



# *CareSource Just4Me™*

Qualified Health Insurance Plan  
KY Health Partner Orientation





# CareSource *Just4Me*



## Our Mission:

To make a lasting difference in our members' lives by transforming their health and well-being.





# CareSource Just4Me



## Our Pledge:

- Make it easier for you to work with us
- To engage with providers as partners
- Direct communication
- Timely and low-hassle medical reviews
- Accurate and efficient claims payment
- Empowerment of members to make health choices and seek appropriate health care

# Health Care with Heart



**25**

**YEARS**  
MISSION-DRIVEN  
CARE



**1.2 MILLION**  
MEMBERS



**300 JOBS**  
IN 2014



**92% REVENUE**  
MEDICAL SERVICES



**\$4.2B**  
2013 REVENUE

**A-Z**

**CONSUMER**  
ADVOCACY

**14<sup>th</sup>**

**TOP 125**  
TRAINING  
MAGAZINE



**COVERAGE**  
OH, KY, IN

# ***Provider Relations***

**Louisville & Lexington Markets  
KyOne and Norton**

***Hospital & Ancillary, Dental,  
Vision, and Chiropractors***

**Christina Bowlin**

**[Christina.bowlin@caresource.com](mailto:Christina.bowlin@caresource.com)**

**502.645.3569**

***Professional***

**Julia Walls**

**[Julia.walls@caresource.com](mailto:Julia.walls@caresource.com)**

**502.468.9523**

**Northern Kentucky Market  
St. Elizabeth**

***Hospital & Ancillary, Dental,  
Vision, and Chiropractors***

**Patricia Smith-Glover**

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***Professional***

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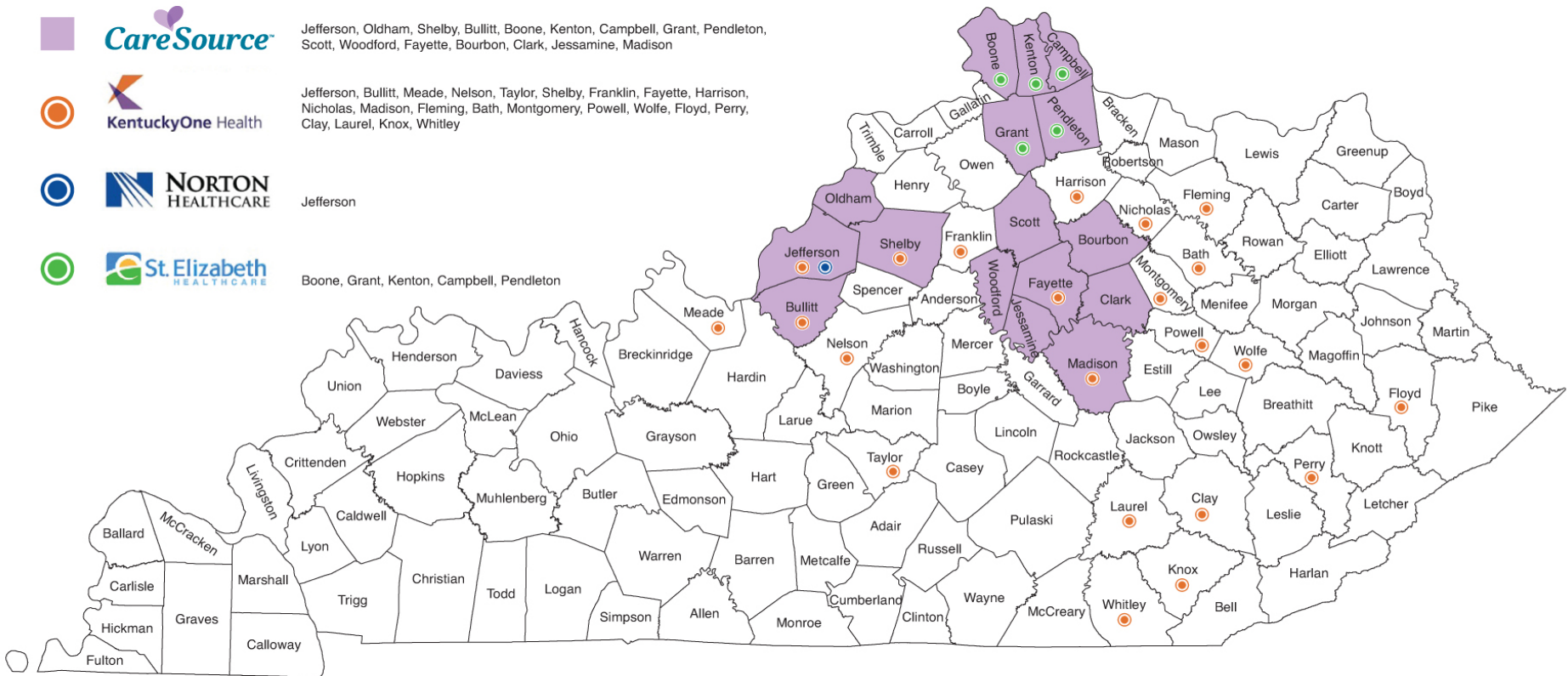


