

# Health Insurance Marketplace



# Our Mission

To make a lasting difference in our members' lives by improving their health and well-being.



## ABOUT US

- A nonprofit health care plan and national leader in Managed Care
- 30+ year history of serving people across multiple states and insurance products
- Currently serving over 2.32 million members\* in Georgia, Kentucky, Ohio, Indiana, Arkansas, West Virginia and North Carolina
- 4,500 employees located across 30 states



**2.32M+**  
members



\*Based on members enrolled in all CareSource product lines across all states as of 6/28/2023.



# OUR VISION

Transforming lives through  
innovative health and life services.

It's not just about making a change.  
It's about making a ***difference***.

# We got **you**.

All essential health  
benefits covered.

Coverage for  
pre-existing conditions.

No annual or lifetime dollar  
limits for essential health  
benefits.

Preventive services  
covered at no cost.



# Saving Money On Health Insurance

The majority of CareSource Marketplace members qualify for subsidies\* that help bring down the total cost of a Marketplace insurance plan.

## COST-SHARING REDUCTION (CSR)

Extra savings on out-of-pocket costs that lower the amount owed for any deductible, copayments and coinsurance. CSRs only apply to Silver plans<sup>#</sup>, so if you qualify for a CSR, you must enroll in a Silver plan in the Marketplace to get it.

## ADVANCE PREMIUM TAX CREDIT (APTC)

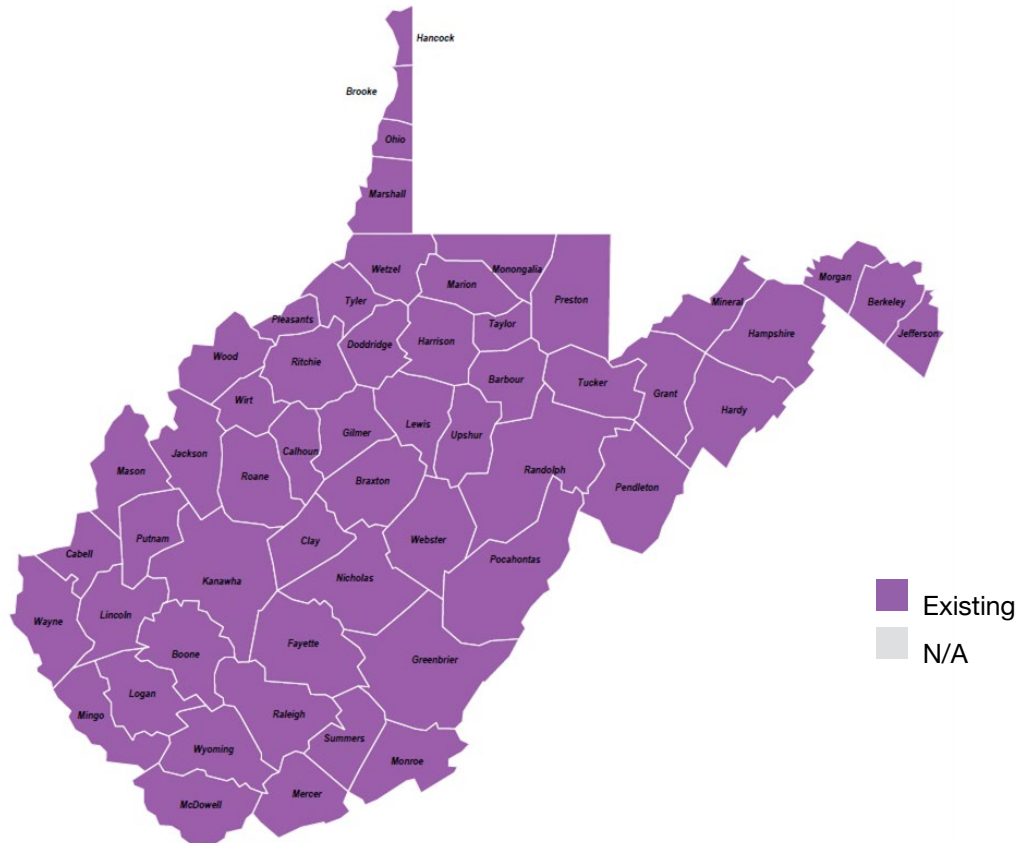
Take all or part of this tax credit in advance to lower your monthly premium payments. This can be used no matter which metal level plan (Gold, Silver, Bronze) you enroll in.

