

WE GOT YOU.

2024 North Carolina



All NC health plans offered by CareSource North Carolina Co.,
d/b/a CareSource.

ADV-Rguide(NC2024)



SAVING MONEY ON HEALTH INSURANCE

Marketplace plans are the only plans that qualify for government-sponsored funds that help bring down the overall cost of a plan. APTC and CSR (see below) are calculated by the Health Insurance Marketplace when you submit your household size and income information during the shopping and enrollment process at [Enroll.CareSource.com](https://enroll.caresource.com). If you qualify, you can save money on your premium, and each time you get medical services. So, consider the total cost of your medical care when you pick a plan. Your total costs include your monthly premium and the costs when you get care. There are two ways the APTC and CSR are distributed:

Advance Premium Tax Credit (APTC)

You can take all or part of this tax credit to lower your monthly premium payments. If you don't take it all, you can use it at tax time. No matter which plan you enroll in, you can use this tax credit.

Cost-Sharing Reduction (CSR) CSRs lower the amount you pay for deductibles, copayments and coinsurance. CSRs only apply to Silver plans, so if you qualify for CSRs, you must enroll in a Silver plan to get them.#

There's a lot of noise around health insurance these days. It can be difficult to know what's true about your coverage and what really matters. At CareSource, we've seen it all. We've been around since 1989, and we provide health coverage to over 2 million members.* We've been helping Marketplace insurance shoppers since the Marketplace opened in 2014, and *we never quit*. CareSource coverage is here when you need it.

*As of August 15, 2023

SHOPPING FOR A PLAN?

Here are some basics to know if you're shopping for an individual or family health insurance plan. CareSource Marketplace plans are Affordable Care Act (ACA)-compliant, which means they are guaranteed to provide all the Essential Health Benefits required by the ACA. These benefits include:

Ambulatory patient care (*outpatient care you get without being admitted to a hospital*)

Emergency services

Hospitalization (*like surgery and overnight stays*)

Pregnancy, maternity and newborn care (*both before and after birth*)

Mental health and substance use disorder services, including treatment (*this includes counseling and psychotherapy*)

Prescription drug coverage

Rehabilitative and habilitative services and devices (*to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills*)

Laboratory services

Preventive and wellness services

Chronic disease management

Pediatric services, including dental and vision care (*but adult dental and vision coverage aren't classified as essential health benefits*)

Birth control coverage

Breastfeeding coverage



Marketplace-qualified plans also have **pre-existing condition coverage and no lifetime or yearly dollar limits for essential health benefits.**

Individual and family health plans that aren't Marketplace-qualified may not provide coverage for all of these items, so to make sure you're getting coverage for all services, purchase a Marketplace-qualified health plan.

CareSource's Marketplace-qualified Dental, Vision and Fitness plans cover more than the essential health benefits. They offer adult dental through DentaQuest®, adult vision through EyeMed®, and a fitness program with access to multiple fitness centers and a home fitness kit. Our plans are comprehensive. There are no lifetime maximums for most benefits, no medical review for enrollment, and we cover an extensive list of prescription drugs. CareSource is now offering Marketplace members \$0 copay telehealth visits via Teladoc® with 24/7 access to U.S.-licensed physicians who can consult, diagnose and prescribe medications by phone or video for short-term illnesses, medical concerns and behavioral health issues.

FIRST STEPS:

To make applying as easy as possible, collect the following information for each family member you are enrolling:

Social Security number or document number for legal immigrants

Employer and income information; for example, wage and tax statements from pay stubs or W-2 forms

If currently covered by health insurance, **the policy number**

If eligible for employer health insurance coverage (*even if the coverage is through another person like a spouse or parent*), information about the employer's health insurance plan

HOW TO ENROLL:

Go to [Enroll.CareSource.com](https://enroll.caresource.com) to find out if you qualify for APTC or CSRs, compare plans and enroll in the plan that best fits your needs!

Visit [CareSource.com](https://caresource.com) to view current plan documents, see which medications are covered in our drug formulary, or find CareSource in-network doctors and hospitals at findadoctor.caresource.com.



QUESTIONS?

CALL US AT

1-844-539-1733

(TTY: 1-833-711-4711 or 711)

We are here to help!

PLANS AVAILABLE

SILVER

CareSource has three different Silver plans to choose from so you can pick the plan that fits your budget – Low Premium Silver, Silver or Diabetes Silver. These are the only plans that offer Cost Share Reductions (CSRs)[#] in addition to premium tax credits. If you qualify for a CSR, your out-of-pocket costs may be reduced by up to 80%. See our Benefits Guide for more detail.



