

# Health Insurance Marketplace



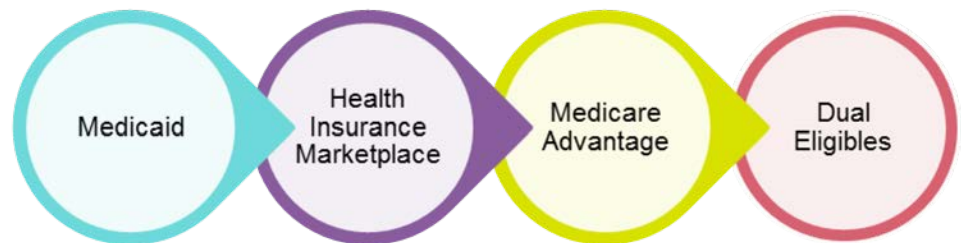


# *Our* MISSION

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

## CARESOURCE

- A nonprofit health plan and national leader in Managed Care
- 30-year history of serving populations with limited resources across multiple states and insurance products
- Currently serving members in Georgia, Indiana, Kentucky, Ohio and West Virginia
- 4,300+ employees located across 30 states



**1.89+M\***  
members



*\*Based on members enrolled in all CareSource product lines across all service areas as of July 13, 2020.*

# CARESOURCE

## OUR VISION

Transforming lives through  
innovative health and life services.

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





CareSource is and will  
always be **members first**

Over 90% of the revenue that comes  
into our organization goes right back  
out to our members.\*

Our profits go back to the people  
we serve.

\*CareSource 2020 Annual Report "Reach Beyond"



# Real Insurance

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 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 on the exchange to get it.

## ADVANCE PREMIUM TAX CREDIT (APTC)

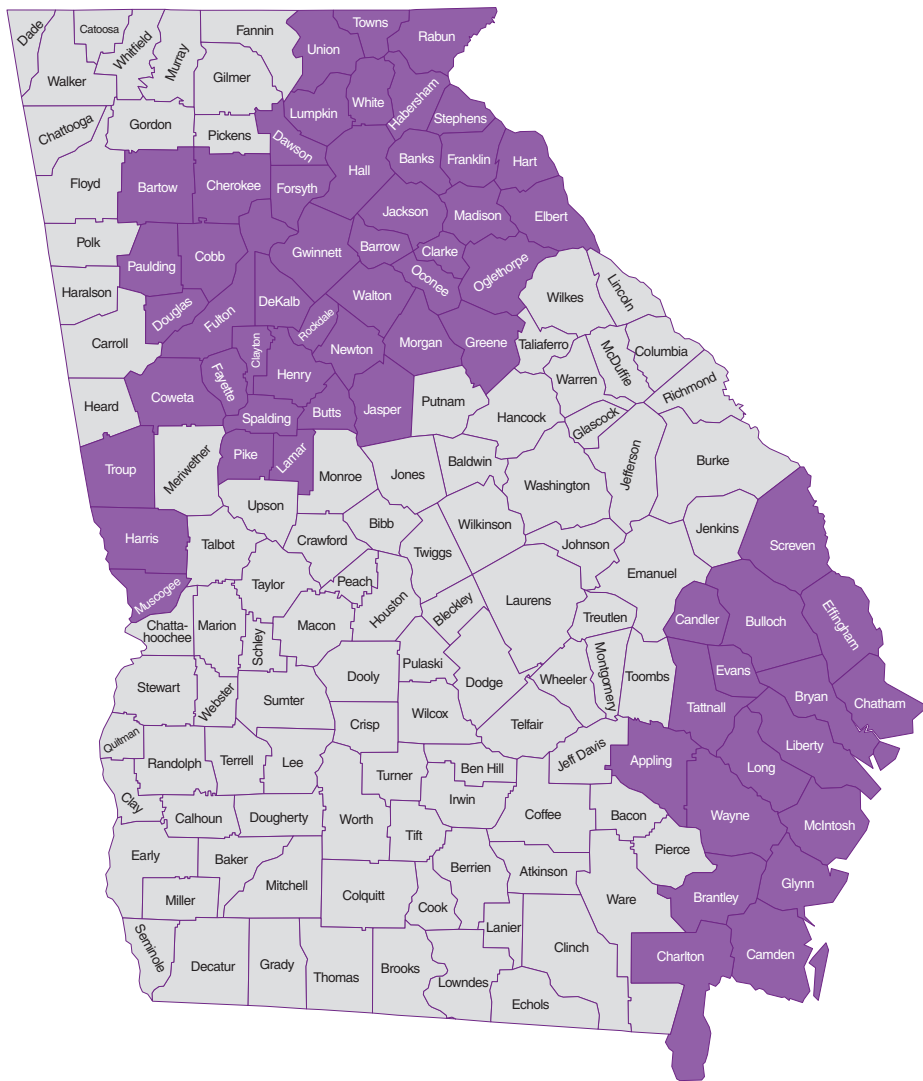
Tax credit taken in advance, in whole or in part, to lower monthly premium payments. This can be used no matter which metal level plan (Gold, Silver, Bronze) you enroll in.