Jefferson, Oldham, Shelby, Bullitt, Boone, Kenton, Campbell, Grant, Pendleton,  
Scott, Woodford, Fayette, Bourbon, Clark, Jessamine, Madison

Jefferson, Bullitt, Meade, Nelson, Taylor, Shelby, Franklin, Fayette, Harrison, Nicholas, Madison, Fleming, Bath, Montgomery, Powell, Wolfe, Floyd, Perry, Clay, Laurel, Knox, Whitley

Jefferson

Boone, Grant, Kenton, Campbell, Pendleton



# Examples of Covered Services

- Primary care and specialty physician services
- Outpatient services
- Hospitalizations
- Emergency Services
- Maternity and newborn care
- Mental health and substance abuse treatment
- Prescription drug coverage
- Preventive and wellness services
- *Rehabilitative and habilitative services and devices*
- *Laboratory services*
- *Chronic disease management*
- *Covered clinical trials*
- *Podiatry care*
- *Pediatric health and vision services*
- *Diagnostic imaging*

Non Emergency services provided by out-of-network providers will **NOT** be covered by CareSource, unless the service received prior authorization.

Note: This is not a comprehensive list. Coming soon, Providers will be able to log into the Provider Portal at **CareSource.com** to view a more complete list of covered services and limitations.

# *Services that are not Covered*

- Medically unnecessary services
- Services received by a non-network provider
- Experimental or investigational services
- Alternative or complimentary medicine
- Weight loss programs, bariatric surgery
- Cosmetic procedures or services
- Hearing aids
- Nutritional and/ or dietary supplements
- Assisted Reproductive Therapy
- Maintenance therapy

# Member ID Cards

## FRONT

**Just4Me™** **KY** **CareSource™**

Member: **John Doe**

Member ID: **14800000000-00**

Health Plan (XXXXX) **XXX-XX-XXXX**

Payer ID: **KYCS1**

Dependents:

- 01 Jane Doe
- 02 John Doe
- 03 Mike Doe
- 04 Ron Doe
- 05 Susan Doe
- 06 Sara Doe
- 07 Joe Doe
- 08 Sam Doe

Office: \$0.00   ER: \$0.00   Spec: \$0.00   UrgCare: \$0.00

Indicates state coverage is valid in

Member name

Member ID number + suffix

Dependent suffix should be included when submitting claims

Member copays

ID cards for 2015 will be mailed on Dec 20<sup>th</sup> and again on Dec 26<sup>th</sup>

## BACK

**CareSource.com/Just4Me**

This card does not guarantee coverage. To verify benefits, view claims or find a provider, visit the website or call.

**Members:** 1-888-815-6446   **TTY:** 1-800-648-6056 or 711)

**24/7 Nurseline:** 1-866-206-7879   **Providers:** 1-855-852-5558   **Pharmacy:** 1-855-852-5558

**Medical Claims:** P.O. Box 8738, Dayton, Oh 45401-8738   **Benefits Manager:** CVS Caremark

**Pharmacy Claims:** CVS Caremark, P.O. Box 52136, Phoenix, AZ 85072-2136   **Pharmacy Numbers:** RxBin: 004336, RxPCN: ADV, RxGrp: RX3158

Member services phone number

Provider services phone number

Claims mailing address

# *Provider Network*

- PCPs are not listed on the card
- Encourage members to select a PCP
  - If a member does not select a PCP within 30 days, CareSource will assign one
- When referring patients, ensure other providers are in-network to ensure coverage
  - Use our Find A Doc tool at **CareSource.com** to help you locate a participating CareSource Just4Me provider

**Note:** Non-emergency services provided by out-of-network providers will NOT be covered by CareSource, unless the service has received prior authorization.

