

MARKETPLACE

# INDIVIDUAL & FAMILY PLANS



  
*CareSource*<sup>®</sup>



## We Got You.

CareSource is excited to support you and your health care needs. With a broad network, all the protections of the Affordable Care Act and no referrals to see specialists, we've got your back every step of the way.

**We Got You!**

No Reason to Wait.

## Enroll Now!

Call CareSource at **1-844-539-1733** or speak to your local agent or broker about enrolling in the plan that best fits your needs!



# CHRONIC CONDITION HEALTH PLANS AVAILABLE!

## Silver 4200 \$0 Select Drugs and Specialized Services

### \$0 Chronic Care Drugs:

- **Regular insulins:** Humulin N, Novolin N, Humulin R, Novolin R, Humulin 70/30, Novolin 70/30
- **Rapid-acting insulins:** Insulin lispro (biosimilar to Humalog) and insulin aspart (biosimilar to NovoLog)
- **Long-acting insulins:** Basaglar, Rezvoglar, Tresiba
- **Generic oral drugs:** Acarbose, alogliptin, alogliptin-metformin, alogliptin-pioglitazone, dapagliflozin\* (generic for Farxiga), glimepiride, glipizide, glipizide-metformin, glyburide, glyburide-metformin, metformin, miglitol, nateglinide, pioglitazone, pioglitazone-metformin, pioglitazone-glimepiride, repaglinide
- **Brand name oral drugs:** Jardiance\*

\* Medications with asterisks require prior authorization or step therapy.

### \$0 Chronic Care Self-Management Supplies on Prescription Drug List | Retail & Mail:

- **Continuous glucose monitors** (Dexcom\*, FreeStyle Libre\*)
- **Insulin delivery device** - Omnipod\*
- **Glucose meter and test strips**
- **Diabetes supplies** (urine ketone strips)

\* Items with asterisks require prior authorization.

### \$0 Chronic Care Medical Services:

- **Diabetes self-management education**
- **Nutritional counseling**
- **Routine diabetic foot care**
- **A1C testing**
- **Retinopathy eye screening**
- **Diabetic kidney disease screening**

### Other plan highlights include:

- **A strong network of providers:** including networks for diabetes targeted health systems and other provider specialties for complex symptom management. Specialist visits do not require a referral from your Primary Care Provider (PCP) or CareSource.
- **Expanded formulary:** Includes drugs like Ozempic\*, Trulicity\*, Rybelsus\*.
- **Home delivery option:** Use Express Scripts® to get 90-day supplies of your diabetes maintenance medications delivered directly to your home or doctor's office. A convenient and cost-effective choice for getting your maintenance medications. 90-day supply at 2.5x the cost of a 30-day supply to save you money!
- **Diabetes coaching program:** Includes a member-centric care plan focused on diet, exercise, medication and lifestyle changes.

\* Medications with asterisks require prior authorization.



# HDHP Preventive Gold HMO 3400 0% and HDHP Preventive Silver HMO 5600 0%

## \$0 Chronic Care Medical Services:

- Retinopathy eye screening
- A1C Test
- Low Density Lipoprotein (LDL)

## \$0 Preventive Drugs:

- **ACE inhibitors** – Benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril, trandolapril, benazepril-hctz, captopril-hctz, enalapril-hctz, fosinopril-hctz, lisinopril-hctz, quinapril-hctz
- **Beta-blockers** – Acebutolol, atenolol, bisoprolol, metoprolol succinate (ER), metoprolol tartrate (IR), nadolol, propranolol, sotalol, sotalol AF, timolol
- **Statins** – Atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
- **Anti-diabetics:**
  - **Generics:** Acarbose, alogliptin, alogliptin-metformin, alogliptin-pioglitazone, dapagliflozin\* (generic for Farxiga), glimepiride, glipizide, glipizide-metformin, glyburide, glyburide-metformin, metformin, miglitol, nateglinide, pioglitazone, pioglitazone-metformin, pioglitazone-glimepiride, repaglinide
  - **Brand name:** Jardiance\*, Synjardy\*
  - **Insulins:** Basaglar, Rezvoglar, Tresiba, Humulin N, Humulin R, Humulin 70/30, insulin aspart (biosimilar to NovoLog), insulin lispro (biosimilar to Humalog), Novolin N, Novolin R, Novolin 70/30

\* Items with asterisks require prior authorization or step therapy.

