

# Health Insurance Marketplace

Navigator and Assister Presentation



# The Critical Role of Navigators and Assisters

CareSource recognizes the importance of Healthcare Navigators and Assisters. Navigating health insurance options can be overwhelming, and your expertise provides valuable guidance to patients.

Many people would give up and go without insurance if you did not provide the assistance that you do. Your unbiased guidance ensures that individuals choose plans that align with their health care needs, preventing potential barriers to treatment.

By assisting consumers in preparing their applications to determine their eligibility for Advanced Premium Tax Credits (APTC) and Cost-Share Reductions (CSR), you are helping them get health insurance at the best rate possible.

Beyond open enrollment, Healthcare Navigators and Assisters continue to play a crucial role. You assist patients in understanding their benefits, navigating claims and addressing any insurance-related issues throughout the year. This ongoing support fosters valuable relationships and ensures patients receive the answers they need.

CareSource thanks you for all your efforts.



# 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 2.32 million members\* in Arkansas, Georgia, Indiana, Kentucky, Michigan, North Carolina, Ohio and West Virginia
- 4,500 employees located across 30 states



**2M+**  
members



\*Based on members enrolled in all CareSource product lines across all states as of 7/23/2024.



# OUR VISION

Transforming lives through  
innovative health and life services.

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





## Member Services

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

## Provider Services

**1-833-230-2101**

**CareSource.com/Plans/Marketplace**

\* Note: Counties in gray are counties where CareSource does not offer Marketplace.

\*Coverage area subject to change.



# We got you.

*Qualified health plans and ACA compliant.*

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 may 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<sup>#</sup>, so if you qualify for a CSR, you must enroll in a Silver plan through 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. If you qualify, this can be used no matter which metal level plan (Gold, Silver, Bronze) you enroll in.



\*Based on CareSource Marketplace membership as of June 2024. 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.

# 2025 Open Enrollment

**November 1 – January 15**

## **How to Enroll:**

- Visit: [Enroll.CareSource.com](https://enroll.caresource.com)
- Contact: an Assister or Navigator
- Contact: a Broker or Agent
- Call: 1-844-539-1733 (TTY: 711)
- Visit: [HealthCare.gov](https://www.healthcare.gov)
- Call: 1-800-318-2596

After January 15, you can enroll only if you have a qualifying life event for a Health Insurance Marketplace Special Enrollment Period (SEP).

If you enroll after December 15, be aware that your enrollment will not take effect until February 1, 2025.

\*\*New enrollees must make their first premium payment to activate their coverage.





# 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)**

## **Other Ways to Enroll:**

- Contact a licensed broker or agent.
- Visit **[HealthCare.gov](https://healthcare.gov)** or contact the Marketplace at **1-800-318-2596**.

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



# 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.





# WHAT'S NEW FOR 2025

## Chronic Condition Plans

### New Plans

- Healthy Heart Plan – Focus on heart disease, including arrhythmias and heart failure.
- High Deductible Health Preventive Plan (HDHP) – Focus on consumers living with heart disease and diabetes.

### Updated Plans

- Improved Diabetes Plan – Focus on consumers living with diabetes. Additional benefits offered for 2025.

Routine Dental will not be offered.

Essential Dental Health Benefits will be offered:

- Accidental Dental
- Dental services integral to medical benefits
- Safety based dental
- TMJ services

PCP copay will be applied to Speech Therapy visits. (Previously the SCP copay was applied.)



# Bronze Plans

## Lowest Premiums, Highest Out-of-Pocket Costs

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 First 7500 \$25 Generic Drugs
Deductible	\$7,500
Out-of-Pocket Maximum	\$9,200
Coinsurance	50%
Primary Care or Retail Clinic Visit	\$50
Specialist Visit	\$100
Urgent Care Visit	\$75
Emergency Room Visit	50%*
Generic Prescription Drug Coverage (30-Day Retail/90-Day Retail/90-day Mail) ‡	\$25 \$75 \$75
^Pediatric Vision Services	\$0 for the first exam, \$0 retinal imaging, \$0 for first pair of glasses/contacts, multiple lens options – many at no member cost, low vision testing and aides, additional discounts on other services and glasses.

\*After deductible. ‡Applicable only to drugs in the generic tier 1 on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. In the chart above, amounts using a dollar sign (\$) refer to copays (except for deductible, out-of-pocket maximum). Amounts using a percentage (%) refer to coinsurance.

^CareSource has partnered with EyeMed®.





# Silver Plans

Budget-Friendly, Subsidy-Eligible

NEW for 2025: Healthy Heart Silver for all markets!