# *Provider Resources*

Provider Services, Eligibility, Benefits, Claims  
Inquiry, Credentialing: 1-855-852-5558

Medical Management Fax Number: 877-716-9480

Website: [www.CareSource.com](http://www.CareSource.com)

Provider Portal: <https://providerportal.CareSource.com>

Electronic Fund Transfer (EFT): Instamed 1-877-755-3392

Electronic Claim Submission EDI: KYCS1

Claim Address: P.O. Box 824 Dayton, OH 45401-0824,

Timely Filing: 365 days from Date of Service or discharge.

# Provider Portal Landing Page

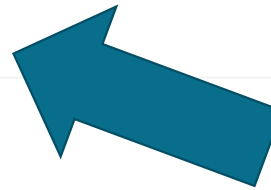


Which **Provider Portal** would you like to use?

OHIO

INDIANA

KENTUCKY



**CLICK ON YOUR  
STATE**

<https://providerportal.caresource.com/GL/SelectPlan.aspx>

# Registering for Portal Use

Click here to register as a **CareSource** new user

## Register for the Provider Portal

If you are not already registered for the Provider Portal, please [register here](#).

If you have a login, but cannot remember your username and/or password, please call the CareSource Provider Services Department at 1-800-488-0134 [@](#).

## Register for the CareSource E-Communication System

Cut down on clutter and go green! Register for CareSource Provider E-Communication System and receive relevant and timely information via email. [Please register here](#).

Provider Login:

Username:	<input type="text"/>
Password:	<input type="password"/>
<input type="button" value="Log In"/>	

MESSAGES

ATTENTION:

User Registration

Step 1 of 3 - Provider Eligibility

Provider Type:	<input checked="" type="radio"/> Practitioner <input type="radio"/> Group
Practitioner's First Name:	<input type="text"/>
Practitioner's Last Name:	<input type="text"/>
Tax ID:	<input type="text"/>
CareSource Provider ID: <a href="#">?</a>	<input type="text"/>
Zip Code:	<input type="text"/>
<input type="button" value="Next"/>	

Fill out the form- Note CareSource Provider ID can be found in your Welcome letter or by calling Provider Services.

# Member Eligibility-Current

Member Eligibility

CareSource IdMedicaid IdMember InfoCase NumberMultiple CareSource IdsMultiple Medicaid Ids

CareSource Id:10400001Date of Service:10/29/2014Search

Search by Member ID

Member is eligible for service on the specified date

Member Information

Member Name:John Lennon

CareSource Id:10400001

Medicaid Id:

Case Number:00048255

Gender:Male

Member Profile:Not Available for this Member

Program Details:Not a coordinated services member.

Address:1960 Abbey Road

City, State, Zip:Louisville, KY 40204

County:Jefferson County

Phone:(502)555-5555

Date of Birth:1/9/1940

Relationship toSubscriber/Insured

Subscriber:John Lennon

Program:

