

BENEFITS GUIDE

Wisconsin 2027

MARKETPLACE



As a Health Insurance Marketplace-qualified health plan, CareSource offers individual and family coverage for all the essential health benefits required by the Affordable Care Act (ACA) – including pediatric vision services. Plus, Marketplace plans cover services for pre-existing conditions and don't carry any lifetime coverage caps for most benefits. At CareSource, we offer a range of plans that enable you to balance your needs between the premium and out-of-pocket costs of health care.

Covered Services											Off Exchange Only								
	Low Premium Bronze EPO 12000 \$50 PCP HSA	Bronze Standard EPO 7500 \$50 PCP HSA	Bronze EPO \$0 Ded/3000 Rx Ded \$55 PCP HSA	Silver Standard EPO 6400 \$40 PCP	Value Silver EPO 5700 Ded/6000 Rx Ded \$35 PCP	Low Deductible Silver EPO 5300 Ded/5650 Rx Ded \$55 PCP	Value Gold EPO 3700 \$20 PCP	Gold Standard EPO 2500 \$30 PCP	Gold EPO \$0 Ded \$35 PCP	Low Premium Bronze EPO 12000 \$50 PCP HSA + Vision Exam & Allergy Test	Bronze Standard EPO 7500 \$50 PCP HSA + Vision Exam & Allergy Test	Bronze EPO \$0 Ded/3000 Rx Ded \$55 PCP HSA + Vision Exam & Allergy Test	Silver Standard EPO 6400 \$40 PCP + Vision Exam & Allergy Test	Value Silver EPO 5700 Ded/6000 Rx Ded \$35 PCP + Vision Exam & Allergy Test	Low Deductible Silver EPO 5300 Ded/5650 Rx Ded \$55 PCP + Vision Exam & Allergy Test	HSA Silver EPO 4000 \$15 PCP After Ded + Vision Exam & Allergy Test	Value Gold EPO 3700 \$20 PCP + Vision Exam & Allergy Test	Gold Standard EPO 2500 \$30 PCP + Vision Exam & Allergy Test	Gold EPO \$0 Ded \$35 PCP + Vision Exam & Allergy Test
Individual Deductible	\$12,000	\$7,500	\$0	\$6,400	\$5,700	\$5,300	\$3,700	\$2,500	\$0	\$12,000	\$7,500	\$0	\$6,400	\$5,700	\$5,300	\$4,000	\$3,700	\$2,500	\$0
Family Deductible	\$24,000	\$15,000	\$0	\$12,800	\$11,400	\$10,600	\$7,400	\$5,000	\$0	\$24,000	\$15,000	\$0	\$12,800	\$11,400	\$10,600	\$8,000	\$7,400	\$5,000	\$0
Coinsurance	0%	50%	50%	40%	30%	30%	15%	25%	20%	0%	50%	50%	40%	30%	30%	20%	15%	25%	20%
Individual Out-of-Pocket Maximum	\$12,000	\$12,000	\$10,800	\$10,300	\$12,000	\$12,000	\$9,600	\$8,600	\$10,200	\$12,000	\$12,000	\$10,800	\$10,300	\$12,000	\$12,000	\$8,700	\$9,600	\$8,600	\$10,200
Family Out-of-Pocket Maximum	\$24,000	\$24,000	\$21,600	\$20,600	\$24,000	\$24,000	\$19,200	\$17,200	\$20,400	\$24,000	\$24,000	\$21,600	\$20,600	\$24,000	\$24,000	\$17,400	\$19,200	\$17,200	\$20,400
Primary Care Office Visit	\$50	\$50	\$55	\$40	\$35	\$55	\$20	\$30	\$35	\$50	\$50	\$55	\$40	\$35	\$55	\$15 after deductible	\$20	\$30	\$35
