



MARKETPLACE PLANS



**AFFORDABLE  
HEALTH PLANS**  
**2018  
INDIANA**

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



# Today. Tomorrow. **TOGETHER.**

**CareSource** is a managed care company that provides health insurance coverage to more than 1.8 million members. We pride ourselves on our commitment to the Marketplace, understanding our members and helping them understand and access their health insurance services.

## Shopping for a plan?

Here are some basics you should know if you're considering a Marketplace plan. The Health Insurance Marketplace (also called "Marketplace") is an online "store" that allows you to compare plans and purchase health insurance at a competitive rate. You're able to review doctors, facilities and prescription drugs covered for each plan. If you don't have health insurance through a job, Medicare, Medicaid, the Children's Health Insurance Program (CHIP) or another source that provides qualifying health coverage, the Marketplace can help get you covered.

CareSource plans are offered in some major metropolitan areas throughout Indiana, as well as many rural areas. In order to enroll in one of our plans, you must live in one of our service areas. To view our covered counties, visit [CareSource.com/marketplace/IN/service-area](http://CareSource.com/marketplace/IN/service-area).

Marketplace plans are separated into "metal level" categories of Bronze, Silver and Gold. The metal level categories are based on how you and CareSource share the cost of your health care. Bronze health plans usually have the lowest monthly premiums and the highest out-of-pocket costs – copays, coinsurance and deductibles – while Gold health plans usually have higher monthly premiums and the lowest out-of-pocket costs. Your quality of care remains the same no matter what metal level you choose.

## CARESOURCE GOLD

This may be a good choice for you if you expect to have a lot of doctor appointments, need many prescription medicines or need other health services. Gold plans have:

- > **Higher premiums.** You pay more each month for a Gold plan than you would for another metal level.
- > **Lower out-of-pocket costs.** With a Gold plan, the amount you pay each time you get a health service, such as seeing a doctor or filling a prescription, is less than what you'd pay if you have a traditional Bronze or Silver plan.
- > **Hoosier Choice Gold** provides a broader network of providers for members who prefer more options.

## CARESOURCE SILVER

These are the only plans that offer cost sharing

**75% of our members choose a Silver plan\***

reductions (CSR's) in addition to premium tax credits. CSR's are a discount or "extra savings" that lower the amount you have to pay for deductibles, copayments and coinsurance.

- > **Eligibility for different levels of Silver plans is based on your reported income.**
- > **Hoosier Choice Silver** provides a broader network of providers for members who prefer more options.

*Cost sharing reductions are calculated by the Health Insurance Marketplace when you submit your household size and income information to [healthcare.gov](http://healthcare.gov). If you qualify for a cost sharing reduction, it can save you money each time you get medical services. So make sure to consider the total cost of your medical care when you pick a plan. Your total costs include your monthly premium and the payments you make when you get care.*

## As premiums increase, out-of-pocket costs decrease:



## CARESOURCE BRONZE

A health plan in the Bronze level may be a good choice for you if you don't expect to have many doctor appointments or need many prescription drugs.

- > Generally, plans in the Bronze category have the lowest premiums (your monthly insurance bill) but the highest deductibles and other out-of-pocket costs.
- > **New for 2018 – Bronze HSA** – A CareSource marketplace plan designed to be compatible with a tax advantaged Health Savings Account (HSA). This plan is considered a high deductible health plan (HDHP). Having money in an HSA may help offset your medical costs, including deductibles. While CareSource doesn't offer HSAs, we can help educate you on how to get one.
- > **Hoosier Choice Bronze** provides a broader network of providers for members who prefer more options.

\*Based on CareSource membership data as reported by CMS on 8/8/17.



## CARESOURCE LOW PREMIUM PLANS

If you don't expect to use your health insurance benefits frequently, a Low Premium plan may be a good choice for affordable monthly premium payments. Additionally, the Health Insurance Marketplace could qualify you for cost sharing reductions (CSRs), which result in reduced benefit costs.