Primary Care Provider

(PCP):Dr. John Doe

Phone:(502) 111-1111

Subscriber Information

Subscriber Financial Responsibilities

Member Dental & Vision Services History

Member Benefit Limits

Assessments Taken



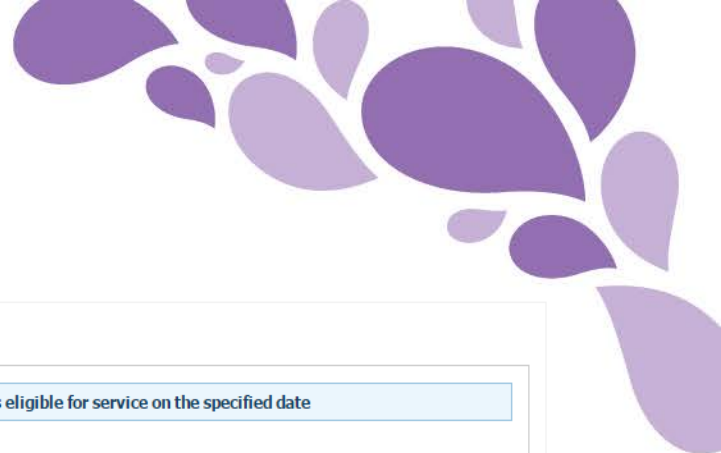
# Member Financial Responsibility



- Annual deductible, copayments or coinsurance are also applicable for most covered services
  - It is up to the provider to collect these amounts at the time of service
- Members have a federally mandated 90 day grace period in which to make their premium payment
  - CareSource will continue to process medical claims and pay providers in those 90 days
  - After 30 days of non payment of premium, the member will be flagged in the eligibility file and on the Provider Portal
  - Pharmacy benefits are also eliminated after 30 days of non-payment.
    - *If a member pays with in 90 days and is reinstated, pharmacy benefits will start gain*
- After 90 days past due the member is terminated for non- payment of premium
  - CareSource will retroactively terminate the member and all monies for months two and three of delinquency will be recovered



# Member Eligibility- Past Due



## Member Eligibility

CareSource Id    Medicaid Id    Member Info    Case Number    Multiple CareSource Ids    Multiple Medicaid Ids

CareSource Id: 10400001

Date of Service: 10/29/2014

Search

Member is eligible for service on the specified date

### ▼ Member Information

Contains demographic details on the ID number entered

Member Name: John Lennon

CareSource Id: 10400001

Medicaid Id:

Case Number: 00048255

Gender: Fe Male

Member Profile: Not Available for this Member

[Member Profile Report Definitions](#)

Program Details:

Premium payments past due-member in 90 day grace period & responsible for services if account not paid in full prior to grace period end.  
Premium payments can take several days to process after receipt.

Address: 1960 Abbey Road

City, State, Zip: Louisville, KY 40204

County: Jefferson County

Phone: (502)555-5555

Date of Birth: 1/9/1940

Relationship to Subscriber: Subscriber/Insured

Primary Care Provider (PCP): Dr. John Doe

Member's selected PCP

Phone:

(502) 111-1111

PCP Phone Number

### ► Subscriber Information

Contains primary policy holder's information

### ► Subscriber Financial Responsibilities

Lists copays, coinsurance amount remaining toward deductible

### ► Member Benefit Limits

Indicates any benefit limits associated with plan (i.e. chiropractic visits)

### ► Assessments Taken

Results of HRA's or other clinical assessments done by CareSource Just4Me

# Member Benefits- Provider Portal

## Subscriber Financial Responsibilities

### Co-Pay Information

Office Visit:	\$5.00 / visit	→ Family doctor copay
Specialty:	\$15.00 / visit	→ Specialist office copay
Urgent Care:	\$10.00 / visit	
ER:	\$75.00 / visit	→ Emergency Room copay if not admitted
Hospital Stay:	\$50.00 / stay	

Skilled Nursing Care:	\$50.00 / visit
Imaging:	\$25.00 / procedure
Mental / Behavioral Health	\$50.00 / stay
In-Patient Services:	

### Deductible Information

* Deductible Balance:	\$150.00
* Out Of Pocket Maximum Balance:	\$490.00

Shows the amount remaining before deductible is met

Max out of pocket a member will pay including coinsurance and deductible

\* This information reflects claims received and processed as of 10/29/2014

### Health Exchange Identification Information

Exchange Health Plan Id: ...

### Co-Insurance Information

Diagnostic Tests:	0.00 %
Durable Medical Equipment:	0.00 %
Home Health Care:	0.00 %
Hospice Services:	0.00 %
Mental / Behavioral Health	0.00 %
Out-Patient Services:	
Outpatient Surgery:	0.00 %
Physician / Surgeon Fee:	0.00 %
Prenatal & Postnatal Care:	0.00 %
Substance Use Disorder Services:	0.00 %
Therapy Services:	0.00 %

Shows members coinsurance

**\*\*\*NOTE: With the exception of office visits the deductible must be met before coinsurance can be applied\*\*\***

# Prior Authorization (PA) Process

## Ways to Submit Prior Authorization

- Online @ CareSource.com through select Provider Portal
- Phone: 1-855-852-5558
- Email: [mmauth@CareSource.com](mailto:mmauth@CareSource.com)
- Fax: 877-716-9480
- Mail: **CareSource Medical Management**  
P.O. Box 1307  
Dayton, OH 45401-1307

***NOTE: We do not require a referral from the doctor to see a specialist but physician should contact specialist & notify them of the patient referral.***



