

# 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 varied populations across multiple states and insurance products

Currently serving over 2.29 million members\* in Georgia, Kentucky, Ohio, Indiana, Arkansas and West Virginia

4,500 employees located across 30 states



**2.29M+**  
members



\*Based on members enrolled in all CareSource product lines across all states as of 8/1/2022



# CARESOURCE

## Our Vision

*Transforming lives through innovative health and life services.*

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



## CareSource is and will always be **members first**

Nearly 90% of the revenue that comes into our organization goes right back out to our members.\*

Our profits go back to the people we serve.

*\*Internal records*

# 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#, so if you qualify for a CSR, you must enroll in a Silver plan on the Exchange to get it.

## **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 which metal level plan (Gold, Silver, Bronze) you enroll in.

\*Based on CareSource Marketplace membership as of June 2022. Eligibility for subsidies is determined by the Health Insurance Marketplace, not CareSource.

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



# CareSource Coverage Area

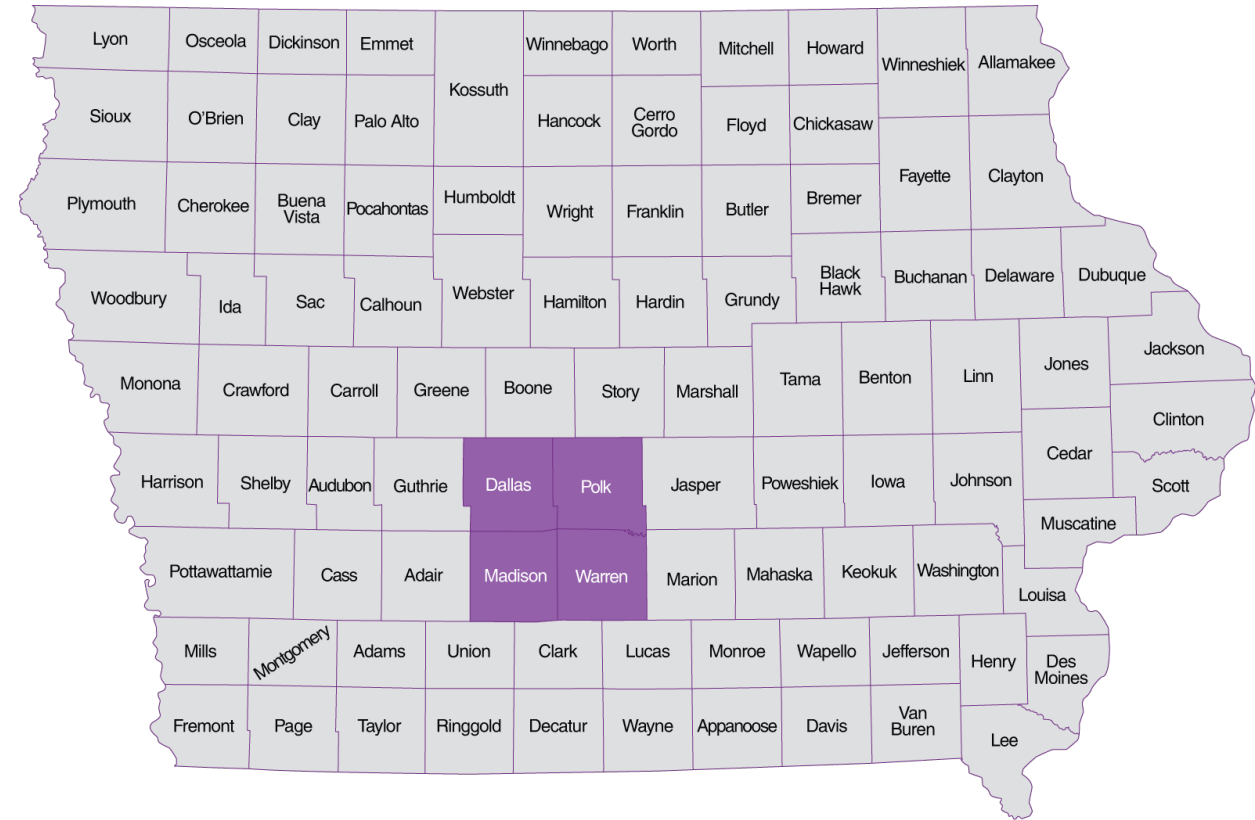
## Member Services

1-833-230-2099 (TTY: 711)