*CSRs are calculated by the Health Insurance Marketplace when you submit your household size and income information to [healthcare.gov](https://www.healthcare.gov).*

## CARESOURCE FEDERAL SIMPLE CHOICE PLANS

These plans allow easier comparisons across insurers by having generally consistent benefit levels. However, differences exist with the additional benefits, including provider networks, monthly premiums and medications covered.

## ENHANCED BENEFITS PACKAGE

These are our metal level plans PLUS dental and vision benefits for adults over the age of 19. If you choose a Dental & Vision plan, you pay one premium for health, dental and vision coverage. Choosing a Dental & Vision plan adds dental and vision coverage, but does not change your medical benefits.

To learn about our pharmaceutical management procedures, benefit restrictions, our exceptions process or to check drug coverage, visit [CareSource.com](https://www.CareSource.com).

## First Steps:

To make your application process as smooth as possible, you'll need to collect the following information for each family member you are enrolling before starting your eligibility form on the Health Insurance Marketplace:

Social Security number or document number for legal immigrants

Employer and income information, for example, wage and tax statements from pay stubs or W-2 forms

If currently covered by health insurance, the policy number

If eligible for employer health insurance coverage (even if the coverage is through another person like a spouse or parent), information about the employer's health insurance plan

## How to Enroll:

Visit [Healthcare.gov](http://Healthcare.gov)

Follow the prompts and you'll be routed to determine your eligibility for cost savings.

Complete the eligibility form using the personal financial information you've collected. **Allow 20–40 minutes to complete this process.** The Marketplace will determine your eligibility and if you qualify for a subsidy. It will also let you know if you or your family members qualify for health care coverage through Medicaid, Medicare or CHIP (Children's Health Insurance Program).

When you're done, the Marketplace will apply any subsidies, calculate your costs and will help you compare plans. Then, you can select your plan and choose your payment method to pay your first premium.

You can also apply by phone 1-800-318-2596 (TTY: 1-855-889-4325), by mail (Health Insurance Marketplace, Attn: Coverage Processing, 465 Industrial Blvd, London, KY 40750-0001) and in person during open enrollment.

**The Open Enrollment Period for 2018 is from November 1, 2017 to December 15, 2017.**

## Questions?

Call us at **1-844-539-1733**

(TTY: 1-800-743-3333 or 711)

*You can apply during open enrollment.*

	<b>GOLD<sup>†</sup></b>		<b>BRONZE<sup>†</sup></b>				
	<b>CareSource or Hoosier Choice Gold</b>	<b>CareSource or Hoosier Choice Gold Dental &amp; Vision</b>	<b>CareSource or Hoosier Choice HSA Bronze</b>	<b>CareSource Federal Simple Choice Bronze</b>	<b>CareSource Federal Simple Choice Bronze Dental &amp; Vision</b>	<b>CareSource or Hoosier Choice Bronze</b>	<b>CareSource or Hoosier Choice Bronze Dental &amp; Vision</b>
<b>Deductible (Individual) (Family is x 2)</b>	\$1,500	\$1,500	\$4,000	\$6,650	\$6,650	\$7,250	\$7,250
<b>Out-of-Pocket Maximum (Individual) (Family is x 2)</b>	\$5,000	\$5,000	\$6,550	\$7,350	\$7,350	\$7,350	\$7,350
<b>Coinsurance</b>	20%*	20%*	50%*	40%*	40%*	40%*	40%*
<b>Primary Care Visit and Retail Clinic Visit</b>	\$10	\$10	50%*	\$35	\$35	\$30	\$30
<b>Specialist Visit</b>	\$50	\$50	50%*	\$75	\$75	40%*	40%*
<b>Emergency Room Visit</b>	20%*	20%*	50%*	40%*	40%*	40%*	40%*
<b>Generic Prescription Drug Coverage (Retail/Mail Order)</b>	\$10/\$25	\$10/\$25	50%/50%*	\$35/\$87.50	\$35/\$87.50	\$25/\$62.50	\$25/\$62.50
<b>Preferred Brand (Retail/Mail Order)</b>	\$50/\$125	\$50/\$125	50%/50%*	35%/35%*	35%/35%*	40%/40%*	40%/40%*
<b>Non-Preferred Brand (Retail/Mail Order)</b>	\$200/\$500	\$200/\$500	50%/50%*	40%/40%*	40%/40%*	40%/40%*	40%/40%*
<b>Specialty Drugs (Retail/Mail Order)</b>	40% up to \$300/ 40% up to \$300*	40% up to \$300/ 40% up to \$300*	50%/50%*	45%/45%*	45%/45%*	40% up to \$300/ 40% up to \$300*	40% up to \$300/ 40% up to \$300*
<b>Non-Preferred Specialty Drugs (Retail/Mail Order)</b>	50% up to \$300/ 50% up to \$300*	50% up to \$300/ 50% up to \$300*	50%/50%*	N/A	N/A	50% up to \$300/ 50% up to \$300*	50% up to \$300/ 50% up to \$300*

