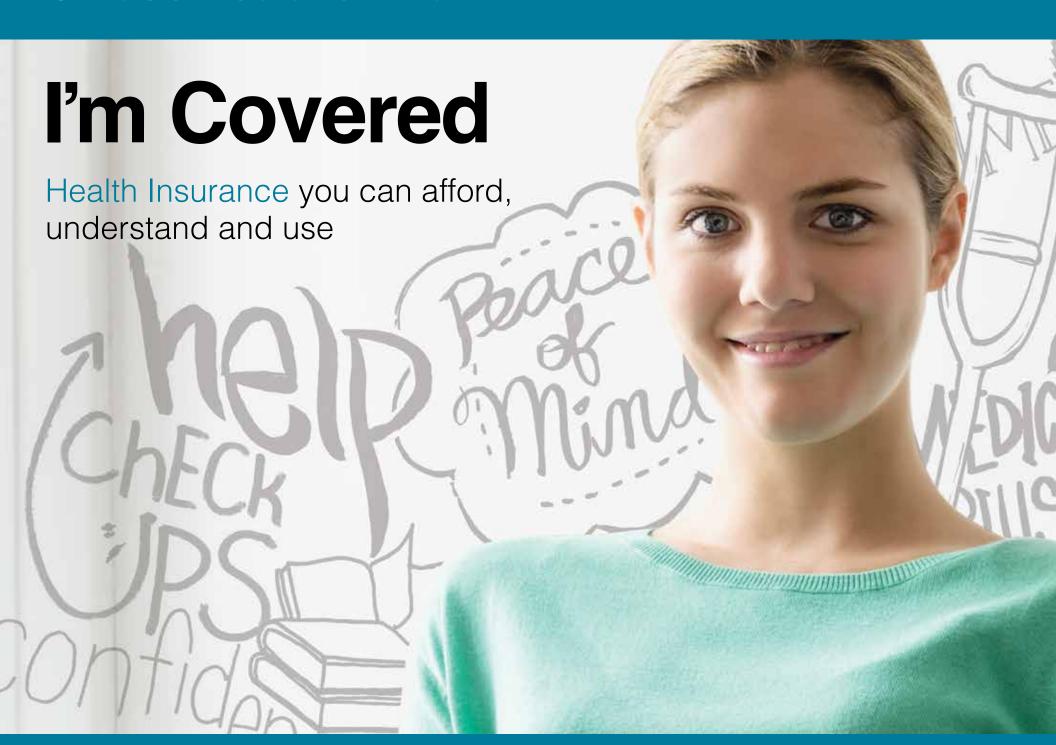
CareSource Just4Me[™]





Enroll in a 2015 CareSource Just4Me Plan:

Visit CareSourceJust4Me.com
Call 1-877-806-9284

Coverage You Can Afford

CareSource Just4Me[™] provides health insurance for those who need it most. With CareSource Just4Me, you get quality health care across a robust network of doctors and providers.

When you use your health care benefits, you need to know what you must pay and what your insurance company will pay.

A **premium** is the fee you pay to have health insurance, regardless of how much you use it. It is usually paid monthly. The premium is based on personal information like your age, tobacco usage, where you live and if you choose to add adult dental and vision coverage.

An **annual deductible** is the amount you pay each year for some services before your insurance company starts to pay. The annual deductible does not apply to all services. For example, you do not have to meet your annual deductible to visit your primary care provider or a specialist such as a heart doctor. However, you might have to pay a copayment for these doctor visits.

Copayments (or **copays**) are set amounts you pay each time you use some types of health services, such as going to see your primary care provider or specialist. Your copayments do not count towards your annual deductible.

Coinsurance is the percent of a health bill you pay when you use some types of health services. The insurance company pays the other part of the health bill. Coinsurance applies after you have met your annual deductible.

