

# ClearShare Only



## PLAN DETAILS

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

## COMMON SERVICE COSTS

SERVICE	COST	INFO
Preventive Care	Not Included	N/A
Primary Care Visit	Not Included	N/A
Specialist Care Visit	Not Included	N/A
Urgent Care	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Lab Work	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Diagnostic Test	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Imaging	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
ER / Hospital	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Rx	Not Included	N/A



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## ANNUAL MAXIMUM

The annual maximum is the amount that a member will pay before the ClearShare community shares in medical expenses. If you have family members on the plan, they have to meet their own Annual Max until the overall Family Annual Max has been met.

## TELEMEDICINE

Your plan includes membership with telemedicine, providing unlimited access to a physician 24/7 with no copay for general medical visits.

## VIRTUAL MENTAL HEALTH

We've partnered with Talkspace to bring you high-quality virtual mental health services. Talkspace is a digital space for private and convenient mental health support.

TALKSPACE SERVICE	COSTS & LIMITS
Therapists	One 30-minute Live Video Session per month for individuals age 13+, \$65 for additional visits
Psychiatrists	Up to 13 Live Video Sessions annually for individuals 18+
Unlimited Messaging Therapy	Free. Exchange unlimited messages (text, voice, photo, and video) with your personal therapist, age 13+



# ClearShare Only Accessing Care



**When there are no restrictions on the providers you can access, you can receive care anywhere. Tell them you are a “Cash Pay” customer.**

#### **SCHEDULING PROCEDURES:**

- Contact Care Coordination for help and to waive your costs.
- If you already have a quote from your provider, submit a need request: [www.ClearShareHealth.org/need-request](http://www.ClearShareHealth.org/need-request)
- Submit your need request at least 21 days before your procedure.

#### **ER VISITS OR HOSPITAL SERVICES:**

- There are no restrictions on providers.
- Tell them you are a “Cash Pay” customer and request an itemized superbill.

#### **PAYMENT:**

- Save all bills and receipts.
- Open a need request and upload documents at [www.ClearShareHealth.org/need-request](http://www.ClearShareHealth.org/need-request).