

BENEFITS GUIDE

Ohio 2026



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 10600 \$25 Generic Drugs | Bronze 7500 \$25 Generic Drugs | Low Premium Silver 6200 \$3 Generic Drugs | Silver 6000 \$20 Generic Drugs | Diabetes Silver 5000 \$0 Chronic Care Drugs & Services | Healthy Heart Silver 5000 \$0 Chronic Care Drugs & Services | HDHP Preventive Silver 5500 \$0 Chronic Care Drugs | Gold 2000 \$15 Generic Drugs | Core Gold 1500 \$10 Generic Drugs | Diabetes Gold 3000 \$0 Chronic Care Drugs & Services | Healthy Heart Gold 3000 \$0 Chronic Care Drugs & Services |
|---|---|-----------------------------------|--|-----------------------------------|---|---|---|---------------------------------|--------------------------------------|---|---|
| Individual Deductible | \$10,600 | \$7,500 | \$6,200 | \$6,000 | \$5,000 | \$5,000 | \$5,500 | \$2,000 | \$1,500 | \$3,000 | \$3,000 |
| Coinsurance | 0% | 50% | 40% | 40% | 50% | 50% | 0% | 25% | 25% | 30% | 30% |
| Individual Out-of-Pocket Maximum | \$10,600 | \$10,000 | \$9,800 | \$8,900 | \$9,500 | \$9,500 | \$5,500 | \$8,200 | \$8,000 | \$8,500 | \$8,500 |
| Primary Care Visit | \$0* | \$50 | \$40 | \$40 | \$30 | \$30 | \$0* | \$30 | \$20 | \$10 | \$10 |
| Specialist Visit | \$0* | \$100 | \$75 | \$80 | \$50 | \$50 | \$0* | \$60 | \$60 | \$40 | \$40 |
| Urgent Care | \$0* | \$75 | \$70 | \$60 | \$70 | \$70 | \$0* | \$45 | \$40 | \$30 | \$30 |
| Emergency Room Services | \$0* | 50%* | 50%* | 40%* | 50%* | 50%* | \$0* | 25%* | 15%* | 10%* | 10%* |
| Lab Outpatient & Professional Services | \$0* | 50%* | \$50 | 40%* | \$75 | \$75 | \$0* | 25%* | \$30 | \$30 | \$30 |
| \$0 Chronic Care Services, Drugs and Medical Supplies | | | | | \$0 copay for chronic care drugs, self-management supplies, medical services, screenings and tests, and more included as part of our enhanced \$0 chronic care health services plans. | | | | | \$0 copay for chronic care drugs, self-management supplies, medical services, screenings and tests, and more included as part of our enhanced \$0 chronic care health services plans. | |
| Generic Drugs: 30-Day Retail 90-Day Retail 90-Day Mail | \$25 \$75 \$62.50 | \$25 \$75 \$62.50 | \$3 \$9 \$7.50 | \$20 \$60 \$50 | \$15 \$45 \$37.50 | \$15 \$45 \$37.50 | \$0* | \$15 \$45 \$37.50 | \$10 \$30 \$25 | \$10 \$30 \$25 | \$10 \$30 \$25 |
| Preferred Brand Name Drugs: 30-Day Retail 90-Day Mail | \$0* | \$50* \$125* | \$75 \$187.50 | \$40 \$100 | \$100 \$250 | \$100 \$250 | \$0* | \$30 \$75 | \$50 \$125 | \$60 \$150 | \$60 \$150 |
| ^Teladoc® | \$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 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. | | | | | | | | | | |

*After deductible. ^CareSource has partnered with EyeMed® and Teladoc®. Cost share for telehealth visits varies by plan. 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 the Marketplace.