Choose the plan that fits your budget - Low Premium, Diabetes Silver, Healthy Heart Silver, HDHP Preventive Silver or the Standard plan which helps you balance premiums and cost shares (deductibles, copays and coinsurance). Plus, Silver plans are subsidy-eligible (Cost Share Reduction) for those who qualify.

	Low Premium Silver 6000 \$3 Generic Drugs	Silver 5000 \$20 Generic Drugs	Diabetes Silver 4000 \$0 Select Drugs & Specialized Services	Healthy Heart Silver 4500 \$0 Select Drugs & Specialized Services	HDHP Preventive Silver 5500 \$0 Select Drugs
Deductible	\$6,000	\$5,000	\$4,000	\$4,500	\$5,500
Out-of-Pocket Maximum	\$9,000	\$8,000	\$8,800	\$8,800	\$5,500
Coinsurance	40%	40%	50%	50%	0%
Primary Care or Retail Clinic Visit	\$35	\$40	\$30	\$30	\$0*
Specialist Visit	\$75	\$80	\$50	\$50	\$0*
Urgent Care Visit	\$70	\$60	\$70	\$70	\$0*
Emergency Room Visit	\$500*	40%*	\$600*	50%*	\$0*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) ‡	\$3 \$9 \$9	\$20 \$60 \$60	\$3 \$9 \$9	\$3 \$9 \$9	\$0*
^Pediatric Vision Services	\$0 for the first exam, \$0 retinal imaging, \$0 for first pair of glasses/contacts, multiple lens options – many at no member cost, low vision testing and aides, additional discounts on other services and glasses.				

\*After deductible. †Silver 1, 2 and 3 are based upon eligibility for Cost Sharing Reductions (CSR) as determined by the Exchange. ‡Applicable only to drugs in the generic tier 1 on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. In the chart above, amounts using a dollar sign (\$) refer to copays (except for deductible, out-of-pocket maximum). Amounts using a percentage (%) refer to coinsurance. ^CareSource has partnered with EyeMed®.



# Gold Plan

Higher Premiums, Lower Out-of-Pocket Costs  
NEW for 2025: Healthy Heart Gold for all markets!

Typically, a good choice if you expect to have a lot of doctor appointments, need many prescription medicines or need other health services. Gold plans also have chronic condition plan options that offer special preferred coverage for medications, supplies and care.

	Gold 1500 \$15 Generic Drugs	Core Gold 1500 \$10 Generic Drugs	Diabetes Gold 1100 \$0 Select Drugs & Specialized Services	Healthy Heart Gold 1500 \$0 Select Drugs & Specialized Services
Deductible	\$1,500	\$1,500	\$1,100	\$1,500
Out-of-Pocket Maximum	\$7,800	\$7,000	\$7,500	\$7,500
Coinsurance	25%	25%	30%	30%
Primary Care or Retail Clinic Visit	\$30	\$20	\$10	\$10
Specialist Visit	\$60	\$60	\$40	\$40
Urgent Care Visit	\$45	\$40	\$30	\$30
Emergency Room Visit	25%*	\$400*	\$500*	\$0*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) ‡	\$15 \$45 \$45	\$10 \$30 \$30	\$2 \$6 \$6	\$2 \$6 \$6
^Pediatric Vision Services	\$0 for the first exam, \$0 retinal imaging, \$0 for first pair of glasses/contacts, multiple lens options – many at no member cost, low vision testing and aides, additional discounts on other services and glasses.			

\*After deductible. ‡Applicable only to drugs in the generic tier 1 on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. In the chart above, amounts using a dollar sign (\$) refer to copays (except for deductible, out-of-pocket maximum). Amounts using a percentage (%) refer to coinsurance. ^CareSource has partnered with EyeMed®.



# Diabetes Silver & Diabetes Gold

While anyone can enroll in these plans, they are designed to reduce expenses for diabetic-related services, drugs and drug supplies.

## \$0 Screenings and Tests:

- A1C testing
- Retinopathy eye screening
- Diabetic kidney disease screening
- Routine diabetic foot care
- Diabetes self-management education
- Nutritional counseling

## \$0 Drugs\*:

- Regular insulins – Humulin® N, Novolin® N, Humulin® R, Novolin® R, Humulin® 70-30, Novolin® 70-30
- Rapid-acting insulins – Humalog®, insulin lispro, insulin aspart
- Long-acting insulins – Basaglar®, Rezvoglar™ and Tresiba®
- Generic oral drugs – Acarbose, alogliptin, alogliptin-metformin, alogliptin-pioglitazone, glimepiride, glipizide, glipizide-metformin, glyburide, glyburide-metformin, metformin, miglitol, nateglinide, pioglitazone, pioglitazone-metformin, pioglitazone-glimepiride, repaglinide
- Brand name oral drugs – Jardiance®\*, Farxiga®\*, Januvia®\* and Janumet®\*

## \$0 Self-Management Supplies on Prescription Drug List \*:

- Glucose meter and test strips (OneTouch Verio®)
- Continuous glucose monitor (Dexcom, Freestyle Libre)
- Pen needles, insulin syringes, lancing devices/lances, alcohol swabs, urine ketone test strips

## ^Rider Benefits:

- Adult routine vision – eye exams

\*Prior authorization or step therapy required.