*\*Based on CareSource Marketplace membership as of July 2019. Eligibility for subsidies is determined by the Health Insurance Marketplace, not CareSource.*

*<sup>#</sup>CSRs are also applicable on Limited and Zero plans, available only to members of federally-recognized tribes and ANCSA corporation shareholders.*



# CareSource Coverage Area



**Member Services**  
1-833-230-2030 (TTY: 711)  
[CareSource.com/Marketplace](https://www.caresource.com/Marketplace)

*Coverage area subject to change*





# Consider This...

## It is easy to underestimate how much medical care can cost:

- A broken leg can cost up to **\$7,500** to treat.
- The average cost of a 3-day hospital stay is around **\$30,000**.
- Comprehensive cancer care can cost hundreds of thousands of dollars.

*Having health coverage can help protect you from high, unexpected costs like these.*

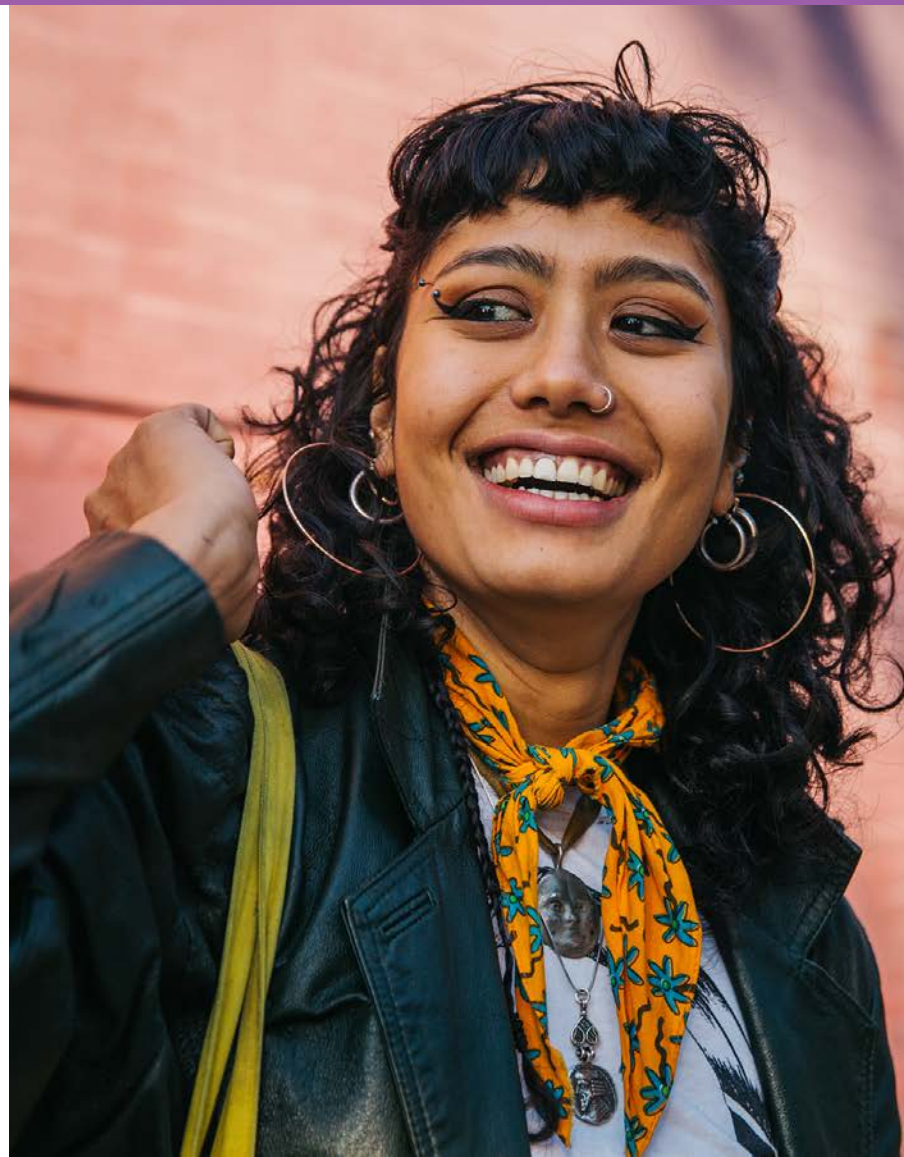


Source: [healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/](https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/)



