membership condition limitations.

Genetic Testing

Genetic testing will only be considered for sharing if it is required for the personal treatment of a shareable condition, such as breast cancer.

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Home Healthcare

Home healthcare expenses are shareable when related to an accident or injury and when a licensed physician has prescribed the care. Sharing of home healthcare expenses is limited to 30 days and \$5,000.

Hospice Care

Hospice care is shareable for 90-day periods when ordered by and under the care of a licensed care professional and upon physical approval or certification of terminal illness. Pre-approval from ClearShare is required.

Hospitalization

Hospitalization is shareable at a semi-private room rate. Expenses are also shareable if a medical provider prescribes ICU or quarantine. Only medical expenses are shareable. Pre-approval from ClearShare is required for non-emergent hospitalizations.

Hyperbaric Therapy

Inpatient or outpatient hyperbaric therapy may be shareable for treating a specific illness or injury. Outpatient hyperbaric therapy is shareable up to \$7,500 per plan year. Hyperbaric therapy must be overseen by a licensed medical provider and is only shareable for FDA approved conditions.

Immunizations

Immunizations are generally not shareable unless a member is also enrolled in an [Advanced ClearShare](#), [Basic ClearShare](#), or [Holistic Premium](#) plan that includes sharing for prescriptions and preventive care. Immunizations may be considered for sharing if they are part of another shareable need.

Injections

Injections related to pain management for a shareable need are shareable up to \$5,000. Hormone therapy injections related to a shareable need are shareable up to \$3,000. Pre-approval from ClearShare is required for any injection. Injections related to gender transitioning or sex reassignment therapy are not shareable.

International Medical Treatment

Medical expenses for emergency and acute care incurred outside the United States will be considered for sharing based on the Member Guidelines. Preventive or non-emergency services are not shareable without prior written approval from ClearShare.

Joint-Replacement Surgery

Joint replacement surgery for degenerative or arthritic conditions is treated as a pre-membership medical condition and is subject to the waiting and phase-in periods. To be eligible for consideration for sharing, pre-approval and use of Care Coordination is required for any pre-planned and non-emergent joint-replacement surgery. See the “Pre-Approval” and “Use of Care Coordination Required” sections for more information.

Laboratory Tests & Checkups

Laboratory tests and checkups are shareable as part of an eligible need when prescribed by a licensed medical provider. Laboratory tests at a hospital are not shareable, unless it's an emergency. Seeking proper non-emergent care at offices, clinics, or independent labs reduces the financial strain on the entire community.

Medical Equipment

Medical equipment, including durable medical equipment (DME), is shareable if a licensed medical provider prescribes it and if it is related to a shareable need. Pre-approval from ClearShare is required.

Medical Supplies

Medical supplies that directly aid in the treatment of, or recovery from, a shareable need are generally shareable for up to 120 days from the treatment start date as prescribed by a licensed medical provider. Medical supply costs must be over \$100 per item to be shared. ClearShare will share the retail costs (or fair costs when applicable) and, thus, encourages members to use alternative vendors such as local pharmacies or medical supply stores.

Naturopathic

Members who are also enrolled in a [Holistic Premium](#), [Holistic](#), [Holistic Savings](#), or [Holistic Essentials](#) memberships have sharing available for naturopathic care. See the respective guidelines for more information. For other members or needs, naturopathic care may be shareable pending written approval from ClearShare. Care must be received by a licensed

medical professional, including licensed Naturopathic Doctors (ND), Naturopathic Doctors 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. Any expenses incurred before receiving written approval are not shareable.

Neurosurgery Procedures

To be eligible for consideration for sharing, pre-approval and use of Care Coordination is required for any pre-planned and non-emergent neurosurgery procedures. See the “Pre-Approval” and “Use of Care Coordination Required” sections for more information.

Newborn Care

Well-newborn care is shareable as part of the mother’s shareable maternity need while the mother is confined for delivery not to exceed 48 hours for a vaginal delivery or 96 hours for a cesarean delivery. Such care shall include, but is not limited to:

- 1) Physician services
- 2) Hospital services

A newborn child is eligible for membership from the date of birth. The ClearShare Member must complete and submit all required forms to switch to a family membership (if necessary) and add the newborn child within the first 30 days of the child’s birth date.