| Covered Services | CSR Level 1 | | | | | CSR Level 2 | | | | | CSR Level 3 | | | | |
|---|---|-----------------------------------|---|--|---|--|----------------------------------|---|--|--|--|----------------------------------|---|---|--|
| | Low Premium Silver 5500 \$3 Generic Drugs | Silver 3000 \$20 Generic Drugs | Diabetes Silver 4600 \$0 Chronic Care Drugs & Services | Healthy Heart Silver 4600 \$0 Chronic Care Drugs & Services | HDHP Preventive Silver 4750 \$0 Chronic Care Drugs | Low Premium Silver 800 \$2 Generic Drugs | Silver 700 \$10 Generic Drugs | Diabetes Silver 1000 \$0 Chronic Care Drugs & Services | Healthy Heart Silver 1000 \$0 Chronic Care Drugs & Services | Preventive Silver 1750 \$0 Chronic Care Drugs | Low Premium Silver 500 \$0 Generic Drugs | Silver Zero \$0 Generic Drugs | Diabetes Silver 250 \$0 Chronic Care Drugs & Services | Healthy Heart Silver 250 \$0 Chronic Care Drugs & Services | Preventive Silver 700 \$0 Chronic Care Drugs |
| Individual Deductible | \$5,500 | \$3,000 | \$4,600 | \$4,600 | \$4,750 | \$800 | \$700 | \$1,000 | \$1,000 | \$1,750 | \$500 | \$0 | \$250 | \$250 | \$700 |
| Coinsurance | 30% | 40% | 50% | 50% | 0% | 20% | 30% | 20% | 20% | 0% | 15% | 25% | 15% | 15% | 0% |
| Individual Out-of-Pocket Maximum | \$7,900 | \$7,400 | \$8,000 | \$8,000 | \$4,750 | \$3,400 | \$3,300 | \$3,350 | \$3,350 | \$1,750 | \$1,150 | \$2,200 | \$1,100 | \$1,100 | \$700 |
| Primary Care Visit | \$35 | \$40 | \$30 | \$30 | \$0* | \$15 | \$20 | \$5 | \$5 | \$0* | \$0 | \$0 | \$0 | \$0 | \$0* |
| Specialist Visit | \$70 | \$80 | \$50 | \$50 | \$0* | \$40 | \$40 | \$20 | \$20 | \$0* | \$15 | \$10 | \$10 | \$10 | \$0* |
| Urgent Care | \$50 | \$60 | \$70 | \$70 | \$0* | \$25 | \$30 | \$20 | \$20 | \$0* | \$25 | \$5 | \$15 | \$15 | \$0* |
| Emergency Room Services | 30%* | 40%* | 50%* | 50%* | \$0* | 15%* | 30%* | 15%* | 15%* | \$0* | 15%* | 25% | 10%* | 10%* | \$0* |
| Lab Outpatient & Professional Services | \$45 | 40%* | \$75 | \$75 | \$0* | \$20 | 30%* | \$40 | \$40 | \$0* | \$10 | 25% | \$30 | \$30 | \$0* |
| \$0 Chronic Care Services, Drugs and Medical Supplies | | | \$0 copay for chronic care drugs, self-management supplies, medical services, screenings and tests, and more included as part of our enhanced \$0 chronic care health services plans. | | | | | \$0 copay for chronic care drugs, self-management supplies, medical services, screenings and tests, and more included as part of our enhanced \$0 chronic care health services plans. | | | | | \$0 copay for chronic care drugs, self-management supplies, medical services, screenings and tests, and more included as part of our enhanced \$0 chronic care health services plans. | | |
| Generic Drugs: 30-Day Retail 90-Day Retail 90-Day Mail | \$3 \$9 \$7.50 | \$20 \$60 \$50 | \$10 \$30 \$25 | \$10 \$30 \$25 | \$0* | \$2 \$6 \$5 | \$10 \$30 \$25 | \$5 \$15 \$12.50 | \$5 \$15 \$12.50 | \$0* | \$0 | \$0 | \$3 \$9 \$7.50 | \$3 \$9 \$7.50 | \$0* |
| Preferred Brand Name Drugs: 30-Day Retail 90-Day Mail | \$75 \$187.50 | \$40 \$100 | \$80 \$200 | \$80 \$200 | \$0* | \$40 \$100 | \$20 \$50 | \$50 \$125 | \$50 \$125 | \$0* | \$25 \$62.50 | \$15 \$37.50 | \$30 \$75 | \$30 \$75 | \$0* |
| ^Teladoc® | \$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 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](https://www.caresource.com/marketplace).

*After deductible. ^CareSource has partnered with EyeMed® and Teladoc®. Cost share for telehealth visits varies by plan.
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 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, healthy living coaching and more!

Ready to enroll? It's easy! Contact your insurance agent/agency, or head to [Enroll.CareSource.com](https://www.caresource.com)!
Need a little more help? Call us at **1-844-539-1733 (TTY: 711)**.

Other Ways to Enroll:

- Contact your local insurance agent or agency.
- Visit [HealthCare.gov](https://www.healthcare.gov) or contact the Marketplace at 1-800-318-2596.