# Essential Health Benefits

- Preventive and wellness services and chronic disease management
- Emergency services
- Hospitalization
- Prescription drugs
- Pediatric services, including dental and vision care
- Birth control coverage
- Pregnancy, maternity and newborn care
- Breastfeeding coverage
- Ambulatory patient services
- Mental health and substance use disorder services, including behavioral health treatment
- Rehabilitative and habilitative services and devices
- Laboratory services



# Open Enrollment

November 1 – December 15

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

## How to Enroll:

- Visit: [Enroll.CareSource.com](https://enroll.caresource.com)
- Call: 1-844-539-1733 (TTY: 711)

After December 15<sup>th</sup>, you can only enroll if you have a qualifying life event for a Health Insurance Marketplace “Special Enrollment Period” (SEP).



# 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. The open enrollment period for all CareSource Marketplace plans will end December 15<sup>th</sup>. 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.*





# Bronze Plans

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

Generally a good choice if you do not expect to have a lot of doctor appointments, need many prescription medicines or require other routine health services. The HSA-eligible plan is a High Deductible Health Plan (HDHP), where benefit amounts are paid only after meeting the deductible (except preventive care). HSAs are a tax-free way to save for health care costs.

	Bronze	HSA-Eligible Bronze
<b>Deductible</b>	\$7,700	\$5,400
<b>Out-of-Pocket Maximum</b>	\$8,550	\$7,000
<b>Coinsurance</b>	50%*	50%*
<b>Primary Care or Retail Clinic Visit</b>	\$40	50%*
<b>Specialist Visit</b>	\$80	50%*
<b>Urgent Care Visit</b>	50%*	50%*
<b>Emergency Room Visit</b>	50%*	50%*
<b>Tier 1: Low Cost Prescription Drug Coverage (Retail/90-day Mail)</b>	\$30 / \$75	50%* / 50%*
<b>Pediatric Dental &amp; Vision Services</b>	Included	Included

*In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible and Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.*

*All services (except ER and Urgent Care) must be received by in-network providers in order for the cost shares listed to apply.*

*\*After deductible.*



# Silver Plans

## Budget-Friendly, Subsidy-Eligible

Choose the plan that fits your budget – Low Premium, Low Deductible, or balance premium and deductible with the Standard plan. Plus, Silver plans are subsidy-eligible (CSR) for those who qualify. All services (except ER and Urgent Care) must be received by in-network providers in order for the cost shares listed to apply.

	Low Premium	Standard	Low Deductible
<b>Deductible</b>	\$6,000	\$5,800	\$5,100
<b>Out-of-Pocket Maximum</b>	\$8,550	\$7,900	\$7,500
<b>Coinsurance</b>	25%*	20%*	20%*
<b>Primary Care or Retail Clinic Visit</b>	\$35	\$25	\$25
<b>Specialist Visit</b>	\$70	\$60	\$60
<b>Urgent Care Visit</b>	\$75	\$75	\$75
<b>Emergency Room Visit</b>	25%*	20%*	20%*
<b>Tier 1: Low Cost Prescription Drug Coverage (Retail/90-day Mail)</b>	\$20 / \$50	\$20 / \$50	\$20 / \$50
<b>Pediatric Dental &amp; Vision Services</b>	Included	Included	Included

*In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible and Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.*

*\*After deductible.*



# CSR Silver Plans

Silver 1, 2 and 3 are based upon eligibility for Cost Sharing Reductions as determined by the Health Insurance Marketplace. These values apply only to Silver members who receive a CSR.

	CSR Level 1			CSR Level 2			CSR Level 3		
	Low Premium	Standard	Low Deductible	Low Premium	Standard	Low Deductible	Low Premium	Standard	Low Deductible
<b>Deductible</b>	\$5,700	\$5,500	\$4,950	\$1,300	\$1,200	\$900	\$450	\$400	\$350
<b>Out-of-Pocket Maximum</b>	\$6,600	\$6,000	\$6,000	\$2,800	\$2,600	\$2,500	\$900	\$750	\$700
<b>Coinsurance</b>	20%*	20%*	20%*	10%*	10%*	10%*	5%*	5%*	5%*
<b>Primary Care or Retail Clinic Visit</b>	\$25	\$20	\$20	\$15	\$10	\$10	\$5	\$5	\$0
<b>Specialist Visit</b>	\$50	\$40	\$40	\$40	\$30	\$30	\$15	\$15	\$15
<b>Urgent Care Visit</b>	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$25	\$25
<b>Emergency Room Visit</b>	20%*	20%*	20%*	10%*	10%*	10%*	5%*	5%*	5%*
<b>Tier 1: Low Cost Prescription Drug Coverage (Retail/90-day Mail)</b>	\$20 / \$50	\$20 / \$50	\$20 / \$50	\$10 / \$25	\$10 / \$25	\$10 / \$25	\$5 / \$12.50	\$5 / \$12.50	\$0 / \$0
<b>Pediatric Dental &amp; Vision Services</b>	Included	Included	Included	Included	Included	Included	Included	Included	Included