Routine care for a newborn without complications is part of the newborn’s need.

NICU care and other complications are treated as a separate need of the newborn. Expenses related to circumcision are excluded from sharing.

Nutritionists

Expenses related to nutritionist services are not shareable unless prescribed by a licensed medical provider. ClearShare must provide approval for nutritionist services prior to sharing.

Office Visits

Sick, wellness and specialist visits are generally considered to be office visits. The medical bill must include an office visit CPT code for the need to qualify as an office visit. Office visits related to a shareable need are generally shareable. They are subject to redetermination once a condition is deemed stable.

Office visits at a hospital are not shareable, unless it's an emergency. Seeking proper non-emergent care at offices or clinics reduces the financial strain on the entire community.

Routine office visits not related to a shareable need are generally not shareable unless a member is also enrolled in an [Advanced](#), [Basic](#), [Holistic Premium](#), [Holistic](#), [Holistic Savings](#), or [Holistic Essentials](#) plan that includes sharing for office visits.

Organ Transplants

To be eligible for consideration for sharing, pre-approval and use of Care Coordination is required for any pre-planned and non-emergent procedures relating to organ transplants. See the "Pre-Approval" and "Use of Care Coordination Required" sections for more information. Members are required to use ClearShare's transplant network for all organ transplant needs.

Orthopedic Surgeries

To be eligible for consideration for sharing, pre-approval and use of Care Coordination is required for any pre-planned and non-emergent procedures relating to orthopedic surgeries. See the "Pre-Approval" and "Use of Care Coordination Required" sections for more information.

Prescriptions

Prescriptions for medications related to an eligible need and that are billed by a provider are considered shareable, up to \$1,500 per month. This includes prescription drugs, IV infusions, or infusion therapy (excluding chemotherapy)

Prescriptions filled at a pharmacy will be considered for sharing under the following conditions:

- 1) Pre-approval is given by ClearShare, and members must work with Care Coordination.
- 2) The prescription is related to the treatment of a shareable need

3) Prescription costs accumulate to \$500 monthly

Sharing for these prescriptions is limited to \$1,500 per month and the duration of their membership period.

Other prescription costs are generally not shareable unless a member is also enrolled in an [Advanced](#), [Basic](#), [Holistic Premium](#), [Holistic](#), or [Holistic Essentials](#) plan that includes sharing for prescriptions. Members who have questions about prescriptions should contact ClearShare.

Prosthetics

Prosthetics are shareable up to \$50,000 per body part. To be eligible for consideration for sharing, use of Care Coordination is required for any pre-planned and non-emergent procedures relating to prosthetics. See the “Use of Care Coordination Required” section for more information.

Rehabilitation and Habilitation Services

Rehabilitation and Habilitation, including but not limited to occupational therapy, physical therapy and speech therapy, are shareable for inpatient treatment and up to 35 outpatient sessions per plan year. A licensed medical provider must prescribe the service to be shareable. For physical therapy, services outside of manual physical therapy are subject to ClearShare approval. Speech therapy for conditions such as speech delays or learning impairments not caused by injury or accident are not shareable. Pre-approval from ClearShare is required.

Specialized Wound Care

To be eligible for consideration for sharing, use of Care Coordination is required for any pre-planned and non-emergent procedures relating to specialized wound care. See the “Use of Care Coordination Required” section for more information.

Skilled Nursing

Skilled nursing is shareable when prescribed by a licensed medical provider for recovery from a shareable injury or illness. Sharing for this service is limited to \$333.33 per day, up to \$30,000 total.

Sports

Medical expenses related to recreational sporting activities are generally shareable. Illness or injury resulting from practicing or participating in any semi-professional or professional competitive athletic contest for which the member receives any compensation is not shareable.

Suicide & Attempted Suicide

We understand that in the event of a dependent suicide, financial assistance can slightly ease the burden on our members. For this reason, ClearShare will share in expenses related to the suicide or attempted suicide of an adolescent up to age 18, up to \$25,000, and after a one-year waiting period of continuous membership.

Therapeutic Massage Therapy

Expenses related to therapeutic massage are shareable if the therapy is related to an eligible need and prescribed by a licensed medical provider. Massage therapy is shareable for 25 sessions per need, up to \$3,000.

