

MARKETPLACE

WE GOT YOU.

2023 Georgia




CareSource[®]



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 the 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. If you qualify, it can save you money on your premium, as well as 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 payments you make when you get care. There are two ways the APTC and CSR are distributed:

Advance Premium Tax Credit (APTC)

Tax credit taken in advance, in whole or in part, to lower monthly premium payments. This can be used no matter what plan you enroll in.

Cost-Sharing Reduction (CSR)

CSRs lower the amount you have to pay for deductibles, copayments and coinsurance. CSRs only apply to Silver plans, so if you qualify for a CSR, you must enroll in a Silver plan to get it#.

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. But at CareSource, we've seen it all. We've been around since 1989, and we're currently providing 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 June 14, 2022

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 services (*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 behavioral health treatment (*this includes counseling and psychotherapy*)

Prescription drugs

Rehabilitative and habilitative services and devices (*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 and 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

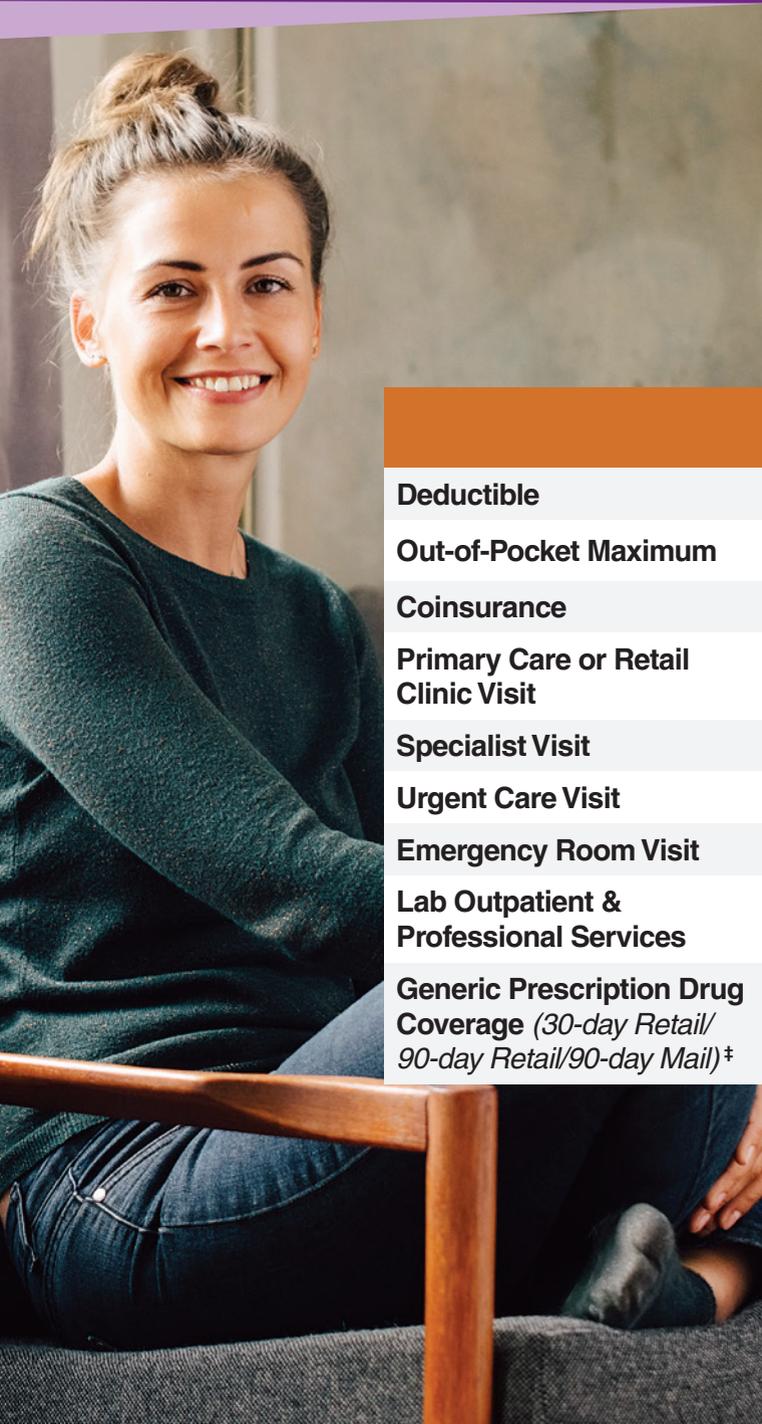


Marketplace-qualified plans also have pre-existing condition coverage and no lifetime or yearly dollar limits for essential health benefits.