## **PA Information Checklist:**

- ☐ Member/patient name and CareSource Member ID number.
- ☐ Provider name and NPI
- ☐ Anticipated date of service
- ☐ Diagnosis code and narrative
- ☐ Procedure, treatment or service requested
- ☐ Number of visits requested, if applicable
- ☐ Reason for referring to an out of plan provider if applicable
- ☐ Clinical information to support the medical necessity of the service.
- ☐ Inpatient services need to include if it is elective, urgent, or emergency, admitting diagnosis, symptoms & plan of treatment.
- ☐ You will have 180 days from the date of service, date of discharge, or 90 days from the other carrier's EOB (whichever is later ) for retrospective authorization

***Please refer to the Just4Me Provider Manual for additional information.***



# *Prior Authorization (PA)*

- All services provided out-of-network
- Inpatient services
- Partial hospitalization programs
- Intensive outpatient behavioral health services
- Surgical services, including transplants or reconstructive surgeries
- Certain outpatient procedures and tests
- Purchase or rental of specified medical supplies, DME or appliance, as well as all items exceeding \$750
- Skilled Nursing facilities
- Home Infusion Therapy
- Accidental Dental- reconstruction due to accident
- Pain Management
- Behavioral Health Facility- Inpatient and outpatient including Alcohol and Substance abuse
- Contact NIA Magellan for outpatient Advanced Diagnostic Imaging for PET, MRI, MRA, CT and CTA

*\*Please note: This is not a comprehensive list. Coming Soon in December providers will be able to log into the Provider Portal at [CareSource.com](https://www.caresource.com) to view a more comprehensive list of covered services and limitations.*



# Prior Authorization- Radiology

## Requests:

- Authorization Phone Number is 800-424-5660 Expedited authorizations are accepted
- RadMD Website

## Other Information:

- CPT Codes and their Allowable Billable Groupings.
- Clinical Guidelines and Prior Authorization Checklists are located at [www.RadMD.com](http://www.RadMD.com)
- Clinical information needed:
  - ✓ Justify exam, symptoms and their duration, physical exam findings
  - ✓ Preliminary procedures already completed
  - ✓ Reason the study is being requested
- If needed, a request for additional clinical information may be faxed to provider. Return by Fax or RadMD upload
- Authorization valid for 60 days
- Denial letter outlines appeal instructions

NIA Magellan Dedicated Provider Relations Manager :

Name : April J. Sidwa

Phone: 410-953-1078

Email: [ajsidwa@magellanhealth.com](mailto:ajsidwa@magellanhealth.com)



## Utilization Review Matrix 2015 CareSource Just4Me

The matrix below contains all of the CPT-4 codes for which NIA Magellan<sup>®</sup> authorizes on behalf of CareSource Just4Me. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA Magellan. If an exam is billed under any one of the given codes for that grouping and a valid authorization number has been issued within the date of service validity period, the charge for any of the codes should be allowed.

If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

\*Please note: Services rendered in an Emergency Room, Observation Room, surgery center or hospital inpatient setting are not managed by NIA Magellan.



Authorized CPT Code	Description	Allowable Billed Groupings
70338	MRI Temporomandibular Joint	70338
70480	CT Head/Brain	70480, 70480, 70470
70480	CT Orbit	70480, 70481, 70482
70488	CT Maxillofacial/ sinus	70488, 70487, 70488, 70380
70480	CT Soft Tissue Neck	70480, 70481, 70482
70488	CT Angiography, Head	70488
70488	CT Angiography, Neck	70488
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543
70544	MRA Head	70544, 70545, 70548
70547	MRA Neck	70547, 70548, 70548
70551	MRI Brain	70551, 70552, 70553
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71250, 71270
71275	CT Angiography, Chest (non coronary)	71275
71550	MRI Chest	71550, 71551, 71552
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical spine	72125, 72126, 72127
72125	CT Thoracic spine	72125, 72126, 72130
72131	CT Lumbar spine	72131, 72132, 72133
72141	MRI Cervical spine	72141, 72142, 72158
72148	MRI Thoracic spine	72148, 72147, 72158
72143	MRI Lumbar spine	72143, 72146, 72158
72169	MRA Spinal Canal	72169
72181	CT Angiography, Pelvis	72181

\* NIA Magellan refers to National Imaging Associates, Inc.