Tobacco Use

Medical cost sharing for the needs of anyone who has used any tobacco product one or more times a month within the last 10 years is limited to \$50,000 for each of the following four disease categories:

- 1) Stroke
- 2) Cancer
- 3) Heart conditions
- 4) Chronic obstructive pulmonary disease (COPD)

Tubal Ligation

Tubal ligation is shareable as part of an eligible maternity need if done in conjunction with a delivery. Otherwise, tubal ligation is only shareable as preventive care if you also have an [Advanced](#) or [Basic](#) membership. See the respective guidelines for more information.

ClearShare

Urgent Care

Urgent but non-emergent needs can be treated at Urgent Care. Urgent care visits at a hospital are not shareable, unless it's an emergency. Seeking proper non-emergent care at offices or clinics reduces the financial strain on the entire community.

Vision

ClearShare may share in vision-related expenses that are deemed medical. Eyeglasses, contacts, and laser eye surgery are generally not shareable.

Wart Removal

Wart removals are sharable up to \$1,000 per year for any number of wart removals. Wart removal must be considered medically necessary in order to be shared.

Weight Reduction

Expenses related to weight reduction are shareable if prescribed by a licensed medical provider and approved by ClearShare, up to \$3,000 per need.

Medical Expenses Ineligible For Sharing

The ClearShare community chooses not to share in some medical expenses. Decisions for sharing eligibility are made to benefit the community as a whole, to keep monthly contributions low for our members, and to share in medical expenses based on our Statement of Beliefs. The following expenses are excluded from sharing with the ClearShare community.

Abortion

Expenses of the abortion of a living, unborn baby are not shareable.

Acupuncture

Expenses related to acupuncture and acupuncture services, including but not limited to reiki, are not shareable. There may be exceptions for acupuncture services that are included as part of [Holistic Premium](#), [Holistic](#), [Holistic Savings](#), or [Holistic Essentials](#) add-ons. See the respective guidelines for more information.

ADHD, ADHS, & SPD Treatment

Expenses for prescriptions related to ADHD, ADHS, and SPD are not shareable. There may be exceptions for prescriptions or services that are included as part of [Advanced](#), [Basic](#), [Holistic Premium](#), [Holistic](#), Or [Holistic Essentials](#) add-ons. See the respective guidelines for more information.

Allergy Treatments

Allergy testing and medication are excluded from sharing. Needs arising from non-seasonal allergies, such as an emergency room visit for an unknown allergic reaction, are considered shareable.

Blepharoplasty

Expenses related to blepharoplasty procedures are not shareable.

Dental

Tooth damage caused by an accident or injury may be considered for sharing, up to \$2,000 per year and within 3 months of the date of accident or injury. Other dental services,

including but not limited to, caps, crowns, root canals, fillings, wisdom tooth extraction, and cleanings, are not shareable.

Diabetic Medication & Supplies

Any medical expenses related to supplies, testing, medication, or other implements used to treat insulin-dependent diabetes are not shareable.

Extreme Sports

Injuries resulting from participating in extreme sports will not be eligible for sharing. This includes, but is not limited to, parkour, abseiling, ice climbing, highlining, free climbing, skydiving, canyon swinging, hang gliding, paragliding, bungee jumping, base jumping, running of the bulls, wingsuit flying, and solo climbing.

Fertility

Expenses related to fertility evaluations and treatments are not shareable.

Genetic Screening

Genetic screenings are not eligible for sharing.

Hearing Aids

Expenses related to hearing aids are not shareable.

Injuries Obtained From Certain Acts

Injuries or illnesses resulting from participation in a riot, criminal act, euthanasia, assisted suicide, or other such acts are not shareable.

Long Term Care

Expenses related to long term care are not shareable.

Medical Noncompliance

Failure or refusal to comply with a physician's treatment plan and/or leaving a facility against medical advice (AMA) may result in ineligibility for sharing of the need and/or any complications that arise. The need will be subject to review and a determination made.

Medically Stable Conditions

A shareable need may be considered medically stable when the treating provider determines that the condition is chronic and further treatment will not likely result in improvement. At this point, the need is subject to review and may result in a determination of ineligibility for future sharing.