An **out-of-pocket limit** is the most you could have to pay for covered health services during a benefit year, no matter how much you use your benefits. Sometimes this is called maximum out-of-pocket. Out-of-pocket costs include any copays, coinsurance and deductibles you have paid during the year.

Plan features:

Low premiums, low annual deductible and low copays

Low or No Copays for prescriptions with Silver* plans

Low copays for doctor (primary care) visits

Optional adult dental and vision coverage

Free generic medications with Silver and Ultra Gold plans

Healthy living programs (to help you deal with conditions such as diabetes and asthma)

CareSource24®, 24/7/365 nurse advice line



Essential health benefits:

Free preventive and wellness services (such as mammograms, diabetes screenings, flu shots and more)

Outpatient services (such as primary care and specialty doctor visits, urgent care services, diagnostic testing and more)

Hospitalization (such as surgery)

Mental health and substance use disorder services, including behavioral health treatment (includes counseling and psychotherapy)

Prescription drugs

Emergency services

Pediatric services

Laboratory services

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)

Maternity and newborn care

^{*} Some exclusions may apply.

Coverage You Can Use

Choose from a variety of comprehensive health insurance plans for individuals or families. CareSourceJust4Me.com allows you to shop, explore plans and see if you are eligible for financial assistance (subsidies) that will lower your monthly premiums and out-of-pocket costs. The 10 essential health benefits on the previous page are the same for each plan.

A few key questions can help you decide which plan is right for you:

- 1. Do you want health insurance for yourself or your family?
- 2. Do you want to add adult dental and vision coverage?
- 3. Do you qualify for subsidies through the Health Insurance Marketplace?
- 4. How often do you think you will use your health care benefits?

Individual Plans	Annual Deductible	Out-of-Pocket Limit	Coinsurance	Primary Care Visit Copay*	Specialist Visit Copay*	Emergency Copay**
Ultra Gold	\$1,000	\$1,750 (Medical) \$1,500 (Pharmacy)	10%	\$20	\$50	\$250 after deductible
Silver	\$3,500	\$6,500	30%	\$20	\$50	\$500 after deductible
Silver 1	\$3,500	\$4,850	30%	\$10	\$50	\$300 after deductible
Silver 2	\$1,000	\$2,000	10%	\$0	\$0	\$300 after deductible
Silver 3	\$200	\$650	0%	\$0	\$0	\$300 after deductible
Bronze	\$6,600	\$6,600	10%	\$40	\$80	\$500 after deductible

^{*} You do not have to meet the annual deductible before seeing a primary care doctor or specialist doctor.

^{**} You do need to meet the annual deductible and pay a copayment for emergency room visits.

Family Plans	Annual Deductible	Out-of-Pocket Limit	Coinsurance	Primary Care Visit Copay*	Specialist Visit Copay*	Emergency Copay**
Ultra Gold	\$2,000	\$3,500 (Medical) \$3,000 (Pharmacy)	10%	\$20	\$50	\$250 after deductible
Silver	\$7,000	\$13,000	30%	\$20	\$50	\$500 after deductible
Silver 1	\$7,000	\$9,700	30%	\$10	\$50	\$300 after deductible
Silver 2	\$2,000	\$4,000	10%	\$0	\$0	\$300 after deductible
Silver 3	\$400	\$1,300	0%	\$0	\$0	\$300 after deductible
Bronze	\$13,200	\$13,200	10%	\$40	\$80	\$500 after deductible

^{*} You do not have to meet the annual deductible before seeing a primary care doctor or specialist doctor.