*\*Based on CareSource Marketplace membership as of August 2023. Eligibility for subsidies is determined by the Health Insurance Marketplace, not CareSource.*

*<sup>#</sup>CSRs are also applicable on Limited and Zero plans, available only to members of federally-recognized tribes and ANCSA corporation shareholders.*



# CareSource Coverage Area



**Member Services**  
**1-833-230-2099** (TTY: 1-833-711-4711 or 711)  
**CareSource.com/Plans/Marketplace**

*\*Coverage area subject to change.*





# Consider This...

## It is easy to underestimate how much medical care can cost:

- A broken leg can cost up to **\$7,500** to treat.
- The average cost of a three-day hospital stay is around **\$30,000**.
- Comprehensive cancer care can cost hundreds of thousands of dollars.

*Having health coverage can help protect you from high, unexpected costs like these.*



Source: [healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/](https://healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/)

# Essential Health Benefits

- Preventive and wellness services
- Chronic disease management
- Emergency services
- Hospitalization
- Prescription drugs
- Pediatric care, including dental and vision
- Birth control coverage
- Pregnancy, maternity and newborn care
- Breastfeeding coverage
- Ambulatory patient services
- Mental health and substance use disorder services, including treatment
- Rehabilitative and habilitative services and devices
- Laboratory services





# Open Enrollment

November 1 – January 15

*New enrollees must make their first premium payment to activate their coverage.*

## How to Enroll:

- Visit: **Enroll.CareSource.com**
- Call: **1-844-539-1733**  
(TTY: 1-833-711-4711 or 711)

After January 15, you can enroll only if you have a qualifying life event for a Health Insurance Marketplace Special Enrollment Period (SEP).

If you enroll after December 15, be aware that your enrollment will not take effect until January 1, 2024.



You can also enroll by visiting [HealthCare.gov](https://HealthCare.gov) or by calling 1-800-318-2596.



# Special Enrollment Period

## Examples of the most common qualifying life events include:

1. Getting married
2. Having a baby
3. Moving outside your insurer's coverage area
4. Getting a divorce
5. Leaving incarceration
6. Adopting a child or placing a child for adoption or foster care
7. Losing minimum essential coverage

Available year-round for people who qualify.

*Federal and state laws limit enrollment into CareSource plans to designated time periods within a calendar year (open enrollment), unless you qualify for a special enrollment period. CareSource does not determine whether you will qualify for a special enrollment period. Please contact the Health Insurance Marketplace for greater detail on special enrollment periods.*



# Silver Plans

## Budget-Friendly, Subsidy-Eligible

NEW for 2024: Diabetes Silver!

Choose the plan that fits your budget — Low Premium, Low Deductible, Core Silver, Diabetes Silver or the Standard plan, which helps you balance premiums and cost shares (deductibles, copays and coinsurance). Plus, Silver plans are subsidy-eligible (Cost Share Reduction) for those who qualify. Subsidies can lower these cost shares significantly.

	Low Premium Silver	Silver	Core Silver	Low Deductible Silver	Diabetes Silver
<b>Deductible</b>	\$6,500	\$5,900	\$6,000	\$4,000	\$3,500
<b>Out-of-Pocket Maximum</b>	\$9,100	\$9,100	\$8,900	\$9,200	\$9,450
<b>Coinsurance</b>	50%	40%	40%	40%	50%
<b>Primary Care or Retail Clinic Visit</b>	\$30	\$40	\$30	\$30	\$35
<b>Specialist Visit</b>	\$70	\$80	\$70	\$90	\$80
<b>Urgent Care Visit</b>	\$50	\$60	\$60	\$60	\$70
<b>Emergency Room Visit</b>	\$500*	40%*	\$500*	\$500*	\$600*
<b>Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) ‡</b>	\$3	\$20	\$3	\$3	\$3
	\$9	\$60	\$9	\$9	\$9
	\$9	\$60	\$9	\$9	\$9
<b>^Pediatric Dental and Vision Services</b>	\$0 preventive/diagnostic, varying cost shares for restorative/basic, major comprehensive and medically-necessary orthodontics.				

\*After deductible. 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. ‡Applicable only to drugs in the generic tier on the formulary. 90-day Retail only applies to generic tier. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. 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. ^CareSource has partnered with DentaQuest®, EyeMed® and Teladoc®.