Mental Health

Expenses related to medications or other treatment for any mental health illness or condition are not shareable. Mental health conditions may include anxiety, depression, mental illnesses, and other psychological conditions. There may be exceptions for mental health office visits that are included as part of an [Advanced](#) or [Basic](#) membership. See the respective guidelines for more information.

Over-the-Counter Prescriptions

Over-the-counter (OTC) prescriptions, including but not limited to vitamins and supplements, are not shareable. There may be exceptions for items that are included as part of [Holistic Premium](#), [Holistic](#), [Holistic Savings](#), or [Holistic Essentials](#) add-ons. See the respective guidelines for more information.

Procedures not Approved by FDA

Charges for care, supplies, treatment, and/or services that are not accepted as standard practice by the American Medical Association (AMA), American Dental Association (ADA), or the Food and Drug Administration (FDA) are not shareable.

Sex Reassignment Surgery

Expenses related to sex reassignment surgery are not shareable.

Skin Removal

Expenses related to skin removal are not shareable.

Sleep Apnea

Sleep apnea equipment and testing are not shareable with the ClearShare community.

Surrogacy

Expenses related to a surrogate pregnancy, whether or not the surrogate is a member, are not shareable.

Vasectomy

Expenses related to vasectomies are not shareable.



Maternity Needs

As a general rule, maternity needs are shareable and are treated like any other medical need. Pre-approval from ClearShare is required. Learn more in the [ClearShare Maternity Guidelines](#).

General

As with any other medical need, expectant mothers pay their Annual Maximum for all expenses related to their maternity need. Shareable expenses may be related to miscarriage, prenatal care, postnatal care, and delivery. STD screenings prescribed by a licensed practitioner as part of routine prenatal care are shareable as part of the maternity need. Maternity need requests must be submitted within 45 days from the date the member's pregnancy is verified.

Separate Needs

Any need of the baby, occurring before or after birth, including congenital conditions, is separate from the mother's maternity need. Expenses for any pregnancy or birth-related complications of the mother will be shared as part of the maternity need.

Early Sharing Requests

A maternity care provider may reduce normal charges if a member prepays some or all of the bill. If this is the case, ClearShare will consider sharing the maternity need prior to delivery. To be considered for early sharing, the member must submit an estimate from the provider to ClearShare.

Annual Maximum Payment

Like any other shareable medical expense, the Annual Maximum must be paid before any cost sharing. Any late payment fees or interest charges incurred because of a late Annual Maximum payment are not shareable.

In the event a maternity need spans two plan 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.

Home Births

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.

Pregnancy Prior To Membership

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.

Premature Birth

The baby's needs are fully shareable, even if the baby is born prematurely. Any services not included in a standard maternity need would be considered a separate need of the baby.



End of Life Assistance

If any member dies after one year of uninterrupted membership, financial assistance will be provided to the surviving family. The ClearShare member community will provide assistance upon receipt of a copy of the death certificate.

Financial assistance will be provided to the surviving family as follows:

- 1) \$10,000 upon the death of a primary member
- 2) \$10,000 upon the death of a dependent spouse
- 3) \$2,500 upon the death of a dependent child

Amending Guidelines

ClearShare reviews and may amend the Member Guidelines twice per year. Amendments to the Guidelines take effect immediately and members will be notified of Member Guidelines updates. ClearShare reserves the right to update and change its Guidelines at any time.



Active Needs

If a member has an active Need that began before a change was adopted, the sharing of medical expenses related to that Need will be determined by the Guidelines as they existed on the date of service for which expenses were incurred.

Needs That Become Ineligible

If an adopted change results in a Need becoming ineligible for sharing, any medical expenses related to a member's Need that would have been shareable under the Guidelines in effect when the Need began will remain shareable regardless of subsequent Guideline changes. The only exception to this rule is if a change was based on regulatory requirements.

Appendix A: Defined Terms

Annual Limit

The maximum amount shared for eligible needs per participating member per year. ClearShare does not have annual or lifetime sharing limits for our members unless specifically stated in the Member Guidelines.

Annual Maximum

The specific financial amount that members are required to bear on their own prior to any amount that may be eligible for sharing.

Application Date

The date ClearShare receives a complete membership application.

Benevolent Fund

A fund maintained by ClearShare created from the contributions of members for the exclusive purpose of reimbursing eligible needs of members.

Benevolent Organization

An organization whose primary purpose is to care for the needs of the persons/members who make up the membership. A benevolent organization is not an insurance company.