^Service Area Restrictions Apply.



# Healthy Heart Silver & Healthy Heart Gold

While anyone can enroll in these plans, they are designed to reduce expenses for heart related services, drugs and supplies.

## \$0 Tests and Screenings:

- Lipid panel
- Prothrombin test
- Metabolic panel
- EKG

## \$0 Drugs:

- Generic drugs - Amiodarone, Digoxin, Flecainide, Sotalol, Sotalol AF
- Brand name drugs – Jardiance<sup>®</sup>\*, Farxiga<sup>®</sup>\*, Entresto<sup>™</sup>\*

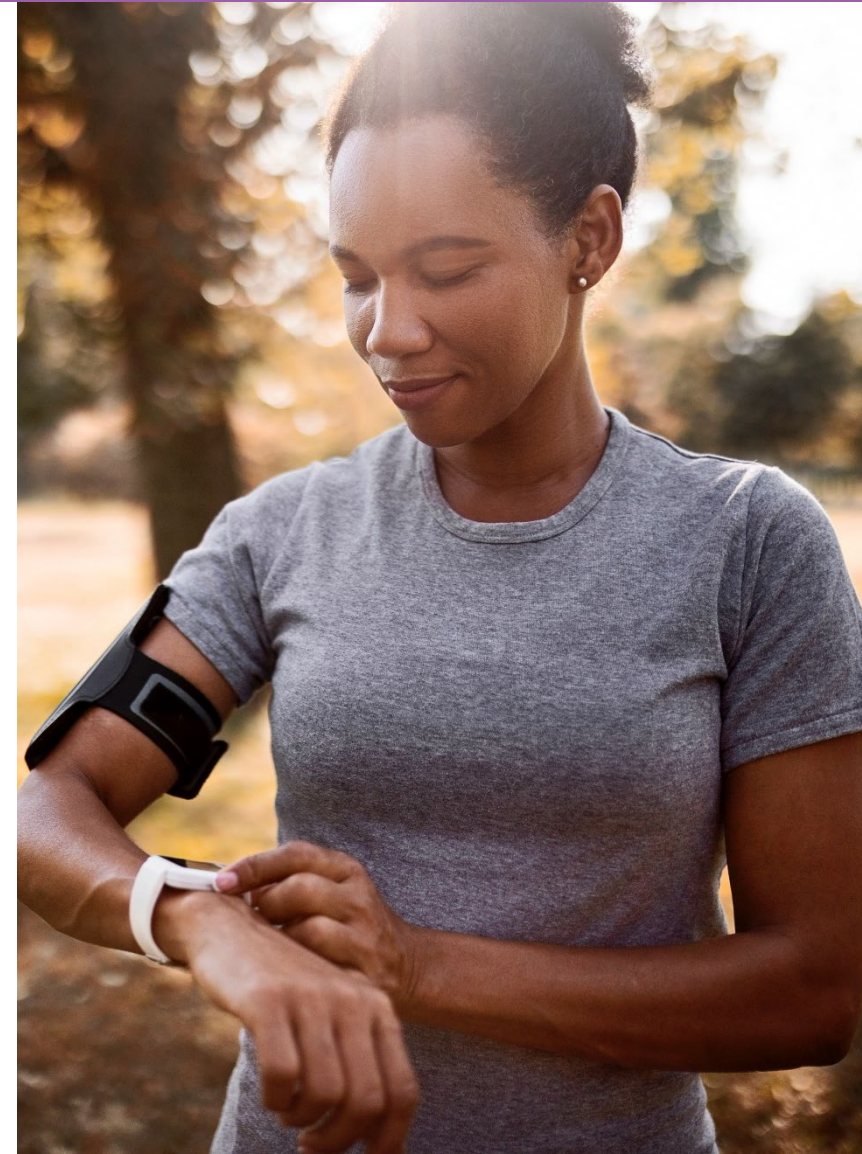
## \$0 Durable Medical Equipment:

- Blood pressure cuff (limit of one per eligible member)
- Gradient compression stockings

## ^Rider Benefits:

- Adult routine vision – eye exams

\*Prior authorization or step therapy required. ^Service Area Restrictions Apply.





