

BENEFITS GUIDE

Indiana 2024



As a Health Insurance Marketplace-qualified health plan, CareSource offers individual and family coverage for all the essential health benefits required by the Affordable Care Act – including pediatric dental and vision services. Plus, Marketplace plans cover people with pre-existing conditions* and don’t carry any lifetime coverage caps for most benefits. At CareSource, we offer a range of plans to allow you to balance your needs between the premium and out-of-pocket cost of health care.

Cost-Sharing Provisions									CSR Level 1 [†]					CSR Level 2 [†]					CSR Level 3 [†]							
	Bronze HSA Eligible	Low Premium Bronze	Bronze First	Low Premium Silver	Silver	Core Silver	Essential Silver	Diabetes Silver	Low Premium Silver	Silver	Core Silver	Essential Silver	Diabetes Silver	Low Premium Silver	Silver	Core Silver	Essential Silver	Diabetes Silver	Low Premium Silver	Silver	Core Silver	Essential Silver	Diabetes Silver	Gold	Core Gold	Diabetes Gold
Individual Deductible	\$6,000	\$9,450	\$7,500	\$6,500	\$5,900	\$6,000	\$6,500	\$3,500	\$6,000	\$5,700	\$5,700	\$5,100	\$3,000	\$1,000	\$700	\$900	\$1,700	\$750	\$300	\$0	\$250	\$600	\$250	\$1,500	\$2,000	\$1,000
Coinsurance	60%	0%	50%	50%	40%	40%	0%	50%	30%	40%	40%	0%	50%	20%	30%	20%	0%	20%	10%	25%	15%	0%	15%	25%	25%	30%
Individual Out-of-Pocket Maximum	\$7,200	\$9,450	\$9,400	\$9,100	\$9,100	\$8,900	\$6,500	\$9,450	\$7,500	\$7,200	\$7,500	\$5,100	\$7,550	\$2,700	\$3,000	\$2,800	\$1,700	\$3,000	\$800	\$1,800	\$900	\$600	\$800	\$8,700	\$7,000	\$7,500
Primary Care Visit & Retail Clinics	60%*	\$0*	\$50	\$30	\$40	\$30	\$0 for first three visits then No Charge after deductible	\$35	\$30	\$40	\$30	\$0 for first three visits then No Charge after deductible	\$35	\$5	\$20	\$5	\$0 for first three visits then No Charge after deductible	\$5	\$0	\$0	\$0	\$0 for first three visits then No Charge after deductible	\$0	\$30	\$20	\$15
Specialist Visit	60%*	\$0*	\$100	\$70	\$80	\$70	\$0*	\$80	\$70	\$80	\$70	\$0*	\$80	\$40	\$40	\$35	\$0*	\$40	\$15	\$10	\$15	\$0*	\$25	\$60	\$60	\$50
Urgent Care	60%*	\$0*	\$75	\$50	\$60	\$60	\$0*	\$70	\$50	\$60	\$50	\$0*	\$70	\$25	\$30	\$25	\$0*	\$20	\$25	\$5	\$20	\$0*	\$15	\$45	\$40	\$30
Emergency Room Services	60%*	\$0*	50%*	\$500*	40%*	\$500*	\$0*	\$600*	\$450*	40%*	\$450*	\$0*	\$600*	\$350*	30%*	\$325*	\$0*	\$250*	\$300*	25%	\$250*	\$0*	\$150*	25%*	\$400*	\$500*
Lab Outpatient & Professional Services	60%*	\$0*	50%*	\$40	40%*	\$50	\$0*	\$75	\$40	40%*	\$40	\$0*	\$75	\$15	30%*	\$15	\$0*	\$40	\$10	25%	\$10	\$0*	\$30	25%*	\$30	\$30
Generic Drugs: 30-day Retail 90-day Retail 90-day Mail	60%*	\$25 \$75 \$62.50	\$25 \$75 \$62.50	\$3 \$9 \$7.50	\$20 \$60 \$50	\$3 \$9 \$7.50	\$0*	\$3 \$9 \$7.50	\$3 \$9 \$7.50	\$20 \$60 \$50	\$3 \$9 \$7.50	\$0*	\$3 \$9 \$7.50	\$2 \$6 \$5	\$10 \$30 \$25	\$2 \$6 \$5	\$0*	\$2 \$6 \$5	\$0	\$0	\$0	\$0*	\$0	\$15 \$45 \$37.50	\$10 \$30 \$25	\$2 \$6 \$5
Preferred Brand Drugs: 30-day Retail 90-day Mail	60%*	\$0*	\$50* \$125*	\$75 \$187.50	\$40 \$100	\$70 \$175	\$0*	\$100 \$250	\$75 \$187.50	\$40 \$100	\$70 \$175	\$0*	\$100 \$250	\$40 \$100	\$20 \$50	\$40 \$100	\$0*	\$30 \$75	\$25 \$62.50	\$15 \$37.50	\$20 \$50	\$0*	\$25 \$62.50	\$30 \$75	\$50 \$125	\$60 \$150
^ Zero Cost Telehealth Partner	\$0 copay telehealth office visits through our preferred partner with 24/7 access to U.S.-licensed physicians who can consult, diagnose and prescribe medications by phone or video for short-term illnesses.																									
^ Pediatric Vision	\$0 for the first exam, \$0 retinal imaging, \$0 for first pair of glasses/contacts, multiple lens options – many at no member cost, low-vision testing and aides — additional discounts on other services and glasses.																									
^ Pediatric Dental	\$0 preventive/diagnostic, except Bronze HSA-eligible at 60% coinsurance after deductible, varying cost shares for restorative/basic, major comprehensive and medically-necessary orthodontics.																									