Congenital Condition

Any disease or physical abnormality present at birth or that is identified or diagnosed within the first year of life.

Contribution List

A list of members who are being billed by payroll deduction through a company opposed to direct billing from ClearShare.

Date Of Service

The day medical services were rendered on behalf of a participating member.

Dependent

The head of the household's spouse or unmarried child(ren) under the age of 26, who are the head of household's dependent by birth, legal adoption, or marriage, and who are participating under the same combined membership. Unmarried children under 26 years of age may participate in the membership as a dependent.

Effective Date

The date a person's membership begins.

Eligible Need

A medical need that qualifies for sharing via the contributions of ClearShare members.

Head Of Household

The oldest participating member in the household.

Household Membership

One or more family members participating under the same membership.

Healthcare Sharing

A membership-based, non-insurance arrangement established for the purpose of sharing legitimate healthcare expenses between members.

Inactive Member

A contributor, and contributor's dependents, if applicable, who has/have not submitted monthly contributions in the manner established by the Member Guidelines. An inactive member is not eligible for sharing.

Ineligible Need

A need disqualified from voluntary sharing of contributions from member contributions due to a policy set forth in the Member Guidelines.

Licensed Medical Professional

An individual who has successfully completed a prescribed program of study in a variety of health fields and who has obtained a license or certificate indicating their competence to practice in that field (MD, DO, ND, NP, PT, PA, DC, etc.)

Lifetime Limit

The maximum amount shared for eligible needs throughout an individual members' lifetime of membership.

Maternity Need

A need request that must be submitted once a member becomes pregnant within 45 days of confirmation of pregnancy from a licensed medical professional.

Maximum Shareable Amount

The maximum dollar amount (limit) that can be shared for any one need. Certain medical needs have a maximum shareable amount as described in the Guidelines.

Medically Necessary

A service, procedure, or medication necessary to improve or to maintain physical function and that is provided in the most cost-effective setting consistent with the member's condition. The fact that a provider may prescribe, administer, or recommend services or care does not make it medically necessary. This applies even if it is not listed as a membership limitation or in the Member Guidelines. To help determine medical necessity, ClearShare may request medical records and information from licensed medical professionals.

Member(s)

A person or people (or dependent thereof) who has agreed in writing to abide by the requirements of ClearShare and is thereby eligible to participate in the sharing of medical needs with other members in accordance with the Member Guidelines and membership type.

Membership

This term applies to the collective body of all active, participating members of ClearShare.

Membership Cancellation Request

A request by a member to ClearShare that their membership be canceled. The request must include the reason for cancellation and the requested month in which the cancellation of the membership is to be effective. ClearShare requires a 30-day notice prior to your payment draft date. ClearShare does not prorate cancellations or give refunds. Cancellations become effective on the last day of your monthly billing anniversary following the timely receipt of your membership cancellation request.

Members have 30 days from the membership cancellation date to reactivate membership in order to qualify for continuous membership. For example, employers who terminate employee memberships.

Membership Commitment

The required principles and ongoing behavioral code attested to by members as required for membership.

Membership Responsibility Amounts

Amounts needed to be paid by the member for medical costs that are not shareable with the ClearShare community.

Membership Update

A communication from the member to ClearShare providing any changes to the details of their membership information (i.e.: change of address, phone number, etc.). The change request or update may take up to three business days to complete.

Membership Limitation

A specified medical condition for which medical needs arising from or associated with the condition are ineligible for reimbursement from the Benevolent Fund. An associated condition is one that is caused directly and primarily by a medical condition that is specifically ineligible. The membership limitation will be issued during the application process and may be subject to medical record review. Membership limitations (excluding cancer) do not apply to office visits/urgent care.

ClearShare

Member Plan

A variety of sharing options are available with different annual maximums and sharing limits, as selected in writing on the membership application or enrollment portal and approved by ClearShare.

Membership Withdrawal

When a membership has been or will be canceled due to the submission of a Membership Cancellation Request Form, a violation of ClearShare's Statement of Beliefs, or non-receipt of a voluntary monthly contribution or annual membership fee for more than 10 days past the date such payment was due. Such cancellation of membership is referred to as membership withdrawal.