# HDHP Preventive Silver & Preventive Silver

While anyone can enroll in this plan, it's designed to reduce expenses on preventive care for those diagnosed with chronic conditions such as diabetes, congestive heart failure and coronary artery disease.

HDHP Preventive Silver is HSA eligible!

## \$0 Tests and Screenings:

- Retinopathy eye screening
- Hemoglobin A1C Test
- Low density lipoprotein (LDL)

## \$0 Preventive Drugs:

- ACE inhibitors – Benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril, trandolapril, benazepril-hctz, captopril-hctz, enalapril-hctz, fosinopril-hctz, lisinopril-hctz, quinapril-hctz
- Beta-blockers – Acebutolol, atenolol, bisoprolol, metoprolol succinate (ER), metoprolol tartrate (IR), nadolol, propranolol, sotalol, sotalol AF, timolol
- Statins – Atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin

## Anti-diabetics\*:

- Generics: Acarbose, alogliptin, alogliptin-metformin, alogliptin-pioglitazone, glimepiride, glipizide, glipizide-metformin, glyburide, glyburide-metformin, metformin, miglitol, nateglinide, pioglitazone, pioglitazone-metformin, pioglitazone-glimepiride, repaglinide
- Brand name: Farxiga<sup>®</sup>\*, Jardiance<sup>®</sup>\*, Synjardy<sup>®</sup>\*, Januvia<sup>®</sup>\*, Janumet<sup>®</sup>\*
- Insulins: Basaglar<sup>®</sup>, Rezvoglar<sup>™</sup>, Tresiba<sup>®</sup>, Humalog<sup>®</sup>, Humulin<sup>®</sup> N, Humulin<sup>®</sup> R, Humulin<sup>®</sup> 70-30, insulin aspart, insulin lispro, Novolin<sup>®</sup> N, Novolin<sup>®</sup> R, Novolin<sup>®</sup> 70-30

## \$0 Self-Management Supplies on Prescription Drug List:

- Diabetic Supplies: Alcohol swabs, glucose meter and test strips (OneTouch Verio<sup>®</sup>), lancets/lancing device, pen needles, insulin syringes/needles, urine ketone test strips

\*Prior authorization or step therapy required.



# Telehealth

- Through our Zero Cost Telehealth Partner Program, you have access to \$0 copay telehealth office visits.
- Other telehealth office and non-office visits have the same cost share as your primary care provider (PCP) in-person visit.
- CareSource fully supports your choice to use telehealth and is willing to partner with your provider. We provide access to services for all members.
- Our Zero Cost Telehealth Partner provides 24/7/365 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 and Follow-up</b> Standard contact lenses Premium contact lenses	Up to \$40 copay. 10% off retail price.
<b>Frames</b> Any available frame at a provider location	100% coverage for provider-designated frames.
<b>Standard Plastic Lenses</b> Single vision Bifocal Trifocal Lenticular Progressive	\$0 copay. \$0 copay. \$0 copay. \$0 copay. See fixed premium progressive price list.
<b>Contact Lenses</b> (includes materials only for one of the options below) Conventional Extended wear disposables  Daily wear / disposable	100% coverage for provider-designated contact lenses. Six-month supply of monthly or two-week disposable, single vision, spherical or toric contact lenses. Three-month supply of daily disposable, single vision, spherical contact lenses.
<b>Frequency</b> Examination Eyewear (eyeglasses or contacts)	Once every calendar year. 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 Vision and Fitness Benefits

For around \$3\* more per month, adults on your plan get access to benefits to treat the whole person – vision and fitness – all within a singular premium and relationship.

\*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 partnered with EyeMed® to bring 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-\$65 copay or 40% coinsurance.† Retinal imaging at no cost to member.
<b>Frame, Lenses and Options Package</b> 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> (includes materials only for one of the options below)	
Conventional	\$0 copay; \$250 allowance, 15% off balance over \$250.
Disposable	\$0 copay; \$250 allowance, plus balance over \$250.
<b>Laser Vision Correction</b> LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price.
<b>Frequency</b> Examination Frame and lenses or contact lenses	Once every calendar year. 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

The Adult Vision and Fitness plan comes with all these 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®, Planet Fitness® and more. Access the premium fitness network, with a buy-up price, with 7,000+ fitness center and studio choices, and unique experiences like rock climbing gyms and rowing centers.
- **Home Fitness Kits:** Get one home fitness kit. Choose from yoga, Pilates, total body strength and more. Some kits include a wearable device (e.g., Fitbit® or Garmin®).
- **On-Demand Workout Videos:** 8,000+ selections, for all fitness levels.
- **Healthy Living Coaching:** Over-the-phone coaching in areas like 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 2025 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.