CareSource Just4Me/NIA Magellan Utilization Review Matrix 2015

NIA Magellan.



# Quality Measures for Health Insurance Marketplace



- Wellness and Prevention
- Preventive screenings (breast cancer, cervical cancer, Chlamydia)
- Medical assistance with smoking & tobacco use cessation
- Chronic Disease Management
- Cholesterol Management – patients with cardiovascular conditions
- Comprehensive diabetes care
- Controlling high blood pressure
- Use of appropriate medications for people with asthma
- Behavioral Health
- Follow-up after hospitalization for mental illness
- Antidepressant Medication Management
- Follow-up for children prescribed ADHD medication
- Safety
- Use of imaging studies for low back pain

- (CAHPS®) Surveys, to capture member perspectives on health care quality
- CareSource Just4Me's quality program focuses on a spectrum of performance categories that seek to improve quality & effectiveness of:
  - Clinical quality of care including:
    - behavioral health & member safety
  - Quality of service & key performance metrics
  - Business process improvement
  - Data management/quality
  - Provider & member service as well as satisfaction
  - Service utilization/medical cost ratio
  - Delegated oversight
  - Accreditation
  - Clinical performance metrics



# Pharmacy Overview



**CVS Caremark:** Delegated pharmacy benefit manager for CareSource

- Phone: 800-206-4240
- Fax: 866-930-0019

**Pharmacy PA for medical review:** can be found here:

<https://www.caresource.com/documents/caresource-just4me-list-of-auth-reqs-for-drugs-under-medical-benefit>

**Specialty Pharmacy:** CareSource partners with CVS Caremark Specialty Pharmacy to provide all specialty medications through this program

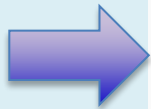
**ePrescribing:** Once providers are set up through CVS Caremark, they are ready to prescribe electronically




**MTM** (Medication Therapy Management): allow pharmacists to work collaboratively with physicians

**Formulary Search Tool and Prior Authorization lists:** Available on caresource.com under member documents

# Accessing the CareSource Just4Me™ Member Resource Page

Left menu bar  
offers  
hyperlink  
access to  
member tools  
& documents



800-479-9502

MEMBERS

PROVIDERS

CONTACT

MY ACCOUNT

CARESOURCE JUST4ME™

MEMBERS

PLAN DOCUMENTS

PHARMACY

DISEASE MANAGEMENT PROGRAMS

HEALTH RISK ASSESSMENT

YOUR FINANCIAL RESPONSIBILITY

FORMS

HEALTH CARE LINKS

PRIVACY PRACTICES

CONTACT US

QUICK LINKS

FIND A DOCTOR/PROVIDER »

DRUG FORMULARY »

FIND A PHARMACY »

## ATTENTION:

If you have received a notice from the Health Insurance Marketplace asking that you send documents to verify information in your application, please do so immediately. The Marketplace is confirming the income, citizenship and immigration status supplied on applications against other trusted sources. For people whose applications have different information, the Marketplace is asking for documents to verify the information. People who do not supply this information to the Marketplace by **September 30** may lose their health insurance coverage or lose help paying for coverage. Only the Marketplace can determine eligibility or subsidies, not CareSource. Click here to [learn more](#).

## WELCOME CARESOURCE JUST4ME™ MEMBERS

This website contains information that will help you understand your CareSource Just4Me™ insurance coverage. You will find your member handbook and evidence of coverage online for quick access. You can also locate CareSource Just4Me providers, pharmacies, and covered drugs, as well as access other resources. In addition, you can review our clinical and disease management programs – all designed to keep you and your family healthy!

If you have any problems reading or understanding this information, please call us at **1-800-479-9502** (TTY for the hearing impaired: 1-800-750-0750 or 711). This is a free service. We can read the information out loud for you, in English, or in your primary language. We also can help you if you are visually or hearing impaired.

We are always happy to help you.