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

<sup>†</sup>All services (except ER and Urgent Care) must be received by in-network providers in order for the cost shares listed to apply. All Silver levels are based upon eligibility for Cost Sharing Reductions as determined by the Health Insurance Marketplace at [healthcare.gov](http://healthcare.gov).

\*After deductible.

\*\*Preventive visits are limited to two per calendar year.

<b>SILVER†</b>						
	<b>CareSource or Hoosier Choice Silver</b>	<b>CareSource or Hoosier Choice Silver Dental &amp; Vision</b>	<b>CareSource Federal Simple Choice Silver</b>	<b>CareSource Federal Simple Choice Silver Dental &amp; Vision</b>	<b>CareSource Low Premium Silver</b>	<b>CareSource Low Premium Silver Dental &amp; Vision</b>
<b>Deductible (Individual) (Family is x 2)</b>	\$3,900	\$3,900	Medical \$3,500 Pharmacy \$500	Medical \$3,500 Pharmacy \$500	\$6,150	\$6,150
<b>Out-of-Pocket Maximum (Individual) (Family is x 2)</b>	\$7,300	\$7,300	\$7,350	\$7,350	\$7,300	\$7,300
<b>Coinsurance</b>	30%*	30%*	20%*	20%*	15%*	15%*
<b>Primary Care Visit and Retail Clinic Visit</b>	\$10	\$10	\$30	\$30	\$20	\$20
<b>Specialist Visit</b>	\$50	\$50	\$65	\$65	\$40	\$40
<b>Emergency Room Visit</b>	\$500*	\$500*	20%*	20%*	\$400*	\$400*
<b>Generic Prescription Drug Coverage (Retail/Mail Order)</b>	\$10/\$25	\$10/\$25	\$15/\$37.50	\$15/\$37.50	\$20/\$50	\$20/\$50
<b>Preferred Brand (Retail/Mail Order)</b>	\$60/\$150	\$60/\$150	\$50/\$125	\$50/\$125	\$50/\$125	\$50/\$125
<b>Non-Preferred Brand (Retail/Mail Order)</b>	\$200/\$500	\$200/\$500	\$100/\$250	\$100/\$250	15%/15%*	15%/15%*
<b>Specialty Drugs (Retail/Mail Order)</b>	40% up to \$400/ 40% up to \$400*	40% up to \$400/ 40% up to \$400*	40%/40%*	40%/40%*	15%/15%*	15%/15%*
<b>Non-Preferred Specialty Drugs (Retail/Mail Order)</b>	50% up to \$400/ 50% up to \$400*	50% up to \$400/ 50% up to \$400*	N/A	N/A	15%/15%*	15%/15%*

In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum, Lifetime Limits and Annual Limits). 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. All Silver levels are based upon eligibility for Cost Sharing Reductions as determined by the Health Insurance Marketplace at [healthcare.gov](http://healthcare.gov).

\*After deductible.

\*\*Preventive visits are limited to two per calendar year.

