

ClearShare Only

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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	LIMITS/INFO
Preventive Care	Not Included	N/A
Primary Care Visit	Not Included	N/A
Specialist Care Visit	Not Included	N/A
Mental Health Visit	Not Included	N/A
Chiropractic Services	Included After Annual Max Under Certain Conditions	See Member Guidelines For Eligible Expenses
Urgent Care	Free After Annual Max Is Met	Not Included At A Hospital. See Member Guidelines For Eligible Expenses
Lab Work	Free After Annual Max Is Met	Not Included At A Hospital. See Member Guidelines For Eligible Expenses
X-Ray	Free After Annual Max Is Met	Not Included At A Hospital. See Member Guidelines For Eligible Expenses
Imaging	Free After Annual Max Is Met	Not Included At A Hospital. See Member Guidelines For Eligible Expenses. Pre-Approval Is Required

Hospital Services

SERVICE	COST	LIMITS/INFO
Emergency Room	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Ambulance	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Hospital Stay And Outpatient Procedures	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses. Pre-Approval Is Required
Physical Rehabilitation	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses. Pre-Approval Is Required
Childbirth/Delivery Services	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses. Pre-Approval Is Required

Prescriptions

30/90 DAY

Under Certain Conditions, Included After Annual Max Is Met. See Member Guidelines For Eligible Expenses.