

BENEFITS GUIDE

Georgia 2027



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 (ACA) – including pediatric 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 that enable you to balance your needs between the premium and out-of-pocket cost of health care.

Covered Services	Low Premium Bronze HMO 12000 \$50	Core Bronze HMO 8500 \$50	Bronze HMO 6800 60% after DED HSA Eligible	Low Premium Silver HMO 7000 \$40	Silver HMO 6000 \$30 \$0 Diabetes care	Silver HMO 6000 \$30 \$0 Healthy heart care	Gold HMO 3400 \$10 \$0 Diabetes care	Gold HMO 3400 \$10 \$0 Healthy heart care	Core Gold HMO 1700 \$20	Low Premium Gold HMO 1500 \$20	Off Exchange Only		
											Low Deductible Silver HMO 5800 \$30	Silver HMO 5800 \$30	HDHP Silver HMO 4000 \$15 after DED
Individual Deductible	\$12,000	\$8,500	\$6,800	\$7,000	\$6,000	\$6,000	\$3,400	\$3,400	\$1,700	\$1,500	\$5,800	\$5,800	\$4,000
Family Deductible	\$24,000	\$17,000	\$13,600	\$14,000	\$12,000	\$12,000	\$6,800	\$6,800	\$3,400	\$3,000	\$11,600	\$11,600	\$8,000
Coinsurance	0%	50%	60%	40%	50%	50%	30%	30%	25%	25%	40%	50%	20%
Individual Out-of-Pocket Maximum	\$12,000	\$11,300	\$8,200	\$9,300	\$10,800	\$10,800	\$8,000	\$8,000	\$9,100	\$9,100	\$10,300	\$10,900	\$8,700
Family Out-of-Pocket Maximum	\$24,000	\$22,600	\$16,400	\$18,600	\$21,600	\$21,600	\$16,000	\$16,000	\$18,200	\$18,200	\$20,600	\$21,800	\$17,400
Primary Care Office Visit	\$50	\$50	60% after deductible	\$40	\$30	\$30	\$10	\$10	\$20	\$20	\$30	\$30	\$15 after deductible
Specialist Office Visit	\$0 after deductible	\$100	60% after deductible	\$75	\$50	\$50	\$40	\$40	\$60	\$50	\$70	\$50	\$35 after deductible
Urgent Care	\$0 after deductible	\$75	60% after deductible	\$70	\$70	\$70	\$30	\$30	\$40	\$40	\$60	\$70	20% after deductible
Emergency Room Facility	\$0 after deductible	50% after deductible	60% after deductible	40% after deductible	50% after deductible	50% after deductible	30% after deductible	30% after deductible	25% after deductible	25% after deductible	40% after deductible	50% after deductible	20% after deductible
Lab Outpatient and Professional Services	\$0 after deductible	50% after deductible	60% after deductible	\$50*	\$75*	\$75*	\$30*	\$30*	\$30*	\$30*	\$40*	\$75*	20% after deductible
\$0 Services, Drugs and Medical Supplies					Diabetes Care: \$0 medical services, drugs & self-management supplies generally related to diabetes - see plan brochure for full list. Healthy Heart Care: \$0 medical services, medical supplies & drugs generally related to the heart - see plan brochure for full list.							Diabetes Care: \$0 medical services, drugs & self-management supplies generally related to diabetes - see plan brochure for full list. Healthy Heart Care: \$0 medical services, medical supplies & drugs generally related to the heart- see plan brochure for full list.	
Preferred Generic Drugs: 30-Day Retail 90-Day Mail	\$0 after deductible \$0 after deductible	\$25 \$62.50	60% after deductible 60% after deductible	\$10 \$25	\$15 \$37.50	\$15 \$37.50	\$10 \$25	\$10 \$25	\$10 \$25	\$20 \$50	\$3 \$7.50	\$15 \$37.50	\$15 after deductible \$37.50 after deductible
Preferred Brand Drugs: 30-Day Retail 90-Day Mail	\$0 after deductible \$0 after deductible	50% after deductible 50% after deductible	60% after deductible 60% after deductible	40% after deductible 40% after deductible	\$100 \$250	\$100 \$250	\$60 \$150	\$60 \$150	\$50 \$125	\$50 \$125	\$70 \$175	\$100 \$250	20% after deductible 20% after deductible
^Teladoc Health®	\$0 copay telehealth visits 24/7 through our preferred partner Teladoc Health. Phone or video access to U.S. licensed physicians who can consult, diagnose, and prescribe medications (if needed). Access Behavioral Health support by appointment.												
^Pediatric Vision	\$0 exams, \$0 retinal imaging, \$0 glasses/contacts, multiple lens options — many at no member cost — low-vision testing & aides, additional discounts on other services & glasses.												



*Per Test. ^CareSource has partnered with EyeMed® and Teladoc Health. Telehealth visits outside of Teladoc Health have cost share applied. 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.



The chart below represents the Cost Share Reduced (CSR) variations of our core plan designs. †Silver 1, 2 and 3 are based upon eligibility for CSR as determined by Georgia Access.