## SILVER†

Note: CareSource Silver 1 eligibility is determined by the Health Insurance Marketplace at [healthcare.gov](http://healthcare.gov)

	CareSource or Hoosier Choice Silver 1	CareSource or Hoosier Choice Silver 1 Dental & Vision	CareSource Federal Simple Choice Silver 1	CareSource Federal Simple Choice Silver 1 Dental & Vision	CareSource Low Premium Silver 1	CareSource Low Premium Silver 1 Dental & Vision
<b>Deductible (Individual) (Family is x 2)</b>	\$3,900	\$3,900	Medical \$3,000 Pharmacy \$200	Medical \$3,000 Pharmacy \$200	\$4,800	\$4,800
<b>Out-of-Pocket Maximum (Individual) (Family is x 2)</b>	\$5,850	\$5,850	\$5,850	\$5,850	\$5,800	\$5,800
<b>Coinsurance</b>	30%*	30%*	20%*	20%*	15%*	15%*
<b>Primary Care Visit and Retail Clinic Visit</b>	\$10	\$10	\$30	\$30	\$15	\$15
<b>Specialist Visit</b>	\$40	\$40	\$65	\$65	\$35	\$35
<b>Emergency Room Visit</b>	\$500*	\$500*	20%*	20%*	\$375*	\$375*
<b>Generic Prescription Drug Coverage (Retail/Mail Order)</b>	\$10/\$25	\$10/\$25	\$15/\$37.50	\$15/\$37.50	\$15/\$37.50	\$15/\$37.50
<b>Preferred Brand (Retail/Mail Order)</b>	\$50/\$125	\$50/\$125	\$50/\$125	\$50/\$125	\$50/\$125	\$50/\$125
<b>Non-Preferred Brand (Retail/Mail Order)</b>	\$200/\$500	\$200/\$500	\$100/\$250	\$100/\$250	15%/15%*	15%/15%*
<b>Specialty Drugs (Retail/Mail Order)</b>	40% up to \$300/ 40% up to \$300*	40% up to \$300/ 40% up to \$300*	40%/40%*	40%/40%*	15%/15%*	15%/15%*
<b>Non-Preferred Specialty Drugs (Retail/Mail Order)</b>	50% up to \$300/ 50% up to \$300*	50% up to \$300/ 50% up to \$300*	N/A	N/A	15%/15%*	15%/15%*

In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum, Lifetime Limits and Annual Limits). 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. All Silver levels are based upon eligibility for Cost Sharing Reductions as determined by the Health Insurance Marketplace at [healthcare.gov](http://healthcare.gov).

\*After deductible.

\*\*Preventive visits are limited to two per calendar year.

**SILVER†**

*Note: CareSource Silver 2 eligibility is determined by the Health Insurance Marketplace at [healthcare.gov](http://healthcare.gov)*

	<b>CareSource or Hoosier Choice Silver 2</b>	<b>CareSource or Hoosier Choice Silver 2 Dental &amp; Vision</b>	<b>CareSource Federal Simple Choice Silver 2</b>	<b>CareSource Federal Simple Choice Silver 2 Dental &amp; Vision</b>	<b>CareSource Low Premium Silver 2</b>	<b>CareSource Low Premium Silver 2 Dental &amp; Vision</b>
<b>Deductible (Individual) (Family is x 2)</b>	\$950	\$950	Medical \$700 Pharmacy \$0	Medical \$700 Pharmacy \$0	\$950	\$950
<b>Out-of-Pocket Maximum (Individual) (Family is x 2)</b>	\$1,900	\$1,900	\$2,450	\$2,450	\$1,600	\$1,600
<b>Coinsurance</b>	15%*	15%*	20%*	20%*	10%*	10%*
<b>Primary Care Visit and Retail Clinic Visit</b>	\$0	\$0	\$10	\$10	\$10	\$10
<b>Specialist Visit</b>	\$10	\$10	\$25	\$25	\$30	\$30
<b>Emergency Room Visit</b>	\$350*	\$350*	20%*	20%*	\$350*	\$350*
<b>Generic Prescription Drug Coverage (Retail/Mail Order)</b>	\$0/\$0	\$0/\$0	\$5/\$12.50	\$5/\$12.50	\$10/\$25	\$10/\$25
<b>Preferred Brand (Retail/Mail Order)</b>	\$30/\$75	\$30/\$75	\$25/\$62.50	\$25/\$62.50	\$45/\$112.50	\$45/\$112.50
<b>Non-Preferred Brand (Retail/Mail Order)</b>	\$130/\$325	\$130/\$325	\$50/\$125	\$50/\$125	10%/10%*	10%/10%*
<b>Specialty Drugs (Retail/Mail Order)</b>	40% up to \$150/ 40% up to \$150*	40% up to \$150/ 40% up to \$150*	30%/30%*	30%/30%*	10%/10%*	10%/10%*
<b>Non-Preferred Specialty Drugs (Retail/Mail Order)</b>	50% up to \$150/ 50% up to \$150*	50% up to \$150/ 50% up to \$150*	N/A	N/A	10%/10%*	10%/10%*