	LOW PREMIUM SILVER	SILVER	DIABETES SILVER
Deductible	\$6,500	\$5,900	\$3,500
Out-of-Pocket Maximum	\$9,100	\$9,100	\$9,450
Coinsurance	50%	40%	50%
Primary Care or Retail Clinic Visit	\$30	\$40	\$35
Specialist Visit	\$70	\$80	\$80
Urgent Care Visit	\$50	\$60	\$70
Emergency Room Visit	\$500*	40%*	\$600*
Lab Outpatient & Professional Services	\$40	40%*	\$75
Generic Prescription Drug Coverage	\$3	\$20	\$3
<i>(30-day Retail / 90-day Retail / 90-day Mail)[‡]</i>	\$9	\$60	\$9
	\$9	\$60	\$9

*After deductible. †Applicable only to drugs in the generic tier on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay.

In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible and Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company.

All services (except ER, Urgent Care and specific exceptions due to Federal and State regulations) must be received by in-network providers in order for coverage to be available. All above plans have additional Cost Sharing Reduction levels available, with eligibility as determined by the Health Insurance Marketplace.

GOLD

This may be a good choice if you expect to have a lot of doctor appointments, need many prescription medications or need other health services. Gold plans have:

Diabetic plan option that offers special preferred coverage for diabetes medications, supplies and care.

Lower out-of-pocket costs. With a Gold plan, the amount you pay each time you get a health service, such as seeing a doctor or filling a prescription, is less than what you'd pay if you have a traditional Bronze or Silver plan.



	GOLD	CORE GOLD	DIABETES GOLD
Deductible	\$1,500	\$2,000	\$1,000
Out-of-Pocket Maximum	\$8,700	\$7,000	\$7,500
Coinsurance	25%	25%	30%
Primary Care or Retail Clinic Visit	\$30	\$20	\$15
Specialist Visit	\$60	\$60	\$50
Urgent Care Visit	\$45	\$40	\$30
Emergency Room Visit	25%*	\$400*	\$500*
Lab Outpatient & Professional Services	25%*	\$30	\$30
Generic Prescription Drug Coverage (30-Day Retail/90-Day Retail/90-Day Mail)*	\$15 \$45 \$45	\$10 \$30 \$30	\$2 \$6 \$6

*After deductible. *Applicable only to drugs in the generic tier on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay.

In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible and Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company.

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BRONZE

Generally, a good choice if you do not expect to have a lot of doctor appointments, don't need many prescription medications or don't need other health services. Unlike many of our competitors, our Bronze First plan offers access to key services — such as primary care and some prescription drugs — prior to having to satisfy your deductible.

	BRONZE FIRST
Deductible	\$7,500
Out-of-Pocket Maximum	\$9,400
Coinsurance	50%
Primary Care or Retail Clinic Visit	\$50
Specialist Visit	\$100
Urgent Care Visit	\$75
Emergency Room Visit	50%*
Lab Outpatient & Professional Services	50%*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail)†	\$25 \$75 \$75

*After deductible. †Applicable only to drugs in the generic tier on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay.

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All services (except ER, Urgent Care and specific exceptions due to Federal and State regulations) must be received by in-network providers in order for coverage to be available. All above plans have additional Cost Sharing Reduction levels available, with eligibility as determined by the Health Insurance Marketplace.



#CSRs also applicable on Limited and Zero plans, available only to members of federally recognized tribes and ANCSA corporation shareholders.

At CareSource, your privacy matters to us. Learn more about our Privacy Practices at [CareSource.com](https://www.caresource.com).

This is a solicitation for health insurance. CareSource Marketplace plans have exclusions, limitations, reductions, and terms under which the policy may be continued in force or discontinued. Premiums, deductibles, coinsurance, and copays may vary based upon individual circumstances and plan selection. Benefits and costs vary based upon plan selection. Not all plans and products offered by CareSource cover the same services and benefits. Covered services and benefits may vary for each plan. For costs and complete details of coverage, please review CareSource's 2024 Evidence of Coverage and Schedule of Benefits documents at [CareSource.com/Marketplace](https://www.caresource.com/Marketplace).

CareSource does not discriminate on the basis of race, color, national origin, disability, age, gender, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

CareSource is a Qualified Health Plan issuer in the



Health Insurance Marketplace