# MyHealth Rewards Program - Marketplace

## Members get rewarded for healthy habits.

Adults aged 18 through 64 years old can earn rewards for preventive care activities and self management of conditions such as diabetes.

Activity	Who's Eligible	Rewards*
Colorectal Cancer Screen	Adults 45-75	\$25
Breast Cancer Screen	Females 50-74	\$25
Diabetes Care: A1c Test	*All Adults (18+)	\$25
Diabetes Care: Eye Exam	*All Adults (18+)	\$25
Diabetes Care: Kidney Health Evaluation	*All Adults (18+)	\$25
Chlamydia Screening	Females 18-24	\$25

\*Diagnosis for diabetes required.



# CareSource Mobile App

## Members can manage their CareSource health plan on the go.

- Secure access to member's personal My CareSource account
- View and show digital ID Card
- Find a doctor, hospital, clinic, urgent care or pharmacy (get directions or make a call)
- View claims
- Check copays and deductibles and view balances
- Make a premium payment (if applicable)
- Review plan benefits
- Call CareSource24® and speak with a Registered Nurse anytime, 24/7/365
- Call and speak with member services
- Connect with Teladoc®, telehealth services provider
- Explore health rewards opportunities



The CareSource mobile app is available for iPhone® and Android® systems. Get it through the [Apple App Store®](#) or [Google Play®](#).





# Local CareSource Contacts - Kentucky

If you need to speak to a CareSource team member please contact:

## CareSource Benefit Questions:

### Community Marketplace Specialist

Le Toya Coflin – 606-389-0978  
[Letoya.Coflin@CareSource.com](mailto:Letoya.Coflin@CareSource.com)

Tamika Jackson – 502-676-2541  
[Tamika.Jackson@CareSource.com](mailto:Tamika.Jackson@CareSource.com)

## Provider Network Questions:

### Provider Engagement Specialist

Hope Lafavers – 502-216-6314  
[Hope.Lafavers@CareSource.com](mailto:Hope.Lafavers@CareSource.com)

Shirley Sorrels – 502-919-0446  
[Shirley.Sorrels@CareSource.com](mailto:Shirley.Sorrels@CareSource.com)

Brittany Whitaker – 606-802-4594  
[Brittany.Whitaker@CareSource.com](mailto:Brittany.Whitaker@CareSource.com)



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).

#### IMPORTANT REMINDER FOR HDHP HSA PLANS:

Your coverage includes a preventive drug benefit. This means that preventive drugs (medications to help prevent chronic conditions and illnesses) are covered outside of your plan's deductible.

These drugs can, at times be prescribed for treatment purposes. As a result, the listing of a drug does not mean that it will be covered by your benefit plan before your HDHP deductible is satisfied. If your doctor has prescribed a listed drug for treatment purposes (and not preventive purposes) then your plan does not provide coverage for that drug before your HDHP deductible is satisfied. Please be reminded that Health Savings Accounts (HSAs) have tax and legal ramifications. [CareSource/HAP CareSource] cannot guarantee or provide any legal advice on the way these products are prescribed for preventive purposes or that the IRS would agree that all satisfy the definition under §223 NOTICE 2019-45. As everyone's medical circumstances are different, and because proper classification is necessary for you to ensure you are complying with applicable HDHP tax regulations, it is important for you to confirm the purpose of the prescription with your doctor. Please call the number on your member ID card when your doctor confirms for you that they prescribed one of the listed drugs for treatment purposes so your claims can be processed correctly. Unless you provide us with this information, claims for the drugs listed in the will be processed as "preventive," and you or your doctor may be asked by us to provide medical records showing that the drug you're taking is being used for prevention. Remember, if you improperly classify the drug, it may result in adverse tax consequences so please be sure to take the confirming step to properly classify your claim.

Please follow these steps to make sure you are properly classifying the purpose of your prescription:

1. Find your drug on the list.
2. Talk to your doctor about whether your drug is in fact being prescribed for preventive purposes (and not treatment purposes).
3. If prescribed for treatment purposes, call the number on your member ID card to let us know.
4. If prescribed for preventive purposes, there is no need to call.

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 2025 Evidence of Coverages and Schedules of Benefits documents at [CareSource.com/Marketplace](http://CareSource.com/Marketplace).

For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company.

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.

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





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