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 Enhanced Benefit plans cover more than the essential health benefits. Our plans offer adult dental, adult vision and a fitness program with access to multiple fitness centers or home fitness kits. 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 offers Marketplace members \$0 telehealth visits with licensed physicians who can consult, diagnose and prescribe medications by phone or video for short-term illness, medical concerns and behavioral health issues.

PLANS AVAILABLE FOR PURCHASE:



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. Plus, the Health Savings Account (HSA)-eligible plan provides a tax-free way to save for health care costs. It can be used in cooperation with an HSA from the bank of your choice. If you don't already have an HSA set up, CareSource has partnered with HSA Bank™ to make it easy for you to take part in the savings!

	BRONZE	BRONZE FIRST	BRONZE HSA-ELIGIBLE
Deductible	\$9,100	\$8,000	\$6,000
Out-of-Pocket Maximum	\$9,100	\$9,100	\$7,000
Coinsurance	0%	50%	60%
Primary Care or Retail Clinic Visit	\$0*	\$40	60%*
Specialist Visit	\$0*	\$80	60%*
Urgent Care Visit	\$0*	\$80	60%*
Emergency Room Visit	\$0*	\$600*	60%*
Lab Outpatient & Professional Services	\$0*	\$50	60%*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail)†	\$0*	\$20 / \$60 / \$50	60%*

*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, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

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.

SILVER

CareSource has four different Silver plans to choose from so you can pick the plan that fits your budget – **Low Premium, Standard, Federal Standard** and **Essential Silver** plan. These are the only plans that offer CSRs# in addition to premium tax credits. If you qualify for a CSR, the cost of most benefits listed below will be reduced. See our Benefits Guide for more detail.



	LOW PREMIUM SILVER	FEDERAL STANDARD SILVER	STANDARD SILVER	ESSENTIAL SILVER
Deductible	\$6,500	\$5,800	\$5,800	\$6,150
Out-of-Pocket Maximum	\$9,100	\$8,900	\$8,900	\$6,150
Coinsurance	50%	40%	40%	0%
Primary Care or Retail Clinic Visit	\$30	\$40	\$30	\$0 for first three visits then \$0*
Specialist Visit	\$70	\$80	\$70	\$0*
Urgent Care Visit	\$50	\$60	\$60	\$0*
Emergency Room Visit	\$500*	40%*	\$500*	\$0*
Lab Outpatient & Professional Services	\$40	40%*	\$50	\$0*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) ‡	\$15 / \$45 / \$37.50	\$20 / \$60 / \$50	\$20 / \$60 / \$50	\$0*

*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, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

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:

Higher premiums. You pay more each month for a Gold plan than you would for another metal level.

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.

	FEDERAL STANDARD GOLD	GOLD
Deductible	\$2,000	\$2,000
Out-of-Pocket Maximum	\$8,700	\$7,000
Coinsurance	25%	25%
Primary Care or Retail Clinic Visit	\$30	\$20
Specialist Visit	\$60	\$60
Urgent Care Visit	\$45	\$40
Emergency Room Visit	25%*	\$400*
Lab Outpatient & Professional Services	25%*	25%
Generic Prescription Drug Coverage (30-Day Retail/90-Day Retail/90-Day Mail)*	\$15 / \$45 / \$37.50	\$10 / \$30 / \$25

*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, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

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.



FIRST STEPS:

To make your application process as smooth as possible, you'll need to 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:

Head to enroll.CareSource.com to find out if you qualify for CSRs or APTCs, shop and compare plans and enroll in the plan that best fits your needs!

You can also visit 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: 711)



†Excluding HSA-Eligible plan.

#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 2022 Evidence of Coverages and Schedules 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