# Pharmacy Benefit Structure

## Tiered Medication Structure

The higher the medication tier the higher the cost of the drug  
Access PDL online at: [CareSource.com](https://www.caresource.com) (under member resources)

### Tier 1

**Prescription Drugs include preventive medications**

These medications are available without a copayment or coinsurance

### Tier 2

**Offer the lowest coinsurance or copayment**

This tier contains low-cost & preferred medications that may be generic drugs or multi- or single-source brand-name drugs

### Tier 3

**Higher coinsurance or copayment than those in Tier 2.**

This tier contains preferred medications that may be generic drugs or single- or multi-source brand-name drugs

### Tier 4

**Higher coinsurance or copayment than those in Tier 3.**  
This tier contains non-preferred & high-cost medications  
Medications considered generic drugs and single- or multi-source brand-name drugs

### Tier 5

**higher coinsurance or copayment than those in Tier 4**  
All Tier 5 medications (specialty medications) will require the use of CVS Caremark specialty pharmacy

Visit our Just4Me landing page at: [CareSource.com](https://www.caresource.com) if you wish to access our full formulary list



# ***Fraud, Waste & Abuse Program***



To report any suspected fraudulent activities

Call: 1-855-852-5558

Fax: 1-800-418-0248

Email: [fraud@CareSource.com](mailto:fraud@CareSource.com)

Write to us:

