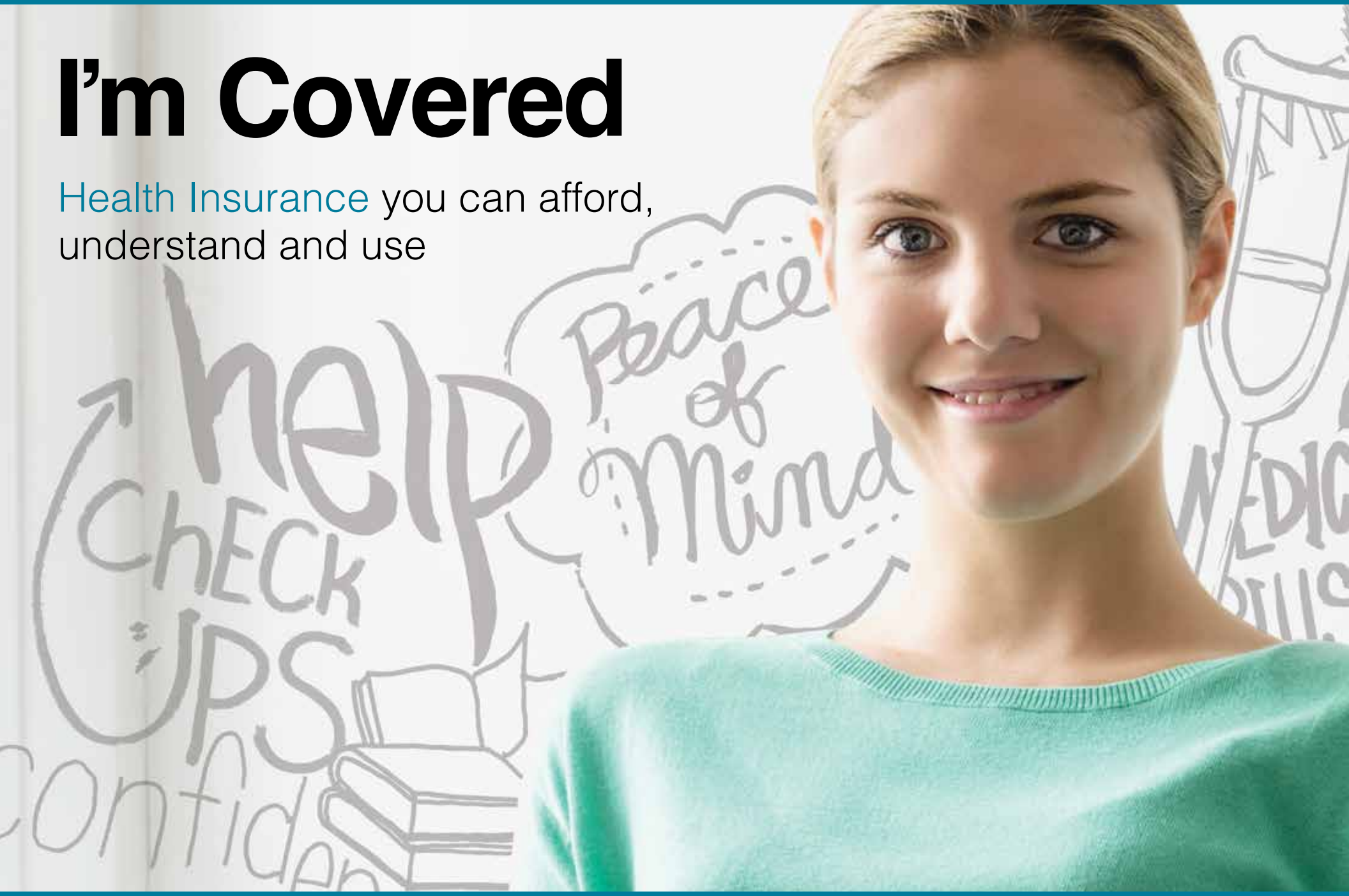
CareSource Just4Me™

I'm Covered

Health Insurance you can afford, understand and use



Enroll in a 2015 CareSource Just4Me Plan:

Visit CareSourceJust4Me.com
Call 1-888-815-6446

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 and where you live.

