

HSA + ClearShare

ClearShare

Plan Details

PLAN TYPE		MEC + 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	

MEC Service Costs

SERVICE	IN-NETWORK	NETWORK INFO	OUT-OF-NETWORK	LIMITS/INFO
Deductible (Individual / Family)	\$3,000 / \$6,000	–	N/A	N/A
Out Of Pocket Max (Individual / Family)	\$8,700 / \$17,400	–	N/A	N/A
Preventive Care*	\$0	PHCS Specific Services	Not Included	As Outlined By The Affordable Care Act
Primary Care Visit*	\$35 After Deductible	PHCS Specific Services	Not Included	N/A
Specialist Care Visit*	\$60 After Deductible	PHCS Specific Services	Not Included	N/A
Lab Work*	\$10 After Deductible	PHCS Specific Services	Not Included	N/A

*MEC Service Costs Do Not Accumulate Towards Your Annual Max , And Pre-Membership Condition Limitations Do Not Apply.

Hospital Services

SERVICE	IN-NETWORK	NETWORK INFO	OUT-OF-NETWORK	LIMITS/INFO
Emergency Room	Free After Annual Max Is Met	No Provider Restrictions	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Ambulance	Free After Annual Max Is Met	No Provider Restrictions	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Hospital Stay And Outpatient Procedures	Free After Annual Max Is Met	No Provider Restrictions	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Physical Rehabilitation	Free After Annual Max Is Met	No Provider Restrictions	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Childbirth/Delivery Services	Free After Annual Max Is Met	No Provider Restrictions	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
Imaging	Free After Annual Max Is Met	No Provider Restrictions	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses

Prescriptions

30/90 DAY **Generics:** Up To 75% Discount **Formulary Brand:** Up To 75% Discount **Non-Formulary Brand:** Up To 75% Discount **Specialty:** Not Included