Covered Services	†CSR Level 1			†CSR Level 2			†CSR Level 3		
	Low Premium Silver HMO 6000 \$35	Silver HMO 5000 \$30 \$0 Diabetes care	Silver HMO 5000 \$30 \$0 Healthy heart care	Low Premium Silver HMO 900 \$15	Silver HMO 1000 \$5 \$0 Diabetes care	Silver HMO 1000 \$5 \$0 Healthy heart care	Low Premium Silver HMO 600 \$0	Silver HMO 500 \$0 \$0 Diabetes care	Silver HMO 500 \$0 \$0 Healthy heart care
Individual Deductible	\$6,000	\$5,000	\$5,000	\$900	\$1,000	\$1,000	\$600	\$500	\$500
Family Deductible	\$12,000	\$10,000	\$10,000	\$1,800	\$2,000	\$2,000	\$1,200	\$1,000	\$1,000
Coinsurance	30%	50%	50%	20%	20%	20%	15%	15%	15%
Individual Out-of-Pocket Maximum	\$7,850	\$8,900	\$8,900	\$3,550	\$3,350	\$3,350	\$2,000	\$1,500	\$1,500
Family Out-of-Pocket Maximum	\$15,700	\$17,800	\$17,800	\$7,100	\$6,700	\$6,700	\$4,000	\$3,000	\$3,000
Primary Care Office Visit	\$35	\$30	\$30	\$15	\$5	\$5	\$0	\$0	\$0
Specialist Office Visit	\$70	\$50	\$50	\$40	\$20	\$20	\$15	\$10	\$10
Urgent Care	\$50	\$70	\$70	\$25	\$20	\$20	\$25	\$15	\$15
Emergency Room Facility	30% after deductible	50% after deductible	50% after deductible	20% after deductible	20% after deductible	20% after deductible	15% after deductible	15% after deductible	15% after deductible
Lab Outpatient and Professional Services	\$45*	\$75*	\$75*	\$20*	\$40*	\$40*	\$10*	\$30*	\$30*
\$0 Services, Drugs and Medical Supplies		Diabetes Care: \$0 medical services, drugs & self-management supplies generally related to diabetes - see plan brochure for full list. Healthy Heart Care: \$0 medical services, medical supplies & drugs generally related to the heart- see plan brochure for full list.			Diabetes Care: \$0 medical services, drugs & self-management supplies generally related to diabetes - see plan brochure for full list. Healthy Heart Care: \$0 medical services, medical supplies & drugs generally related to the heart- see plan brochure for full list.			Diabetes Care: \$0 medical services, drugs & self-management supplies generally related to diabetes - see plan brochure for full list. Healthy Heart Care: \$0 medical services, medical supplies & drugs generally related to the heart- see plan brochure for full list.	
Preferred Generic Drugs: 30-day Retail 90-day Mail	\$5 \$12.50	\$10 \$25	\$10 \$25	\$3 \$7.50	\$5 \$12.50	\$5 \$12.50	\$2 \$5	\$3 \$7.50	\$3 \$7.50
Preferred Brand Drugs: 30-day Retail 90-day Mail	30% after deductible 30% after deductible	\$80 \$200	\$80 \$200	20% after deductible 20% after deductible	\$50 \$125	\$50 \$125	15% after deductible 15% after deductible	\$30 \$75	\$30 \$75
^Teladoc Health®	\$0 copay telehealth visits 24/7 through our preferred partner Teladoc Health. Phone or video access to U.S. licensed physicians who can consult, diagnose, and prescribe medications (if needed). Access Behavioral Health support by appointment.								
^Pediatric Vision	\$0 exams, \$0 retinal imaging, \$0 glasses/contacts, multiple lens options — many at no member cost — low-vision testing & aides, additional discounts on other services & glasses.								

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 (EOC). 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 EOC and Schedule of Benefits documents at [CareSource.com/marketplace](#).

CareSource is a certified Georgia Access enrollment partner.



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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 Vision and Fitness available! Our Adult Vision and Fitness Plans are available for as little as \$4 or \$5 per month∞. Adults on the plan get eye care through EyeMed®. EyeMed offers \$250 annual allowance for eyewear, low-cost exams and extra discounts through EyeMed, one of the nation’s largest eye care providers. The Fitness Program benefits are administered by American Specialty Health® through their Active&Fit® program and include an annual fitness center membership, home fitness kits, access to on-demand workout videos, Well-Being Coach and more!

Off Exchange Only plans available! In addition to our On Exchange plan offerings, CareSource also offers Off Exchange Only plans — sold exclusively outside of the Health Insurance Georgia Access, with the same ACA-compliant coverage and the added benefit of dealing directly with CareSource at a lower premium than plans purchased through the exchange. Off Exchange Only plans are not eligible for APTC or CSR subsidies. Some Off Exchange Only plans are HSA-compatible. Visit [CareSource.com/marketplace](#) to learn more or to compare plans.

Ready to enroll? It’s easy! Contact your insurance agent/agency, or head to [Enroll.CareSource.com!](#)

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

∞Based on a 30 year old. Your cost may vary based on your demographics.

Other Ways to Enroll:

- Contact your local insurance agent or agency.
- Visit [HealthCare.gov](#) or contact the Marketplace at 1-800-318-2596.
- Visit [GeorgiaAccess.gov](#) or call 1-888-687-1503.