Specialist Office Visit	\$0 after deductible	\$100	\$150	\$80	\$75	\$120	\$50	\$60	\$100	\$0 after deductible	\$100	\$150	\$80	\$75	\$120	\$35 after deductible	\$50	\$60	\$100
Urgent Care	\$0 after deductible	\$75	\$100	\$60	30% after deductible	30% after deductible	\$75	\$45	\$75	\$0 after deductible	\$75	\$100	\$60	30% after deductible	30% after deductible	20% after deductible	\$75	\$45	\$75
Emergency Room Facility	\$0 after deductible	50% after deductible	\$3,000	40% after deductible	30% after deductible	\$300	\$300	25% after deductible	\$600	\$0 after deductible	50% after deductible	\$3,000	40% after deductible	30% after deductible	\$300	20% after deductible	\$300	25% after deductible	\$600
Lab Outpatient and Professional Services	\$0 after deductible	50% after deductible	\$75*	40% after deductible	30% after deductible	30% after deductible	15% after deductible	25% after deductible	\$50*	\$0 after deductible	50% after deductible	\$75*	40% after deductible	30% after deductible	30% after deductible	20% after deductible	15% after deductible	25% after deductible	\$50*
Individual Rx Deductible	Medical Deductible Only	Medical Deductible Only	\$3,000	Medical Deductible Only	\$6,000	\$5,650	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	\$3,000	Medical Deductible Only	\$6,000	\$5,650	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only
Family Rx Deductible	Medical Deductible Only	Medical Deductible Only	\$6,000	Medical Deductible Only	\$12,000	\$11,300	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	\$6,000	Medical Deductible Only	\$12,000	\$11,300	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only
Preferred Generic Drugs: 30-Day Retail 90-Day Mail	\$0 after deductible \$0 after deductible	\$25 \$50	\$35 \$70	\$20 \$40	\$10 \$20	\$10 \$20	\$2 \$4	\$15 \$30	\$15 \$30	\$0 after deductible \$0 after deductible	\$25 \$50	\$35 \$70	\$20 \$40	\$10 \$20	\$10 \$20	\$15 after deductible \$30 after deductible	\$2 \$4	\$15 \$30	\$15 \$30
Preferred Brand Drugs: 30-Day Retail 90-Day Mail	\$0 after deductible \$0 after deductible	\$50 after deductible \$100 after deductible	\$175 \$350	\$40 \$80	\$80 \$160	\$80 \$160	\$50 \$100	\$30 \$60	\$60 \$120	\$0 after deductible \$0 after deductible	\$50 after deductible \$100 after deductible	\$175 \$350	\$40 \$80	\$80 \$160	\$80 \$160	20% after deductible 20% after deductible	\$50 \$100	\$30 \$60	\$60 \$120
^Teladoc Health®	\$0 copay telehealth visits 24/7 through our preferred partner Teladoc Health. Phone or video access to U.S. licensed physicians who can consult, diagnose, and prescribe medications (if needed). Access Behavioral Health support by appointment.																		
^Pediatric Vision	\$0 eye exam, once per year.																		