** You do need to meet the annual deductible and pay a copayment for emergency room visits.

Plans (Individual + Family)	Preventive Medicines	Generic Medicines	Preferred Brand Medicines	Non-Preferred Brand Medicines	Specialty Medications
Ultra Gold	\$0	\$0	\$120	\$160	40% Coinsurance (up to \$300)
Silver	\$0	\$0	\$50	\$125	40% Coinsurance (up to \$300)
Silver 1	\$0	\$0	\$40	\$125	40% Coinsurance (up to \$300)
Silver 2	\$0	\$0	\$25	\$70	40% Coinsurance (up to \$150)
Silver 3	\$0	\$0	\$5	\$20	25% Coinsurance (up to \$150)
Bronze	\$0	\$20	\$75	\$125	40% Coinsurance (up to \$300)

Optional CareSource Just4Me Adult Dental + Vision Benefits

CareSource Just4Me Adult Dental + Vision provides optional dental and vision benefits for adults when you purchase this additional coverage. The cost of these services is added to your premium. Copayments and coverage limits are listed below.

Dental Coverage

Coverage limit: \$750 per year (includes basic and major restorative dental services).

Preventive dental (cleanings and exams): \$20 copay per visit. Limit of two visits per year.

Basic dental (X-rays and fillings): \$20 copay per visit.

Major restorative dental (impactions and dentures): 40% coinsurance per visit.

Vision Coverage

Copays for eyeglasses and contact lenses are \$25. Coverage limit: \$150 per year.

Single vision lenses

Bifocals

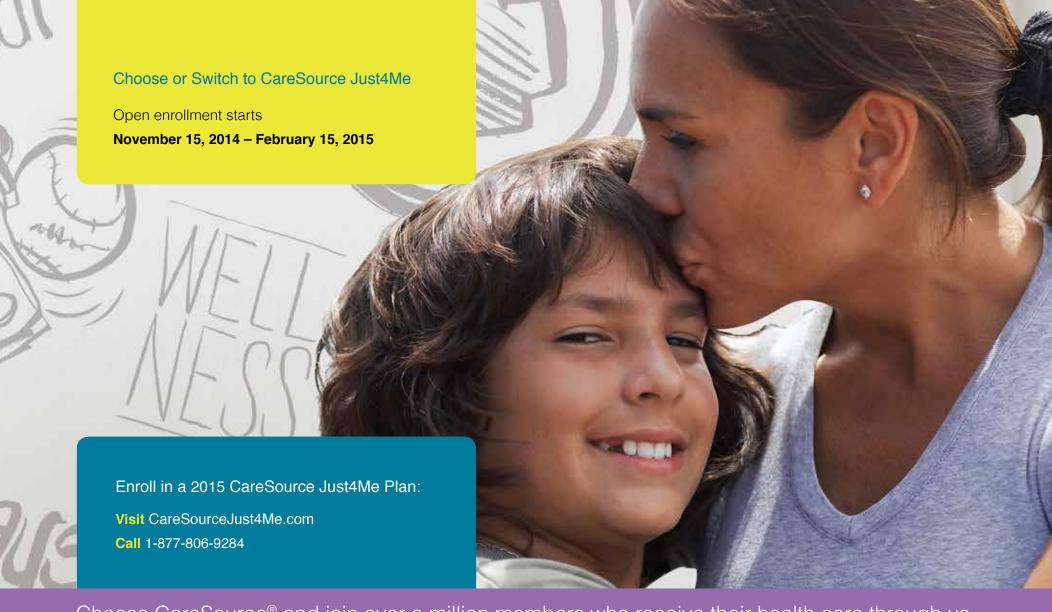
Trifocals

Lenticular lenses

Contact lenses

Vision coverage for children is included in all of our plans as an essential health benefit.





Choose CareSource® and join over a million members who receive their health care through us.

If you are already enrolled in a health plan, you can switch plans during open enrollment or during a special enrollment period if you have a change in circumstance (such as change in income, getting married or having a baby).

This is a solicitation for health insurance. *Some exclusions may apply. Benefits and costs may vary. See the CareSourceJust4Me Evidence of Coverage or Schedule of Benefits document for details.

CareSource Just4Me does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

CareSource Just4Me™ is a Qualified Health Plan issuer

in the Health Insurance Marketplace