In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum, Lifetime Limits and Annual Limits). 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. All Silver levels are based upon eligibility for Cost Sharing Reductions as determined by the Health Insurance Marketplace at [healthcare.gov](http://healthcare.gov).

\*After deductible.

\*\*Preventive visits are limited to two per calendar year.

<b>SILVER†</b>						
<i>Note: CareSource Silver 3 eligibility is determined by the Health Insurance Marketplace at <a href="http://healthcare.gov">healthcare.gov</a></i>						
	<b>CareSource or Hoosier Choice Silver 3</b>	<b>CareSource or Hoosier Choice Silver 3 Dental &amp; Vision</b>	<b>CareSource Federal Simple Choice Silver 3</b>	<b>CareSource Federal Simple Choice Silver 3 Dental &amp; Vision</b>	<b>CareSource Low Premium Silver 3</b>	<b>CareSource Low Premium Silver 3 Dental &amp; Vision</b>
<b>Deductible (Individual) (Family is x 2)</b>	\$325	\$325	Medical \$250 Pharmacy \$0	Medical \$250 Pharmacy \$0	\$600	\$600
<b>Out-of-Pocket Maximum (Individual) (Family is x 2)</b>	\$625	\$625	\$1,250	\$1,250	\$700	\$700
<b>Coinsurance</b>	5%*	5%*	5%*	5%*	5%*	5%*
<b>Primary Care Visit and Retail Clinic Visit</b>	\$0	\$0	\$5	\$5	\$5	\$5
<b>Specialist Visit</b>	\$0	\$0	\$10	\$10	\$25	\$25
<b>Emergency Room Visit</b>	\$200*	\$200*	5%*	5%*	\$275*	\$275*
<b>Generic Prescription Drug Coverage (Retail/Mail Order)</b>	\$0/\$0	\$0/\$0	\$3/\$7.50	\$3/\$7.50	\$5/\$12.50	\$5/\$12.50
<b>Preferred Brand (Retail/Mail Order)</b>	\$5/\$12.50	\$5/\$12.50	\$5/\$12.50	\$5/\$12.50	\$20/\$50	\$20/\$50
<b>Non-Preferred Brand (Retail/Mail Order)</b>	\$20/\$50	\$20/\$50	\$10/\$25	\$10/\$25	5%/5%*	5%/5%*
<b>Specialty Drugs (Retail/Mail Order)</b>	25% up to \$150/ 25% up to \$150*	25% up to \$150/ 25% up to \$150*	25%/25%*	25%/25%*	5%/5%*	5%/5%*
<b>Non-Preferred Specialty Drugs (Retail/Mail Order)</b>	35% up to \$150/ 35% up to \$150*	35% up to \$150/ 35% up to \$150*	N/A	N/A	5%/5%*	5%/5%*

In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum, Lifetime Limits and Annual Limits). 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. All Silver levels are based upon eligibility for Cost Sharing Reductions as determined by the Health Insurance Marketplace at [healthcare.gov](http://healthcare.gov).

\*After deductible.

\*\*Preventive visits are limited to two per calendar year.