[CareSource.com/Plans/Marketplace](https://www.caresource.com/Plans/Marketplace)

*\*Coverage area subject to change*

- Existing
- N/A



# 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 3-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://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/)





# Essential Health Benefits

- Preventive and wellness services and chronic disease management
- Emergency services
- Hospitalization
- Prescription drugs
- Pediatric services, including dental and vision care
- Birth control coverage
- Pregnancy, maternity and newborn care
- Breastfeeding coverage
- Ambulatory patient services
- Mental health and substance use disorder services, including behavioral health 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](https://enroll.caresource.com)**
- Call: **1-844-539-1733 (TTY: 711)**

After January 15<sup>th</sup>, you can only enroll if you have a qualifying life event for a Health Insurance Marketplace “Special Enrollment Period” (SEP).

If you enroll after January 15<sup>th</sup>, be aware that your enrollment will not take effect as of January 1, 2023.



# 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

Choose the plan that fits your budget – Low Premium or the Standard Silver plan. Silver plans are subsidy-eligible (Cost Share Reduction) for those who qualify.

|   | Low Premium Silver  | Standard Silver |
|---|---|-----------------|
| <b>Deductible</b>   | \$6,500   | \$5,800         |
| <b>Out-of-Pocket Maximum</b>  | \$9,100   | \$8,900         |
| <b>Coinsurance</b>  | 50%*  | 40%*            |
| <b>Primary Care or Retail Clinic Visit</b>  | \$30  | \$40            |
| <b>Specialist Visit</b>   | \$70  | \$80            |
| <b>Urgent Care Visit</b>  | \$50  | \$60            |
| <b>Emergency Room Visit</b>   | \$500*  | 40%*            |
| <b>Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) ‡</b> | \$15/\$45/\$37.50   | \$20/\$60/\$50  |
| <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. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay.

# Bronze Plans

Lowest Premiums, Highest Out-of-Pocket Costs

Generally a good choice if you do not expect to have a lot of doctor appointments, don't need many prescription medications or 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.

|   | Bronze  | Bronze First   |
|---|---|----------------|
| <b>Deductible</b>   | \$9,100   | \$8,000        |
| <b>Out-of-Pocket Maximum</b>  | \$9,100   | \$9,100        |
| <b>Coinsurance</b>  | 0%*   | 50%*           |
| <b>Primary Care or Retail Clinic Visit</b>  | \$0*  | \$40           |
| <b>Specialist Visit</b>   | \$0*  | \$80           |
| <b>Urgent Care Visit</b>  | \$0*  | \$80           |
| <b>Emergency Room Visit</b>   | \$0*  | \$600*         |
| <b>Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) ‡</b> | \$0*  | \$20/\$60/\$50 |
| <b>Pediatric Dental &amp; Vision Services</b>   | \$0 Preventive/Diagnostic, varying cost shares for restorative/basic, major comprehensive and medically-necessary orthodontics. |                |

*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. \*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.

# Gold Plan

Higher Premiums, Lower Out-of-Pocket Costs

Typically a good choice if you expect to have a lot of doctor appointments, need many prescription medicines or need other health services.

|   | Gold  | Elite Gold     |
|---|---|----------------|
| <b>Deductible</b>   | \$2,000   | \$900          |
| <b>Out-of-Pocket Maximum</b>  | \$8,700   | \$7,000        |
| <b>Coinsurance</b>  | 25%   | 30%            |
| <b>Primary Care or Retail Clinic Visit</b>  | \$30  | \$15           |
| <b>Specialist Visit</b>   | \$60  | \$40           |
| <b>Urgent Care Visit</b>  | \$45  | 30%*           |
| <b>Emergency Room Visit</b>   | 25%*  | \$500*         |
| <b>Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) ‡</b> | \$15/\$45/\$37.50   | \$10/\$30/\$25 |
| <b>Pediatric Dental &amp; Vision Services</b>   | \$0 Preventive/Diagnostic, varying cost shares for restorative/basic, major comprehensive and medically-necessary orthodontics. |                |