CareSource

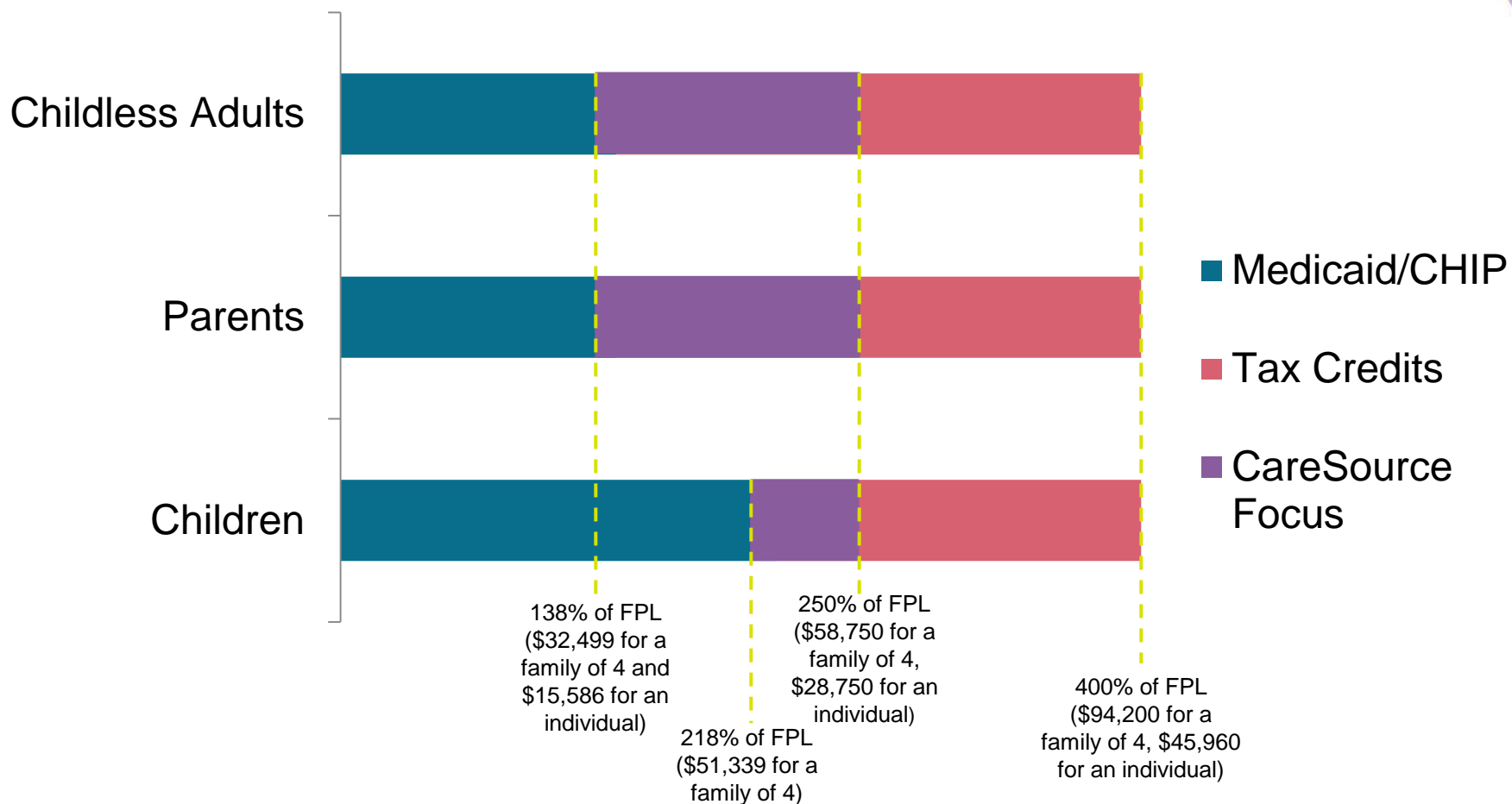
Attention: Special Investigations Unit

P.O. Box 1940

Dayton, OH 45401-1940



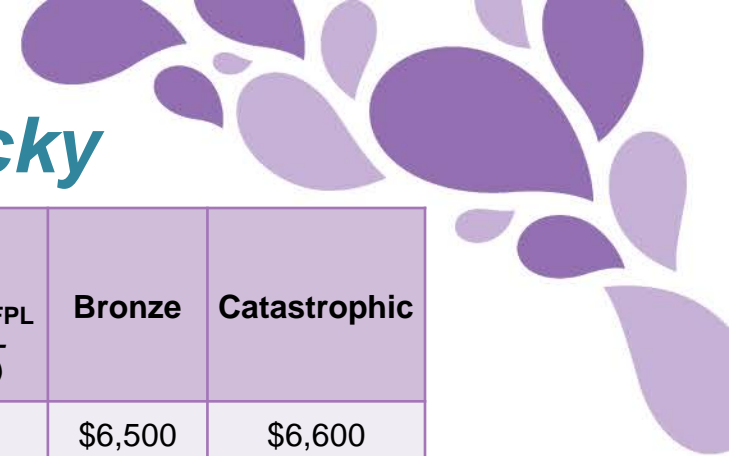
# CareSource Just4Me Focus





# CareSource Just4Me™

## 2015 Medical Benefits - Kentucky



	<b>Gold</b>	<b>Silver 70% Standard &gt;250%FPL (Over \$29,175)</b>	<b>Silver 73% 200-250% FPL (\$23,340 - \$29,175)</b>	<b>Silver 87% 200-150% FPL (\$17,505- \$23,339)</b>	<b>Silver 94% 150-139% FPL (\$16,221- \$17,504)</b>	<b>Bronze</b>	<b>Catastrophic</b>
<b>Deductible</b>	\$1,000	\$3,500	\$3,500	\$1,000	\$200	\$6,500	\$6,600
<b>Coinsurance</b>	10%	30%	30%	10%	0%	10%	0%
<b>Maximum Out- of-Pocket (Combined Unless Noted Otherwise)</b>	\$1,750 (M) \$1,500 (Rx)	\$6,500	\$4,850	\$2,000	\$650	\$6,600	\$6,600
<b>Emergency Room Services</b>	\$250 Copay after Deductible	\$500 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$100 Copay after Deductible	\$0 Copay after Deductible
<b>Primary Care Visit</b>	\$20 Copay	\$20 Copay	\$10 Copay	\$0 Copay	\$0 Copay	\$40 Copay	3 visits per year before Deductible
<b>Specialist Visit</b>	\$50 Copay	\$50 Copay	\$50 Copay	\$0 Copay	\$0 Copay	\$80 Copay	\$0 Copay after Deductible
<b>Imaging (CT/PET Scans, MRIs)</b>	\$75 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$0 Copay after Deductible
<b>Urgent Care</b>	\$75 Copay	\$50 Copay	\$50 Copay	\$0 Copay	\$0 Copay	\$80 Copay	\$0 Copay after Deductible

# Individual Plan Comparison Chart

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) \$1500 (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 Plan Comparison Chart

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) \$3000 (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.

# Individual + Family Plans

## Pharmacy Comparison Chart

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*

# *Case and Disease Management*



We are here to assist you with the management of your patient's health and health conditions. Our experienced care management team will work with you and the patient to ensure that the patient receives the best care possible. You may refer a patient for Case Management or Disease Management in the following ways:

- **Online:** CareSource.com through select Provider Portal
- **Case/Disease Management Phone:** 1-855-202-0385

# *How to Reach Us*

## **Provider Services Department:**

1-855-852-5558

Monday to Friday, 8 a.m. to 6 p.m.

## **Just4Me Member Services Department:**

1-888-815-6446

Monday to Friday, 7 a.m. to 7 p.m.