*Per Test. ^CareSource has partnered with Teladoc Health. Telehealth visits outside of Teladoc Health have cost share applied. In the chart above, amounts using a dollar sign (\$) refer to copays (except for deductible, out-of-pocket maximum and annual limits) and amounts using a (%) sign refer to coinsurance. This is not a complete list of benefits. Visit [CareSource.com/plans/marketplace/benefits-services](https://www.caresource.com/plans/marketplace/benefits-services) for more details.





The chart below represents the Cost Share Reduced (CSR) variations of our core plan designs. †Silver CSR 73%, CSR 87% and CSR 94% are based upon eligibility for CSR as determined by the Marketplace.

Covered Services	†CSR Level 73%			†CSR Level 87%			†CSR Level 94%		
	Low Deductible Silver EPO 5200 \$45 PCP	Value Silver EPO 4800 \$30 PCP	Silver Standard EPO 2900 \$40 PCP	Low Deductible Silver EPO 850 \$20 PCP	Silver Standard EPO 800 \$20 PCP	Value Silver EPO 800 \$20 PCP	Low Deductible Silver EPO \$0 Ded \$5 PCP	Silver Standard EPO \$0 Ded \$0 PCP	Value Silver EPO \$0 Ded \$0 PCP
Individual Deductible	\$5,200	\$4,800	\$2,900	\$850	\$800	\$800	\$0	\$0	\$0
Family Deductible	\$10,400	\$9,600	\$5,800	\$1,700	\$1,600	\$1,600	\$0	\$0	\$0
Coinsurance	30%	30%	40%	25%	30%	25%	15%	25%	15%
Individual Out-of-Pocket Maximum	\$9,500	\$9,300	\$9,000	\$3,900	\$3,600	\$3,800	\$3,500	\$3,500	\$3,700
Family Out-of-Pocket Maximum	\$19,000	\$18,600	\$18,000	\$7,800	\$7,200	\$7,600	\$7,000	\$7,000	\$7,400
Primary Care Office Visit	\$45	\$30	\$40	\$20	\$20	\$20	\$5	\$0	\$0
Specialist Office Visit	\$90	\$60	\$80	\$50	\$40	\$40	\$15	\$10	\$10
Urgent Care	30% after deductible	30% after deductible	\$60	25% after deductible	\$30	25% after deductible	15%	\$5	15%
Emergency Room Facility	\$300	30% after deductible	40% Coinsurance after Deductible	\$250	30% after deductible	25% after deductible	\$55	25%	15%
Lab Outpatient and Professional Services	30% after deductible	30% after deductible	40% Coinsurance after Deductible	25% after deductible	30% after deductible	25% after deductible	15%	25%	15%
Individual Rx Deductible	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only
Family Rx Deductible	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only
Preferred Generic Drugs: 30-day Retail 90-day Mail	\$10 \$20	\$10 \$20	\$20 \$40	\$5 \$10	\$10 \$20	\$5 \$10	\$5 \$10	\$0 \$0	\$0 \$0
Preferred Brand Drugs: 30-day Retail 90-day Mail	\$80 \$160	\$80 \$160	\$40 \$80	\$50 \$100	\$20 \$40	\$50 \$100	\$20 \$40	\$15 \$30	\$15 \$30
^Teladoc Health®	\$0 copay telehealth visits 24/7 through our preferred partner Teladoc Health. Phone or video access to U.S. licensed physicians who can consult, diagnose, and prescribe medications (if needed). Access Behavioral Health support by appointment.								
^Pediatric Vision	\$0 eye exam, once per year.								

All programs and services are not available in all areas. All covered health care services must be received by in-network providers, except as otherwise required by applicable law and provided in applicable CareSource Marketplace Evidence of Coverage (EOC). CareSource plans have exclusions, limitations, reductions and terms under which the policy may be continued in force or discontinued. Benefits and costs may vary based upon plan selection. For costs and complete details of coverage, please review the CareSource Marketplace EOC and Schedule of Benefits documents at [CareSource.com/marketplace](#).

CareSource is a Qualified Health Plan issuer in the Health Insurance Marketplace

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Optional adult Vision available! Our plans are available with adult Vision benefits for as little as \$1 or \$2 per month∞. Adults on the plan gain access to one routine annual exam. Dilation and refractoring not included.

Off Exchange Only plans available! In addition to our On Exchange plan offerings, CareSource also offers Off Exchange Only plans — sold exclusively outside of the Health Insurance Marketplace, with the same ACA-compliant coverage and the added benefit of dealing directly with CareSource at a lower premium than plans purchased through the exchange. Off Exchange Only plans are not eligible for APTC or CSR subsidies. Some Off Exchange Only plans are HSA-compatible. Visit [CareSource.com/marketplace](#) to learn more or to compare plans.

Ready to enroll? It’s easy! Contact your insurance agent/agency, or head to [Enroll.CareSource.com!](#)

Need a little more help? Call us at **1-844-539-1733 (TTY: 711)**.

Other Ways to Enroll:

- Visit [HealthCare.gov](#) or contact the Marketplace at 1-800-318-2596.

∞Based on a 30 year old. Your cost may vary based on your demographics.

Plans issued by Common Ground Healthcare Cooperative.