*After deductible. [†]Silver 1, 2 and 3 are based upon eligibility for Cost Sharing Reductions (CSR) as determined by the Exchange. ^CareSource has partnered with DentaQuest®, EyeMed® and Teladoc®.

[†]Per healthcare.gov, a pre-existing condition is a condition (whether physical or mental and regardless of its cause) for which medical advice diagnosis, care or treatment was recommended by or received from a medical care provider prior to the enrollment date of the individual covered under the policy.

In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum and Annual Limits) and amounts using a (%) sign refer to coinsurance. This is not a complete list of benefits. Visit **CareSource.com/plans/marketplace/benefits-services** for more details.





Optional Adult Dental, Vision and Fitness Benefits

CareSource recognizes that a member’s whole health involves more than just the essential health benefits. CareSource offers plans that include all the health and medical benefits, plus dental, vision and fitness benefit coverage for adults. The below benefits are not available for the Bronze HSA-eligible Plan.

Cost-Sharing Provisions									CSR Level 1 [†]					CSR Level 2 [†]					CSR Level 3 [†]							
	Bronze HSA Eligible	Low Premium Bronze	Bronze First	Low Premium Silver	Silver	Core Silver	Essential Silver	Diabetes Silver	Low Premium Silver	Silver	Core Silver	Essential Silver	Diabetes Silver	Low Premium Silver	Silver	Core Silver	Essential Silver	Diabetes Silver	Low Premium Silver	Silver	Core Silver	Essential Silver	Diabetes Silver	Gold	Core Gold	Diabetes Gold
^Dental Preventive/Diagnostic	N/A	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
^Dental Restorative/Basic	N/A	40%	40%	30%	25%	25%	25%	20%	30%	25%	25%	25%	20%	25%	20%	20%	25%	15%	20%	15%	15%	25%	10%	15%	15%	15%
^Dental Major/Comprehensive	N/A	50%	50%	50%	45%	45%	45%	40%	50%	45%	45%	45%	40%	45%	40%	40%	45%	40%	40%	40%	40%	45%	35%	40%	40%	40%
^Dental Annual Allowance	N/A	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
^Eye Exam	N/A	40%	40%	\$40	\$50	\$50	\$50	\$0	\$35	\$45	\$50	\$50	\$0	\$30	\$45	\$45	\$50	\$0	\$25	\$0	\$0	\$50	\$0	\$50	\$50	\$0
^Glasses/Contacts	N/A	No member cost share up to a \$250 annual allowance and discounts on contacts, frames, lenses and options beyond \$250 allowance.																								
^Additional Vision Services	N/A	No cost retinal imaging annually. No cost low-vision supplemental testing and aids. Discounts on laser vision correction services. Discounts on additional eyewear (eyeglasses and contacts) of up to 40% off.																								
Fitness Benefit	N/A	The fitness benefit provides access to multiple fitness centers and gyms, digital fitness choices with home fitness tools — including one home fitness kit per benefit year with some kits including a wearable device (e.g., Fitbit® or Garmin®) — digital workouts and live lifestyle coaching.																								

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All programs and services are not available in all areas. All covered health care services must be received by in-network providers, except as otherwise required by applicable law and provided in applicable CareSource Marketplace Evidence of Coverage. CareSource plans have exclusions, limitations, reductions and terms under which the policy may be continued in force or discontinued. Benefits and costs may vary based upon plan selection. For costs and complete details of coverage, please review the CareSource Marketplace Evidence of Coverage and Schedule of Benefits at [CareSource.com/Marketplace](#).

READY TO ENROLL?

It’s easy! Just head to **Enroll.CareSource.com!**

Need a little more help? Call us at **1-844-539-1733** (TTY: 1-833-711-4711 or 711).