# Gold Plan

## Higher Premiums, Lower Out-of-Pocket Costs

NEW for 2024: Diabetes Gold!

Typically, a good choice if you expect to have a lot of doctor appointments, need many prescription medicines or need other health services. Gold plans also have a diabetic plan option that offers special preferred coverage for diabetes medications, supplies and care.

	Gold	Core Gold	Diabetes Gold
<b>Deductible</b>	\$1,500	\$2,000	\$1,000
<b>Out-of-Pocket Maximum</b>	\$8,700	\$7,000	\$7,500
<b>Coinsurance</b>	25%	25%	30%
<b>Primary Care or Retail Clinic Visit</b>	\$30	\$20	\$15
<b>Specialist Visit</b>	\$60	\$60	\$50
<b>Urgent Care Visit</b>	\$45	\$40	\$30
<b>Emergency Room Visit</b>	25%*	\$400*	\$500*
<b>Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) ‡</b>	\$15	\$10	\$2
	\$45	\$30	\$6
	\$45	\$30	\$6
<b>^Pediatric Dental &amp; Vision Services</b>	\$0 preventive/diagnostic, varying cost shares for restorative/basic, major comprehensive and medically-necessary orthodontics.		

 \*After deductible. 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. ‡Applicable only to drugs in the generic tier on the formulary. 90-day Retail only applies to generic tier. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. 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. ^CareSource has partnered with DentaQuest®, EyeMed® and Teladoc®.



# Bronze Plans

## Lowest Premiums, Highest Out-of-Pocket Costs

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%*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) ‡	\$25
	\$75
	\$75
^Pediatric Dental & Vision Services	\$0 preventive/diagnostic, varying cost shares for restorative/basic, major comprehensive and medically-necessary orthodontics.

\*After deductible. 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. ‡Applicable only to drugs in the generic tier on the formulary. 90-day Retail only applies to generic tier. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. 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. ^CareSource has partnered with DentaQuest®, EyeMed® and Teladoc®.



# Diabetes Plan Highlights

Plans are offered in Silver and Gold

## **Specialized Medical Services:**

- Hemoglobin A1C test - \$0 member cost
- Retinopathy screening - \$0 member cost
- Diabetic kidney disease screening - \$0 member cost

## **Pharmacy:**

- Preferred Diabetic RXs - \$0 member cost (Tier 0 and Tier 1)
- Glucometer - \$0 member cost
- Needles, lancets, strips, alcohol swabs - \$0 member cost

## **Rider Benefits:**

- Adult Routine vision - \$0 member cost eye exams via EyeMed®



# Telehealth

- Through our Zero Cost Telehealth Partner Program, you have \$0 copay telehealth office visits through Teladoc®.
- Other telehealth office visits have the same cost share as visits to your Primary Care Physician. Non-office visits have the same cost share as an in-person visit.
- CareSource fully supports your choice to use telehealth and is willing to partner with your Provider.
- Our Zero Cost Telehealth Partner, Teladoc, has U.S.-licensed physicians who can consult, diagnose and prescribe medications by phone or video for short-term illnesses.



# Pediatric Vision Benefits

All CareSource Marketplace plans provide pediatric vision benefits.

With the CareSource pediatric vision benefit, kids can learn, grow and succeed through healthy eye care habits. We even provide coverage for replacement eyewear if it's medically necessary.

Vision Care Services	In-Network Member Cost
<b>Exam with Dilation as Necessary</b>	\$0 copay. Retinal Imaging at no member cost share.
<b>Contact Lenses Fit &amp; Follow-up</b> Standard contact lenses Premium contact lenses	Up to \$40 copay. 10% off retail price.
<b>Frames</b> Any available frame at a provider location	100% coverage for provider-designated frames.
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal Lenticular Progressive	\$0 copay. \$0 copay. \$0 copay. \$0 copay. See fixed premium progressive price list.
<b>Contact Lenses</b> <i>(includes materials only for one of the options below)</i> Conventional Extended Wear Disposables  Daily Wear / Disposable	100% coverage for provider-designated contact lenses. Six-month supply of monthly or two-week disposable, single vision, spherical or toric contact lenses. Three-month supply of daily disposable, single vision, spherical contact lenses.
<b>Frequency</b> Examination Eyewear (eyeglasses or contacts)	Once every calendar year. Once every calendar year.
<b>Replacement Glasses</b>	If medically necessary, 1 replacement for glasses as outlined above.