## Frequently Asked Questions (FAQs)



### COSTS

- › **What is a premium?** The amount you must pay CareSource each month, by the due date printed on your invoice for your health insurance coverage.
- › **How much will Marketplace insurance cost?** The cost of your coverage depends on your household size, income, the plan you choose, your age and if you use tobacco. Many people qualify for premium tax credits (subsidies) that lower costs. Regardless of the plan you choose, all costs will be stated up front so you'll know how much you'll pay before you choose a plan.
- › **What is a copay and coinsurance?** Your copayment (copay) is the fixed amount you must pay for a covered health care service after you've paid your deductible. Copays do not count toward your deductible, but they do count toward your maximum out-of-pocket (MOOP). Coinsurance is the percentage of a covered health care service that you must pay once you have paid your deductible.
- › **What is the difference between a deductible and an out-of-pocket limit?** Your deductible is the amount you must pay each year for your covered health care services before your insurance plan starts to pay. Your maximum out-of-pocket (MOOP) is the most you have to pay for covered health care services in your plan's benefit year. After you satisfy your MOOP, your health insurance plan pays 100% of the costs for covered health care services. Copays, coinsurance and deductible amounts count toward your MOOP. Your monthly premium and non-covered health care services do not count toward your MOOP.
- › **How can I find out if I qualify for tax credits (subsidies)?** You will be able to determine if you qualify for Advanced Premium Tax Credit (APTC) through the Marketplace website at [HealthCare.gov](https://www.healthcare.gov).
- › **What is the Advanced Premium Tax Credit (APTC) and what is a Cost-Sharing Reduction (CSR)?** An APTC is a tax credit you take in advance, in whole or in part, to lower your monthly premium. For more information, see [healthcare.gov/taxes](https://www.healthcare.gov/taxes). A CSR is a discount that lowers the amount you have to pay for deductibles, copayments and coinsurance. If you qualify for a CSR, you must enroll in a plan that is in the Silver category to get the discount.
- › **What is the most my insurance company will pay for my care?** Insurance companies cannot impose annual or lifetime dollar limits on essential health benefits.
- › **What is the difference between in-network and out-of-network?** In-network providers and facilities have signed a contract with CareSource and have agreed to a set rate for services. CareSource does not cover out-of-network providers and facility services except in cases of emergencies (or as provided in your EOC). With CareSource options, you have the choice to have your medical care from any of our in-network providers at any time.
- › **Where can I find a list of doctors and hospitals?** <https://findadoctor.caresource.com/>



### ELIGIBILITY

- › **Who is eligible for coverage through the Marketplace?** In order to be eligible to enroll in coverage through the Marketplace, you must live in the United States, must be a U.S. citizen or national (or be lawfully present) and cannot be incarcerated. Eligibility is determined by the Marketplace, not by CareSource. For more information, please see <https://www.healthcare.gov>.
- › **I can get insurance at work. Can I buy Marketplace insurance?** Yes, to be eligible to enroll in coverage through the Marketplace, you must live in the United States, must be a U.S. citizen or national (or be lawfully present) and cannot be incarcerated. However, if you have coverage through your employer and your plan is affordable and has the necessary coverage, you might not be eligible for APTC/CSR. Therefore, you may have to pay the full cost of a Marketplace plan. Eligibility for enrollment and eligibility for APTC/CSR is determined by the Marketplace, not by CareSource. For additional details, please see <https://www.healthcare.gov>.
- › **Can my family be covered through the Marketplace?** Yes, some health insurance plans offer family coverage. Others require you to have an individual plan for each family member. This allows you to customize your health insurance coverage so it fits the needs of your family.
- › **Can I cover my adult children?** In Indiana, if your children are under the age of 26 and meet certain requirements, you can insure them under your family policy if the health insurance plan you choose covers dependents. This is true even if they do not live with you.
- › **I've been sick. I have an ongoing health problem that requires frequent care. Can I still get insurance through the Marketplace?** Yes. Health insurance companies can't refuse to cover you if you have a chronic or pre-existing condition. They also can't charge more for women than men.
- › **When can I apply for coverage?** You can apply during open enrollment. Open Enrollment is from November 1, 2017 to December 15, 2017.
- › **English is not my native language. Can someone help me?** If you need help with the Marketplace, it is available through a toll-free call center staffed 24/7. Just call 1-877-806-9284 (TTY: 1-800-743-3333 or 711). The Marketplace language line provides information in 150 languages. A Spanish website, [cuidadodesalud.gov](http://cuidadodesalud.gov), is available and you can have a web chat in Spanish.

# Let's get your coverage started.

There are some important steps you have to take before you can begin receiving your benefits.