Monthly Contributions

Monetary contribution given voluntarily and placed in the care of ClearShare by a member to maintain active membership and to be disbursed for the eligible needs of its members in accordance with the Member Guidelines.

Need Request

A request that is required to process medical needs for accidents, injuries, or medical conditions that result in medical costs. A member's provider should submit Need Requests directly to ClearShare. If a member is submitting the Need to ClearShare, bills and all required documentation must be submitted within 60 days of the date that bills were received.

Non-Affiliated Provider

A non-network, licensed medical professional or facility as determined by ClearShare.

Office Visit

Sick visits, wellness visits, specialists, and urgent care are generally considered to be office visits. The medical bill must include an office visit CPT code for the need to qualify as an office visit.

Plan Administration

A collaborative process of planning, evaluating, facilitating, coordinating, and advocating for options and services to meet a participating Member's Eligible Needs through available resources to promote quality, cost-effective results.

Pre-Membership Medical Condition

Any illness or accident for which a person has been examined, taken medication, has a diagnostic test performed or ordered by a physician, or received medical treatment for 12 months prior to the effective date. For information on sharing for pre-membership conditions, see the section titled “Pre-Membership Medical Conditions.”

Proration

If shareable needs are ever significantly greater than shares available in any given month, ClearShare may prorate the needed amount requested for medical expenses. This involves an across-the-board percentage reduction of needs payments but does not necessarily mean that all member needs will not be met in that month.

Shareable Amount

The amount of the need request that remains after the member’s annual maximum has been satisfied and falls within the guidelines for sharing within the membership.

Spouse

A spouse means your spouse under a legally valid existing marriage, unless court ordered separation exists. This also includes a domestic partner, where all of the following requirements apply to both persons:

- They must not be related by blood or a degree of closeness that would prohibit marriage by law in the state they reside.
- They must not be currently married to, or a Domestic Partner of, another person under either statutory or common law.
- They must share the same permanent residence and the common necessities of life.
- They must be at least 18 years of age.
- They must be mentally competent to consent to contract.
- They must be financially interdependent and provide documents to support at least two of the following conditions:
 - They have a single dedicated relationship of at least 6 months’ duration.
 - They have joint ownership of a residence.
 - They have at least two of the following:
 - A joint ownership of an automobile.
 - A joint checking, bank or investment account.
 - A joint credit account.
 - A lease for a residence identifying both partners as tenants.

- A will and/or life insurance policies which designates the other as primary beneficiary.

Explanation Of Sharing (EOS)

Correspondence that is delivered to the participating members and their providers once medical needs have been processed, are pending, or have been rejected. The Sharing Summary will state their member responsibility amount as well as any amounts shared by the Benevolent Fund on the member's behalf.

Special Needs

Medical needs that do not fall within the definition of eligible needs but are not a violation of the member requirements and may be eligible for Additional Giving (i.e.: a prior medical condition).

Usual, Customary, & Reasonable Costs (UCR)

The general cost of medical services in a geographic area, as determined by ClearShare, based on reasonable charges in the area for the same or similar services. When more than one treatment option is available, and one option is no more effective than another, the least costly option that is no less effective than any other option will be considered within a reasonable charge.

Unshareable Amount(s)

A medical expense incurred by a member that is not shareable for one or more of the following reasons: a member's violation of ClearShare's Statement of Beliefs, non-current membership status, or any other condition or requirement that is excluded by the Member Guidelines.

Disclaimers

All States Not Listed Below

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.

Alabama Code § 22-6A-2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Alaska Stat. § 21.03.021(k)

Notice: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Arizona Rev. Stat. § 20-122(B)(7)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy.

Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Arkansas Code Ann. § 23-60-104(b)(2)(G)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

California

A number of states, including California require residents to have qualifying health insurance, also called an individual mandate. Under California's individual mandate, those who do not have qualifying health insurance coverage may face a financial penalty unless they qualify for an exemption. Because ClearShare is not insurance, a ClearShare membership does not qualify as health insurance coverage for California residents and therefore a ClearShare membership by itself does not meet the California individual mandate. But ClearShare can assist with health care costs that may not be covered by a qualifying health insurance plan. To get more information about qualifying health insurance coverage and details about the California individual mandate, visit Covered California's website (CoveredCA.com) or the California Franchise Tax Board's website (ftb.ca.gov).