*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.*

*\*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.*

# Telehealth

- Through our Zero Cost Telemedicine Partner Program, you have access to \$0 copay telehealth office visits.
- Other Telehealth Office Visits have the same cost share as your Primary Care Physician, and 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 Telemedicine Partner provides access to 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><br>Standard contact lenses<br>Premium contact lenses   | Up to \$40 copay<br>10% off retail price  |
| <b>Frames</b><br>Any available frame at a provider location  | 100% coverage for provider-designated frames  |
| <b>Standard Plastic Lenses</b><br>Single Vision<br>Bifocal<br>Trifocal<br>Lenticular<br>Progressive  | \$0 copay<br>\$0 copay<br>\$0 copay<br>\$0 copay<br>See fixed premium progressive price list  |
| <b>Contact Lenses</b> (includes materials only for one of the options below)<br>Conventional<br>Extended Wear Disposables<br><br>Daily Wear / Disposable | 100% coverage for provider-designated contact lenses<br>6-month supply of monthly or 2-week disposable, single vision, spherical or toric contact lenses<br><br>3-month supply of daily disposable, single vision, spherical contact lenses |
| <b>Frequency</b><br>Examination<br>Eyewear (eyeglasses or contacts)  | Once every calendar year<br>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 within a singular premium.

## DENTAL BENEFITS INCLUDE:

- \$1,000 annual allowance
- \$0 cost share for Diagnostic & Preventive services
- Basic & 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.



# Adult Vision Benefits

CareSource and our vision partners give 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-\$50 Copay or 40% Coinsurance.† Retinal Imaging at no cost to member.   |
| <b>Frame, Lenses &amp; Options Package</b><br>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><br>Conventional<br><br>Disposable | \$0 copay; \$250 allowance, 15% off balance over \$250<br><br>\$0 copay; \$250 allowance, plus balance over \$250 |
| <b>Laser Vision Correction</b><br>LASIK or PRK from U.S. Laser Network  | 15% off retail price or 5% off promotional price  |
| <b>Frequency</b><br>Examination<br>Frame & Lenses or Contact Lenses   | Once every calendar year<br>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

**All below fitness benefits are included with your Dental, Vision and Fitness benefits. No monthly gym fee, no contracts, no cost\*!**

- **Fitness Center Membership:** Join participating fitness centers in our robust national network of 13,000+ locations\*, including select LA Fitness®, Snap Fitness™, Anytime Fitness®, Planet Fitness® and more. Access the Premium fitness network, with a buy-up price, which includes an additional 7,000+ fitness center and studio choices, and unique experiences like rock climbing gyms and rowing centers.
- **Home Fitness Kits:** Receive one home fitness kit each benefit year from a variety of fitness categories like yoga, Pilates, total body strength, and more with some kits including a wearable device (e.g., Fitbit® or Garmin®).
- **On-Demand Workout Videos:** 8,000+ selections in the digital library, for all fitness levels.
- **Healthy Living Coaching:** Over-the-phone lifestyle coaching with a trained health coach in areas such as fitness, nutrition, stress and sleep.
- Quarterly newsletter, Get Started Program and other online tools and education at **[www.ActiveandFit.com](http://www.ActiveandFit.com)**

\*Limitations and Exclusions apply to the Program. Full details are available in the applicable 2022 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](https://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?**

Our staff will be happy to help you!  
Just call toll-free


**1-844-539-1733 (TTY: 711)**

Open enrollment begins on November 1<sup>st</sup>.





Health Savings Accounts (HSAs) are a tax-advantaged health care account that you own. HSA contributions are subject to limits established by the Internal Revenue Service (IRS). The funds you contribute, but do not use, roll over year to year. Please consult your tax advisor for guidance and review IRS Publication 969 at [www.irs.gov](http://www.irs.gov).

CareSource is a Qualified Health Plan Issuer in the  Health Insurance Marketplace

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 2023 Evidence of Coverages and Schedules of Benefits documents at [CareSource.com/marketplace](http://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.