## \$0 Chronic Care Self-Management Supplies on Prescription Drug List | Retail & Mail:

- **Diabetic supplies:** Glucose meter, test strips and urine ketone test strips



## Special Programs and Support

We have created benefits and special support programs that will provide comprehensive coverage for you and your family's overall health and well-being.

### • Care Management Program:

- Work with a Care Manager to learn more about your condition and how to take care of yourself better, take your medications correctly, coordinate doctor visits and more.
- Care Managers can be your single point of contact with CareSource, to help you navigate and understand your health benefits.

### • Medication Management:

- Special expanded formulary provides zero-cost brand name and generic drugs to prevent complications from common diseases.
- Support from pharmacists to help you manage medications and avoid potential drug interactions.

## The HDHP plans are HSA eligible!

While anyone can enroll, the key benefit is to reduce expenses on preventive care for those diagnosed with chronic conditions such as diabetes, congestive heart failure and coronary artery disease.

# Health Savings Accounts and HSA Bank

CareSource offers High Deductible Health Plans (HDHPs) that can be paired with a Health Savings Account (HSA) to save for health care expenses now and in the future.

While we do not create, manage or administer any HSA in conjunction with any CareSource HDHP plan, you can take advantage of our partnership with HSA Bank to set up a Health Savings Account.

## What is a Health Savings Account?

A Health Savings Account, or HSA, is a tax-advantaged savings account you can use for health care expenses. The funds in the account are used to pay for IRS-qualified medical expenses such as services applied to your deductible, dental care, vision expenses and more. Any eligible individual can get an HSA that:

- Is covered by an HSA-compatible health plan.
- Is not covered by other health insurance (except certain types of limited coverage).
- Is not enrolled in Medicare.
- Is not a dependent on someone else's tax return.

Note: Eligible spouses can establish their own HSA; children cannot establish an HSA.

## What are some of the benefits of having an HSA?

- **Savings** — Save dollars you don't use this year and use them to reduce out-of-pocket expenses in future years — even in retirement.
- **Convenience** — The bank that holds your account will provide you with a checkbook and/or a debit card to pay for covered expenses.
- **Ease of use** — You choose how much to contribute to your account, how much to spend on qualified medical expenses and which expenses to pay from the account.

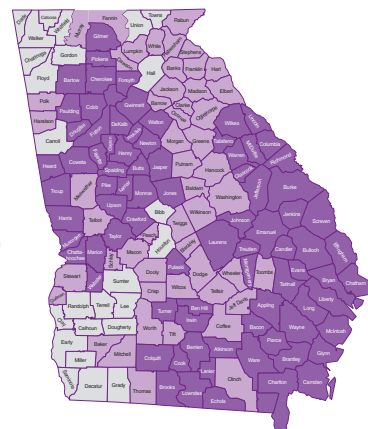
# ADDITIONAL BENEFITS FOR ALL MEMBERS

- **24-Hour Nurse Advice Line:** Call the CareSource24 Nurse Advice Line 24/7/365 at the number on the back of your ID card or use the mobile app to talk to a nurse.
- **\$0 Cost Preventive Care and Screenings:** Annual check-ups, immunizations and preventive screenings are covered to help you keep your good health and catch potential issues early.
- **Digital Tools for Health and Wellness:** MyHealth and myStrength<sup>SM</sup> for your physical and mental well-being.
- **Rewards for Healthy Activities:** Earn up to \$90 for completing healthy activities, including \$25 for diabetes-related activities.
- **Hearing Benefit:** Annual hearing test and hearing aids if needed.
- **Convenience Care Retail Clinics:** Easy access to care with extended hours at clinics inside local pharmacy and retail stores like Walmart<sup>®</sup> and CVS<sup>®</sup>.

## Coverage Area

CareSource Marketplace plans are available in 134 counties in Georgia.

- New for 2026
- Existing
- N/A





## 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

## Optional Adult Vision through EyeMed® and Fitness Benefits available!

Our Off Exchange Only plans do not have these available, but our Off Exchange Mirror plans will have them available.

## Questions?

Call us at **1-844-539-1733** (TTY: 711). We're open 8 a.m. to 7 p.m., Eastern Time (ET), during open enrollment to take your calls and answer any questions you have.