District Of Columbia

A number of states, including D.C. require residents to have qualifying health insurance, also called an individual mandate. Under D.C.'s individual mandate, those who do not have qualifying health insurance coverage may face a financial penalty unless they qualify for an exemption. Because ClearShare is not insurance, a ClearShare membership does not qualify as health insurance coverage for D.C. residents and therefore a ClearShare membership by itself does not meet the D.C. individual mandate. But ClearShare can assist with health care costs that may not be covered by a qualifying health insurance plan. To get more information

about qualifying health insurance coverage and details about the D.C. individual mandate, visit <https://disb.dc.gov/page/do-you-know-your-health-insurance-rights>

Florida Stat. § 624.1265(3)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Georgia Code Ann. § 33-1-20(a)(6)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Idaho Code § 41-121(2)(f)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

73 Illinois Statute 215-5/4-Class 1-b(viii)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana Code § 27-1-2.1-1(7)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Kentucky Rev. Stat. Ann. § 304.1-120(7)

Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization or any participant shall be compelled by law to contribute toward your medical bills. Whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

Louisiana Stat. Ann. § 22:318

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine Rev. Stat. Title 24-A, § 704(3)(H)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Maryland Code Ann., Ins. § 1-202(4)

Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

Massachusetts

A number of states, including Massachusetts require residents to have qualifying health insurance, also called an individual mandate. Under Massachusetts's individual mandate, those who do not have qualifying health insurance coverage may face a financial penalty unless they qualify for an exemption. Because ClearShare is not insurance, a ClearShare membership does not qualify as health insurance coverage for Massachusetts residents and therefore a ClearShare membership by itself does not meet the Massachusetts individual mandate. But ClearShare can assist with health care costs that may not be covered by a qualifying health insurance plan. To get more information about qualifying health insurance coverage and details about the Massachusetts individual mandate, visit <https://www.mass.gov/info-details/health-care-reform-for-individuals>

Michigan Comp. Laws Ann. § 550.1867(g)

Notice: ClearShare that operates this health care sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in the ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A

participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial or medical needs.

Mississippi Code Ann. § 83-77-1(3)(f)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Missouri Rev. Stat. § 376.1750(2)(6)

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Nebraska Rev. Stat. § 44-311(2)(f)

IMPORTANT NOTICE. This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs

New Hampshire Rev. Stat. Ann. § 126-V:1(III)(g)

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

New Jersey

A number of states, including New Jersey require residents to have qualifying health insurance, also called an individual mandate. Under New Jersey's individual mandate, those who do not have qualifying health insurance coverage may face a financial penalty unless they qualify for an exemption. Because ClearShare is not insurance, a ClearShare membership does not qualify as health insurance coverage for New Jersey residents and therefore a ClearShare membership by itself does not meet the New Jersey individual mandate. But ClearShare can assist with health care costs that may not be covered by a qualifying health insurance plan. To get more information about qualifying health insurance coverage and details about the New Jersey individual mandate, visit <https://nj.gov/governor/getcoverednj/>.

North Carolina Gen. Statute § 58-49-12(6)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

40 Pennsylvania Cons. Stat. § 23(b)

Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be

published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

Rhode Island

A number of states, including Rhode Island require residents to have qualifying health insurance, also called an individual mandate. Under Rhode Island's individual mandate, those who do not have qualifying health insurance coverage may face a financial penalty unless they qualify for an exemption. Because ClearShare is not insurance, a ClearShare membership does not qualify as health insurance coverage for Rhode Island residents and therefore a ClearShare membership by itself does not meet the Rhode Island individual mandate. But ClearShare can assist with health care costs that may not be covered by a qualifying health insurance plan. To get more information about qualifying health insurance coverage and details about the Rhode Island individual mandate, visit

<https://sovos.com/regulatory-updates/rhode-island-enacts-health-insurance-individual-mandate/>.

South Dakota Codified Laws § 58-1-3.3(6)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Ins. Code Ann. § 1681.002

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

Virginia Code Ann. § 38.2-6300(6)

Notice: This publication is not insurance, and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Wisconsin Stat. § 600.01(1)(b)(9)(f)

ATTENTION: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

Wyoming Stat. Ann. § 26-1-104(a)(v)(C)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.