*In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible and Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance. All services (except ER and Urgent Care) must be received by in-network providers in order for the cost shares listed to apply. CSR eligibility is determined by the Health Insurance Marketplace, not by CareSource.*

*\*After deductible.*





# Gold Plan

## Higher Premiums, Lower Out-of-Pocket Costs

Typically a good choice if you expect to have a lot of doctor appointments, need many prescription medicines or need other health services. All services (except ER and Urgent Care) must be received by in-network providers in order for the cost shares listed to apply.

	Gold
<b>Deductible</b>	\$2,000
<b>Out-of-Pocket Maximum</b>	\$6,500
<b>Coinsurance</b>	20%*
<b>Primary Care or Retail Clinic Visit</b>	\$10
<b>Specialist Visit</b>	\$45
<b>Urgent Care Visit</b>	\$75
<b>Emergency Room Visit</b>	20%*
<b>Tier 1: Low Cost Prescription Drug Coverage (Retail/90-day Mail)</b>	\$15 / \$37.50
<b>Pediatric Dental &amp; Vision Services</b>	Included

*In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible and Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance. All services (except ER and Urgent Care) must be received by in-network providers in order for the cost shares listed to apply.*

*\*After deductible.*



# 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
<b>Contact Lens Fit &amp; Follow-up</b> Standard contact lens Premium contact lens	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> <i>(includes materials only for one of the options below)</i> Conventional Extended Wear Disposables  Daily Wear / Disposable	100% coverage for provider-designated contact lenses 6-month supply of monthly or 2 week disposable, single vision, spherical or toric contact lenses 3-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 Benefits

Picking a plan with dental, vision and fitness coverage gives the **adults** on your plan extra benefits.

## DENTAL BENEFITS INCLUDE:

- 2 cleanings per year
- X-rays and exams
- Coverage for both minor and major dental work\*

*\*Copays, coinsurances and \$800 annual limit apply*





# 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 <sup>†</sup>
<b>Frame, Lenses &amp; Options Package</b> Any frame, lens and lens options available at provider location.	\$250 allowance for frame, lens and lens options, 20% off balance over \$250
<b>Contact Lenses</b> <i>(includes materials only for one of the options below)</i>	
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	Once every calendar year
Frame & Lenses or Contact Lenses	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.

<sup>†</sup>Extra Discounts may be available for those that qualify for a CSR.



# Fitness Benefits

- No extra cost – all benefits are included with your dental, vision & fitness plan. No monthly gym fee, no contracts!
- Access to a network of fitness centers for the benefit year – including select LA Fitness®, Snap Fitness™, Anytime Fitness®, Planet Fitness® centers – plus more!
- Multi-fitness center access – members may register for and use more than one fitness center in a given month. Members can also choose to receive up to 2 home fitness kits (20 to choose from) and 1 StayFit Kit to work out at home.
- The Connected! tool allows members to track their activity on Active&Fit® using one of 250+ wearable devices and apps.
- Facebook Live and YouTube Live classes give members an opportunity to participate in a live workout from the comfort of their home.
- Members receive an online newsletter 4 times a year.
- Access to other web tools like a fitness center search, online classes and more!



*Limitations and Exclusions apply to the Program. Full details are available in the applicable 2021 CareSource Marketplace plan Evidence of Coverage or by calling CareSource.*

# 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)

Open enrollment begins on November 1st.



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).

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

CareSource plans have exclusions, limitations, reductions, and terms under which the policy may be continued in force or discontinued. Premiums, deductibles and copays may vary based on individual circumstances and plan selection. Benefits and costs may vary based upon plan selection. For costs and complete details of coverage, please review the CareSource Evidence of Coverage and Schedule of Benefits documents at [CareSource.com/Marketplace](http://CareSource.com/Marketplace).

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-833-230-2030 (TTY: 711).

如果您或者您在帮助的人对 CareSource 存有疑问，您有权 免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-833-230-2030 (TTY: 711)。





# *CareSource*®