## Don't Wait. Enroll Now!

Visit **CareSource.com/marketplace** and go to the Plans/Plan Documents page 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**.

OFF EXCHANGE ONLY SPECIFIC PLAN OPTIONS

While all of our On Exchange plan options are available Off Exchange, these plans are designed and sold exclusively outside of the exchange. These plans are ACA compliant with the added benefit of dealing directly with CareSource and a lower premium than if available through the exchange.

PLANS available for purchase:

SILVER	LOW DEDUCTIBLE SILVER HMO 5100 \$30	HDHP PREVENTIVE SILVER HMO 5600 0%	SILVER HMO 5100 \$30
HSA Qualified	No	Yes	No
Deductible	\$5,100	\$5,600	\$5,100
Out-of-Pocket Maximum	\$9,100	\$5,600	\$9,600
Coinsurance	40%	0%	50%
Primary Care	\$30	\$0*	\$30
Specialist Visit	\$70	\$0*	\$50
Urgent Care Visit	\$60	\$0*	\$70
Emergency Room Visit	40%*	\$0*	50%*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order f or 2.5 times the cost of 30-day. WV and NC mail order is 3x the cost of a 30-day script)‡	\$3 \$9 \$7.50	\$0* \$0* \$0*	\$15 \$45 \$37.50
Pediatric Vision Services	\$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 and aides, additional discounts on other services and glasses.		

\*After deductible. ‡Applicable only to drugs in the generic tier 1 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 and 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.





GOLD	CORE GOLD HMO 1600	
	\$20	HDHP PREVENTIVE GOLD HMO 3400 0%
HSA Qualified	No	Yes
Deductible	\$1,600	\$3,400
Out-of-Pocket Maximum	\$7,000	\$3,400
Coinsurance	25%	0%
Primary Care	\$20	\$0*
Specialist Visit	\$60	\$0*
Urgent Care Visit	\$40	\$0*
Emergency Room Visit	15%*	\$0*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 2.5 times the cost of 30-day. WV and NC mail order is 3x the cost of a 30-day script)‡	\$10 \$30 \$25	\$0* \$0* \$0*
Pediatric Vision Services	\$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 and aides, additional discounts on other services and glasses.	

\*After deductible. ‡Applicable only to drugs in the generic tier 1 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 and 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.

IMPORTANT REMINDER FOR HDHP HSA PLANS:

Your coverage includes a preventive drug benefit. This means that preventive drugs (medications to help prevent chronic conditions and illnesses) are covered outside of your plan's deductible.

These drugs can, at times, be prescribed for treatment purposes. As a result, the listing of a drug does not mean that it will be covered by your benefit plan before your HDHP deductible is satisfied. If your doctor has prescribed a listed drug for treatment purposes (and not preventive purposes) then your plan does not provide coverage for that drug before your HDHP deductible is satisfied. Please be reminded that Health Savings Accounts (HSAs) have tax and legal ramifications. CareSource/HAP CareSource cannot guarantee or provide any legal advice on the way these products are prescribed for preventive purposes or that the IRS would agree that all satisfy the definition under §223 NOTICE 2019-45.





As everyone's medical circumstances are different, and because proper classification is necessary for you to ensure you are complying with applicable HDHP tax regulations, it is important for you to confirm the purpose of the prescription with your doctor. Please call the number on your member ID card when your doctor confirms for you that they prescribed one of the listed drugs for treatment purposes so your claims can be processed correctly. Unless you provide us with this information, claims for the drugs listed in the will be processed as "preventive," and you or your doctor may be asked by us to provide medical records showing that the drug you're taking is being used for prevention. Remember, if you improperly classify the drug, it may result in adverse tax consequences so please be sure to take the confirming steps to properly classify your claim.

Please follow these steps to make sure you are properly classifying the purpose of your prescription:

1. Find your drug on the list.
2. Talk to your doctor about whether your drug is in fact being prescribed for preventive purposes (and not treatment purposes).
3. If prescribed for treatment purposes, call the number on your member ID card to let us know.
4. If prescribed for preventive purposes, there is no need to call.

This is a solicitation for health insurance. CareSource 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 2026 Evidence of Coverage and Schedule of Benefits documents at **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.