## Please follow the steps below:

### 1. Review your acknowledgement / confirmation letter

You'll also receive your Summary of Benefits and Coverage. This will arrive within seven days of your enrollment.

**2. Pay your first monthly premium** Once you've paid the full premium amount due, we'll send your ID card and additional materials about your plan. If you qualified for a subsidy, the discount will be calculated on your bill.

### 3. Read the information in your new member kit

Your new member kit and ID card will come separately in the mail. The new member kit includes your Member Handbook, a Health Risk Assessment (HRA) and other information about your plan.

**4. Set up your My CareSource® account** Once you're logged in, you can securely pay your bill, change your doctor and view claims and plan details.

**5. Choose a primary care physician (PCP)** This is the doctor you see first when you need care. It's important that this doctor knows everything about your health. You can find a doctor near you using our Find a Doctor/Provider tool.

**6. Make your first appointment** Not sick? That's okay! Wellness checks help you build a relationship with your PCP. When you go to the doctor, hospital, dentist or other health care provider, make sure you bring your ID card with you.

**7. Pay your monthly premium each month by the date printed on the invoice** You'll get a bill in the mail every month for your premium. If you don't pay your premium on time you could lose your coverage. You can pay by phone by calling 1-877-806-9284 (TTY: 1-800-743-3333 or 711), or mail your payment to CareSource, P.O. Box 630568, Cincinnati, OH 45263-0568 or online. It's easy to make a payment online. Just view and pay your bill online through your My CareSource account.



## Questions?

**CALL 1-844-539-1733**

(TTY: 1-800-743-3333 or 711)

**VISIT [CareSource.com/marketplace](https://www.caresource.com/marketplace)**

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-806-9284 TTY: 711.

**ARABIC**

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجانًا وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-877-806-9284 TTY: 711.

**AMHARIC**

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-877-806-9284 TTY: 711 ይደውሉ።

**BURMESE**

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန် 1-877-806-9284 TTY: 711 ဤတွင် နံပါတ်ဖြည့်သွင်းပါ။ သို့ ခေါ်ဆိုပါ။

**CHINESE**

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 1-877-806-9284 TTY: 711。

**CUSHITE – OROMO**

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-806-9284 TTY: 711 tiin bilbilaa.

**DUTCH**

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-877-806-9284 TTY: 711.

**FRENCH (CANADA)**

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-877-806-9284 TTY: 711.

**GERMAN**

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-877-806-9284 TTY: 711 an.

**GUJARATI**

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ ઇથી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મે હલતી મેળવિનો અવિકર છ. તે અથે વિન તમ રી ભે ષ મે i પ્ર પ્ત કરી શકર છ. દ ભ વપરો i ત કરિ મે, આ 1-877-806-9284 TTY: 711 પર કોલ કરો.

**HINDI**

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दूभाषिए से बात करने के लिए कॉल करें, 1-877-806-9284 TTY: 711.

**ITALIAN**

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiami il 1-877-806-9284 TTY: 711.

**JAPANESE**

ご本人様、または身の回りの方で、CareSourceに関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます(無償)。通訳をご利用の場合は、1-877-806-9284 TTY: 711 にご連絡ください。

**KOREAN**

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받을 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-877-806-9284 TTY: 711.

**PENNSYLVANIA DUTCH**

Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-877-806-9284 TTY: 711 uffrufe.

**RUSSIAN**

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-877-806-9284 TTY: 711.

**SPANISH**

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 1-877-806-9284 TTY: 711.

**UKRAINIAN**

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-877-806-9284 TTY: 711.

**VIETNAMESE**

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-877-806-9284 TTY: 711.

## Notice of Non-Discrimination

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. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-877-806-9284 TTY: 711.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way 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, you may file a grievance, with:

**CareSource**

Attn: Civil Rights Coordinator  
P.O. Box 1947, Dayton, Ohio 45401  
1-844-539-1732, TTY: 711  
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building, Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



At CareSource, your privacy matters to us. Learn more about our Privacy Practices at [CareSource.com](https://www.caresource.com).

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 2018 Evidence of Coverages and Schedules of Benefits documents at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

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.