



HSA + 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
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 or PNOAe	Not Included	As Outlined By The Affordable Care Act
Primary Care Visit*	\$35 After Deductible	PHCS Specific Services or PNOAe	Not Included	N/A
Specialist Care Visit*	\$60 After Deductible	PHCS Specific Services or PNOAe	Not Included	N/A
Lab Work*	\$10 After Deductible	PHCS Specific Services or PNOAe	Not Included	N/A
Rx Tier 1 Generic (30-Day / 90 Day)*	Up To 75% Discount	-	Not Included	N/A
Rx Tier 2 Preferred Brand (30-Day / 90 Day)*	Up To 75% Discount	-	Not Included	N/A
Rx Tier 3 Non-Preferred Brand (30-Day / 90 Day)*	Up To 75% Discount	-	Not Included	N/A
Rx Tier 4: Specialty (30-Day / 90 Day)*	Not Included	-	Not Included	N/A

*MEC service costs do not accumulate towards your annual max, and pre-membership condition limitations do not apply.

HEALTHSHARE SERVICE COSTS

SERVICE	IN-NETWORK	NETWORK INFO	OUT-OF-NETWORK	LIMITS
Urgent Care / Diagnostic Test / Imaging	Free After Annual Max Is Met	No Provider Restrictions	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses
ER / Hospital	Free After Annual Max Is Met	No Provider Restrictions	Free After Annual Max Is Met	See Member Guidelines For Eligible Expenses

Please See the ClearShare Member Guidelines for complete sharing eligibility, limits, and exclusions.

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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+

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Accessing Care

IF THE SERVICE IS PART OF PHCS OR PNOA:

To find a list of providers, go to the [PHCS Network website](#):

- Click on "Change Network"
- Click on "PHCS"
- Click on "Specific Services"
- Search for a provider

Contact the provider's office to verify that they are still in-network with PHCS and that the provider's billing NPI# is contracted through the PHCS/Multiplan network. If you need to find a provider outside of the PHCS Specific Services network, go to the [PNOAe network website](#). Select the "PNOAe (Exclusive) Network" option.

AT THE TIME OF SERVICE:

Let your provider know you are part of the PHCS Specific Services and PNOAe networks and show them your member ID card.

FOR SERVICES WITH NO RESTRICTIONS:

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
- 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.