

# BENEFITS GUIDE

North Carolina 2023



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

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 cost of your benefits.

Cost-Sharing Provisions								CSR Level 1 <sup>†</sup>				CSR Level 2 <sup>†</sup>				CSR Level 3 <sup>†</sup>				Gold
	Bronze HSA Eligible	Bronze	Bronze First	Low Premium Silver	Standard Silver	Low Deductible Silver	Essential Silver	Low Premium Silver	Standard Silver	Low Deductible Silver	Essential Silver	Low Premium Silver	Standard Silver	Low Deductible Silver	Essential Silver	Low Premium Silver	Standard Silver	Low Deductible Silver	Essential Silver	
<b>Individual Deductible</b>	\$6,000	\$9,100	\$8,000	\$6,500	\$5,800	\$4,000	\$6,150	\$6,000	\$5,700	\$3,800	\$5,000	\$1,000	\$800	\$650	\$1,700	\$300	\$0	\$200	\$600	\$2,000
<b>Coinsurance</b>	60%	0%	50%	50%	40%	40%	0%	30%	40%	40%	0%	20%	30%	20%	0%	10%	25%	15%	0%	25%
<b>Individual Out-of-Pocket Maximum</b>	\$7,000	\$9,100	\$9,100	\$9,100	\$8,900	\$8,250	\$6,150	\$7,250	\$7,200	\$7,000	\$5,000	\$2,800	\$3,000	\$2,800	\$1,700	\$800	\$1,700	\$1,000	\$600	\$8,700
<b>Primary Care Visit &amp; Retail Clinics</b>	60%*	\$0*	\$40	\$30	\$40	\$30	\$0 for first three visits then \$0*	\$25	\$30	\$25	\$0 for first three visits then \$0*	\$5	\$20	\$5	\$0 for first three visits then \$0*	\$0	\$0	\$0	\$0 for first three visits then \$0*	\$30
<b>Specialist Visit</b>	60%*	\$0*	\$80	\$70	\$80	\$70	\$0*	\$60	\$60	\$60	\$0*	\$40	\$40	\$35	\$0*	\$15	\$10	\$15	\$0*	\$60
<b>Urgent Care</b>	60%*	\$0*	\$80	\$50	\$60	\$60	\$0*	\$50	\$45	\$50	\$0*	\$25	\$30	\$25	\$0*	\$25	\$5	\$15	\$0*	\$45
<b>Emergency Room Services</b>	60%*	\$0*	\$600*	\$500*	40%*	\$500*	\$0*	\$450*	40%*	\$500*	\$0*	\$350*	30%*	\$300*	\$0*	\$300*	25%	\$150*	\$0*	25%*
<b>Lab Outpatient &amp; Professional Services</b>	60%*	\$0*	\$50	\$40	40%*	\$75	\$0*	\$40	40%*	\$50	\$0*	\$15	30%*	\$15	\$0*	\$10	25%	\$5	\$0*	25%*
<b>Generic Drugs: 30-day Retail 90-day Retail 90-day Mail</b>	60%*	\$0*	\$20 \$60 \$60	\$15 \$45 \$45	\$20 \$60 \$60	\$25 \$75 \$75	\$0*	\$10 \$30 \$30	\$20 \$60 \$60	\$25 \$75 \$75	\$0*	\$10 \$30 \$30	\$10 \$30 \$30	\$10 \$30 \$30	\$0*	\$5 \$15 \$15	\$0 \$0 \$0	\$5 \$15 \$15	\$0*	\$15 \$45 \$45
<b>Preferred Brand Drugs: 30-day Retail 90-day Mail</b>	60%*	\$0*	50%*	\$75 \$225	\$40 \$120	\$60 \$180	\$0*	\$60 \$180	\$40 \$120	\$60 \$180	\$0*	\$40 \$120	\$20 \$60	\$35 \$105	\$0*	\$25 \$75	\$15 \$45	\$10 \$30	\$0*	\$30 \$90
<b>Zero Cost Telehealth Partner</b>	\$0 copay telehealth office visits through our preferred partner with access to U.S.-licensed physicians who can consult, diagnose and prescribe medications by phone or video for short-term illnesses.																			
<b>Pediatric Vision</b>	\$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 & aides, additional discounts on other services & glasses.																			
<b>Pediatric Dental</b>	\$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.

\*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](https://www.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 of our core plans, 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 <sup>†</sup>				CSR Level 2 <sup>†</sup>				CSR Level 3 <sup>†</sup>				Gold
	Bronze HSA Eligible	Bronze	Bronze First	Low Premium Silver	Standard Silver	Low Deductible Silver	Essential Silver	Low Premium Silver	Standard Silver	Low Deductible Silver	Essential Silver	Low Premium Silver	Standard Silver	Low Deductible Silver	Essential Silver	Low Premium Silver	Standard Silver	Low Deductible Silver	Essential Silver	
Dental Preventive/Diagnostic	N/A	\$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%	20%	25%	30%	25%	20%	25%	25%	20%	15%	25%	20%	15%	10%	25%	15%
Dental Major/Comprehensive	N/A	50%	50%	50%	45%	40%	45%	50%	45%	40%	45%	45%	40%	40%	45%	40%	40%	35%	45%	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
Eye Exam	N/A	40%	40%	\$40	\$50	\$65	\$50	\$35	\$45	\$65	\$50	\$30	\$45	\$25	\$50	\$25	\$0	\$10	\$50	\$50
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.																		

<sup>†</sup>Silver 1, 2, and 3 are based upon eligibility for Cost Sharing Reductions as determined by the Exchange.

In the charts above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum and Annual Limits). This is not a complete list of benefits. Visit [CareSource.com/plans/marketplace/benefits-services](https://www.caresource.com/plans/marketplace/benefits-services) for more details.

## READY TO ENROLL?

It's easy! Just head to [enroll.CareSource.com!](https://www.caresource.com)

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

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. 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. 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 documents at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource is a Qualified Health Plan issuer in the



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