



CareSource Just4Me™

P.O. Box 8738, Dayton, OH 45401-8738 | 800.479.9502 | CareSource.com/Just4Me

CareSource Just4Me™ Plan Update (1/24/14)

The purpose of this letter is to clarify several provisions in your Evidence of Coverage (EOC) related to your out-of-pocket costs for health care in 2014. We have summarized the out-of-pocket provisions below so that you have the most up-to-date information about your health care plan.

1. Copayments for Essential Health Benefits will count toward your Annual Out-Of-Pocket Maximum.

The EOC incorrectly stated that copayments do not apply to the annual maximum out-of-pocket limit. CareSource wants you to know that CareSource applies medical copayments and coinsurance for essential health benefits towards your annual medical out-of-pocket maximum. Pharmacy copayments and coinsurance will apply to the annual pharmacy out-of-pocket maximum. Only copayments for optional dental and vision benefits or any other optional benefit will not apply to the annual medical out-of-pocket maximum. The language below corrects the Evidence of Coverage:

- Section 2, Your Financial Obligations (What You Must Pay), under Annual Out-of-Pocket Maximum, in the Plan features grid. Below, we have provided a copy of the revised grid, with the changes highlighted.

Plan Features	Applies to the Annual Out-of-Pocket Maximum?
Copays	Yes
Payments toward the Annual Deductible	Yes
Coinsurance Payments	Yes
Charges for Non-Covered Services	No

- In addition, Section 13, Glossary, under Annual Out-of-Pocket Maximum should read as follows:

Annual Out-of-Pocket Maximum means the maximum amount you pay in a Benefit Year relating to obtaining Benefits. When you reach the Annual Out-of-Pocket Maximum, Benefits for Covered Services that apply to the Annual Out-of-Pocket Maximum are payable at 100% of Eligible Expenses during the rest of the Benefit Year. Copayments and Coinsurance for Covered Services will apply to your Annual Out-of-Pocket Maximum, unless otherwise noted below.

The following costs will never apply to the Annual Out-of-Pocket Maximum:

Any charges for services that are not Covered Services;

Coinsurance amounts for Covered Services available by an optional Rider, unless specifically stated otherwise in the Rider;

Copayments for optional dental and vision benefits or any other optional Rider; and

The Annual Deductible.

Even when the Annual Out-of-Pocket Maximum has been reached, you will still be required to pay:

Any charges for Non-Covered Services;

Charges that exceed Eligible Expenses;

Copayments and Coinsurance amounts for Covered Services available by an optional Rider, unless specifically stated otherwise in the Rider; and

The amount of any reduced Benefits if you do not obtain authorization from us.

If you have questions about these changes, please call Member Services at 1-800-479-9502 between 7:00 a.m. – 7:00 p.m. Monday through Friday. TTY users can call 1-800-750-0750 or 711.

Thank you for choosing CareSource Just4Me for your health insurance. We look forward to showing you the value of health care with heart.

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