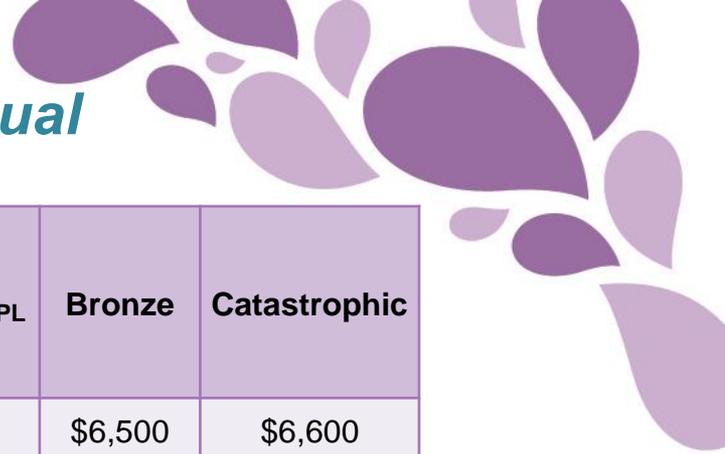


CareSource Just4Me™ 2015 Medical Benefits - Kentucky Individual



	Gold	Silver 70% Standard >250%FPL (Over \$29,175)	Silver 73% 200-250% FPL (\$23,340 - \$29,175)	Silver 87% 200-150% FPL (\$17,505- \$23,339)	Silver 94% 150-139% FPL (\$16,221- \$17,504)	Bronze	Catastrophic
Deductible	\$1,000	\$3,500	\$3,500	\$1,000	\$200	\$6,500	\$6,600
Coinsurance	10%	30%	30%	10%	0%	10%	0%
Maximum Out-of-Pocket (Combined Unless Noted Otherwise)	\$1,750 (M) \$1,500 (Rx)	\$6,500	\$4,850	\$2,000	\$650	\$6,600	\$6,600
Emergency Room Services	\$250 Copay after Deductible	\$500 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$100 Copay after Deductible	\$0 Copay after Deductible
Primary Care Visit	\$20 Copay	\$20 Copay	\$10 Copay	\$0 Copay	\$0 Copay	\$40 Copay	3 visits per year before deductible
Specialist Visit	\$50 Copay	\$50 Copay	\$50 Copay	\$0 Copay	\$0 Copay	\$80 Copay	\$0 Copay after Deductible
Imaging (CT/PET Scans, MRIs)	\$75 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$0 Copay after Deductible
Urgent Care	\$75 Copay	\$50 Copay	\$50 Copay	\$0 Copay	\$0 Copay	\$80 Copay	\$0 Copay after Deductible