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
- 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 qualify for subsidies through the Health Benefit Exchange?
3. 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	$6,500	$6,600	10%	$40*	$80*	$100 after deductible**
Catastrophic	$6,600	$6,600	0%	3 visits per year before deductible***	No charge after deductible***	No charge 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.*
**** You must meet the annual deductible to see a specialist doctor, visit the emergency room and if you exceed three primary care doctor visits per year.*

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	$13,000	$13,200	10%	$40*	$80*	$100 after deductible**
Catastrophic	$13,200	$13,200	0%	3 visits per year before deductible***	No charge after deductible***	No charge 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.*
**** You must meet the annual deductible to see a specialist doctor, visit the emergency room and if you exceed three primary care doctor visits per year.*

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	$50	$125	40% Coinsurance (up to $300)
Silver 2	$0	$0	$30	$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)
Catastrophic	No charge after deductible*	No charge after deductible*	No charge after deductible*	No charge after deductible*	No charge after deductible*

** You do need to meet the annual deductible for medications.*


WELL
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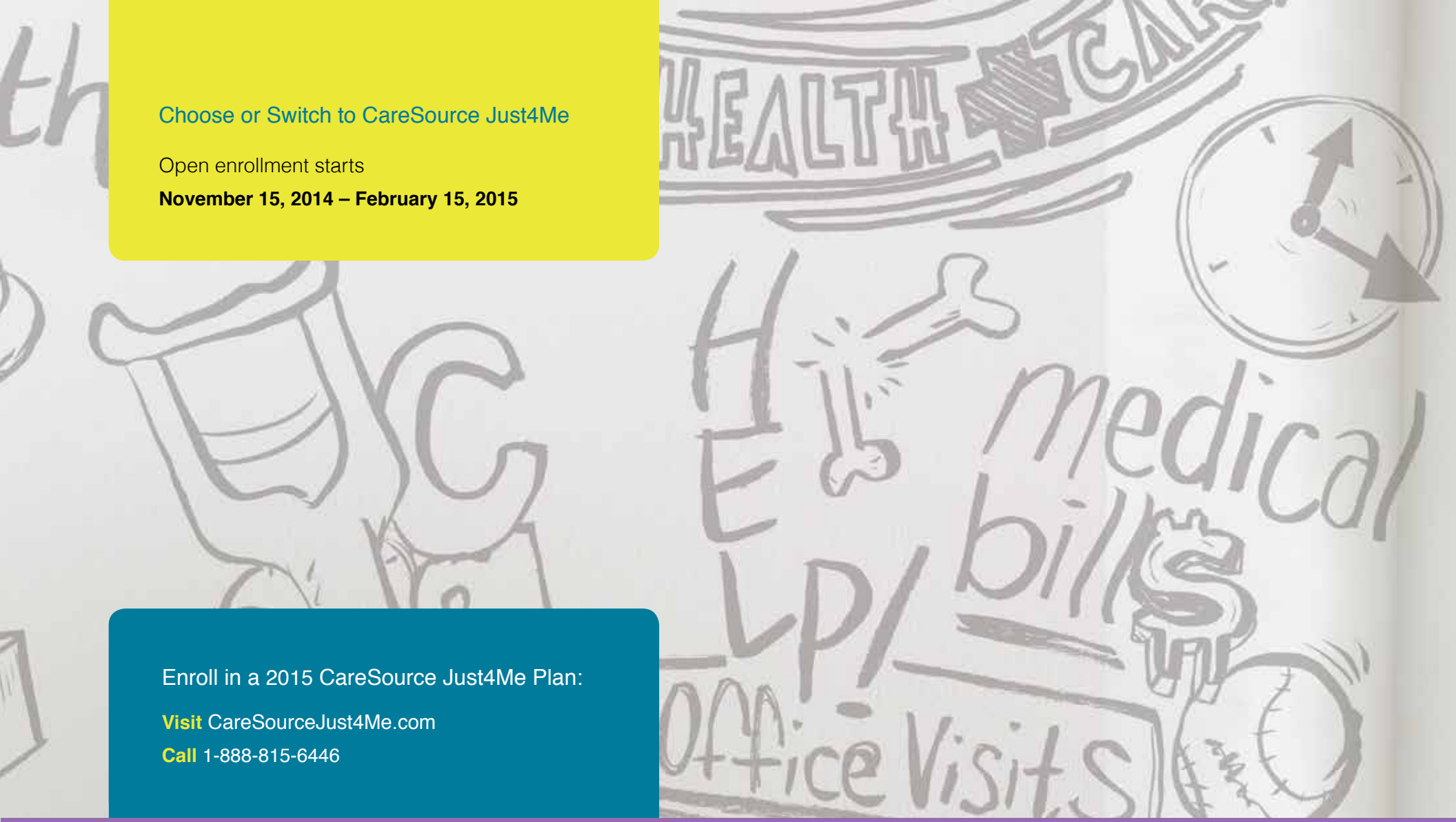
X-Ray



Choose or Switch to CareSource Just4Me

Open enrollment starts

November 15, 2014 – February 15, 2015

Enroll in a 2015 CareSource Just4Me Plan:

Visit CareSourceJust4Me.com

Call 1-888-815-6446

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 if you have a change in circumstance (such as change in income, getting married or having a baby) you are qualified for a special enrollment period.

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 Kentucky Health Benefit Exchange.

CareSource™

KY-EXCM-95