**Additional savings...**

**40% off**  
additional pair discount\*

**20% off**  
non-prescription sunglasses\*

\*These discounts are offered at in-network providers only. Discounts are not funded by CareSource.

See benefit summary details for full list of vision care services.





# Optional Adult Dental, Vision and Fitness Benefits

For around \$10\* more per month, adults on your plan get access to benefits to treat the whole person – Dental, Vision and Fitness – all with one premium and one relationship.

## **DENTAL BENEFITS\*\* INCLUDE:**

- \$1,000 annual allowance
- \$0 cost share for diagnostic and preventive services
- Basic and major restorative services (fillings, extractions, root canals, dentures and crowns), subject to cost share

\*Based on a single 30-year-old member. Your premium difference may be more or less based on your member and plan characteristics. \*\*Partnered with DentaQuest®.



# Adult Vision Benefits

CareSource has partnered with EyeMed® to bring you access to the biggest network with the most choice – including hundreds of independent providers, and truly in-network access to popular national retailers as well as regional favorites. There are convenient locations with extended evening and weekend hours.

Vision Care Services	In-Network Member Cost
<b>Exam with Dilation as Necessary</b>	\$0-\$65 Copay or 40% Coinsurance.† Retinal Imaging at no cost to member.
<b>Frame, Lenses &amp; Options Package</b> Any frame, lenses and lens options available at provider location.	\$250 allowance for frame, lenses, and lens options, 20% off balance over \$250.
<b>Contact Lenses</b> <i>(includes materials only for one of the options below)</i>	
Conventional	\$0 copay; \$250 allowance, 15% off balance over \$250.
Disposable	\$0 copay; \$250 allowance, plus balance over \$250.
<b>Laser Vision Correction</b> LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price.
<b>Frequency</b>	
Examination	Once every calendar year.
Frame & Lenses or Contact Lenses	Once every calendar year.

## Additional savings...

**40% off**  
additional pair  
discount\*

**20% off**  
non-prescription  
sunglasses\*

**20% off**  
any remaining  
frame balance\*

\*These discounts are offered at in-network providers only. Discounts are not funded by CareSource.

†Extra Discounts may be available for those that qualify for a CSR.



# Fitness Benefits

The Dental, Vision and Fitness plan comes with all these fitness benefits. No monthly gym fee, no contracts, no cost\*!

- Fitness Center Membership: Join participating fitness centers in our national network of 13,000+ locations\*, including select LA Fitness®, Planet Fitness® and more. Access a premium fitness network, with a buy-up price, with 7,000+ fitness center choices, like rock climbing gyms and rowing centers.
- Get one home fitness kit: Choose from yoga, Pilates, total body strength and more. Some kits include a wearable device (e.g., Fitbit® or Garmin®).
- Over 8,000+ on-demand workout videos, for all fitness levels.
- Over-the-phone healthy living coaching sessions, in areas like fitness, nutrition, stress and sleep.
- Get Started Program, online tools and more at [www.ActiveandFit.com](http://www.ActiveandFit.com).

*\*Limitations and Exclusions apply to the Program. Full details are available in the applicable 2024 CareSource Marketplace plan Evidence of Coverage or by calling CareSource. Non-standard services at the fitness center and premium fitness network may have costs associated.*





# How To Enroll

Visit **Enroll.CareSource.com**

Shop for plans, compare benefits, premiums and cost-sharing amounts.  
Then, enroll in the plan that suits your health care needs and budget best!

Prefer to talk to someone?  
We will be happy to help you!

Just call toll-free  
**1-844-539-1733**  
(TTY: 1-833-711-4711 or 711)

Open enrollment begins on November 1.



You can also enroll by visiting [HealthCare.gov](https://www.healthcare.gov) or by calling 1-800-318-2596.





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. For costs and complete details of coverage, please review CareSource's 2024 Evidence of Coverage and Schedule of Benefit at [CareSource.com/Marketplace](https://www.caresource.com/Marketplace).

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.

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.

You may view the Access Plan, as required by the Health Benefit Plan Network Access and Adequacy Act, online at <https://www.caresource.com/documents/wv-exc-m-1304300-final-public-caresource-access-plan/> You may also contact us at **1-833-230-2099** (TTY: 1-833-711-4711 or 711) to request a copy.

