

ClearShare Member Guidelines

Holistic Essentials

ClearShare

The Holistic Essentials Plan offers low-cost functional medicine and holistic options to anyone interested in alternatives to Western medicine. This Holistic Essentials Plan is available to members by itself or as an add-on to a ClearShare 1000, ClearShare 2500, or ClearShare 5000 membership.

Services & Costs

Service	Shareable Amounts	Limits/Details
Office Visit	Member responsible for first \$20 per visit	Includes traditional care through licensed medical providers, as well as functional care, including licensed Naturopathic Doctors (ND), Doctors of Chiropractor (DC) with a DABCI certification, or Doctors of Medicine (MD) or Doctors of Osteopathic Medicine (DO) specializing in functional medicine. \$150 benefit limit per visit. Limited to 2 visits per calendar year, per person.
Wellness Reimbursement	Shareable up to \$50 for individuals, \$75 for couples or families	ClearShare will reimburse select wellness expenses up to \$50 per month for individuals and \$75 per month for members with more than one person on the plan. Visit your enrollment website to see what wellness expenses qualify.
Rx Tier 1: Generic	Entire amount is shareable	Limit \$500 per member per year. See formulary for details.
Other Rx	Available to members at a discount.	Not Included

Annual Maximum Does Not Apply

For members who are also part of a ClearShare 1000, ClearShare 2500, or ClearShare 5000 membership, all Holistic Essentials Plan services are available for sharing even before you pay your Annual Maximum associated with your other ClearShare plan. Expenses for the services listed above do not accumulate towards your Annual Maximum. The shareable amounts listed do not change even after you have paid your Annual Maximum for other services.

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Pre-Membership Conditions Do Not Apply

The Holistic Essentials Plan services listed above are eligible for sharing with the ClearShare community regardless of the pre-membership conditions and waiting periods outlined in the ClearShare Member Guidelines.

How to Access Care

Most holistic providers will only accept cash payments at the time of service. Please tell your provider you are a cash-pay patient, and request an itemized superbill with each service or procedure listed, as well as the cost of each. If you expect multiple treatments, ask your provider for a bundled price or package for services. You can submit your bill(s) and proof of payment directly to ClearShare at ClearShareHealth.org/holistic-need-request.

Submission of Needs

ClearShare strives to process medical need requests in a timely, accurate manner. To do this, members must submit medical needs correctly and include all required documentation.

Holistic Essentials Plan Need Requests should be submitted through ClearShare's website: ClearShareHealth.org/holistic-need-request. To be shared, Holistic Essentials Plan Need Requests must be submitted within 30 days of the date of service or date of sale.

To expedite your monthly reimbursement for qualifying wellness expenses, submit all your receipts together.

Other Services

Other services not listed above may be available to members with another ClearShare membership, such as ClearShare 1000, ClearShare 2500, or ClearShare 5000. See the [ClearShare Member Guidelines](#) for information about sharing eligibility for other services not listed here.

Disclaimer

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

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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.