

MARKETPLACE

# REAL HEALTH INSURANCE

2019 Indiana



  
**CareSource®**



## GET REAL INSURANCE

There's a lot of noise around health insurance these days. It can be difficult to know what's true about your coverage and what really matters. But at CareSource, we've seen it all. We've been around since 1989, and we're currently providing health coverage to nearly 2 million members\*\*. We've been helping Marketplace insurance shoppers since the Marketplace opened in 2014 and we never quit. CareSource coverage is here when you need it.

# SHOPPING FOR A PLAN?

Here are some basics you should know if you're shopping for an individual or family health insurance plan. Health Insurance Marketplace-qualified plans, like the ones CareSource offers, are the only plans that are guaranteed to provide all the Essential Health Benefits required by the Affordable Care Act. These benefits include:

**Ambulatory patient services** (*outpatient care you get without being admitted to a hospital*)

**Emergency services**

**Hospitalization** (*like surgery and overnight stays*)

**Pregnancy, maternity, and newborn care** (*both before and after birth*)

**Mental health and substance use disorder services**, including behavioral health treatment (*this includes counseling and psychotherapy*)

**Prescription drugs**

**Rehabilitative and habilitative services and devices** (*services and devices to help people with injuries, disabilities or chronic conditions gain or recover mental and physical skills*)

**Laboratory services**

**Preventive and wellness services** and chronic disease management

**Pediatric services**, including dental and vision care (*but adult dental and vision coverage aren't classified as essential health benefits*)

**Birth control coverage**

**Breastfeeding coverage**



**Marketplace-qualified plans have no limits on pre-existing conditions and no lifetime coverage caps for most benefits.**

This is *real* health insurance. Individual and family health plans that aren't Marketplace-qualified may not provide coverage for all of these items, so to make sure you're getting coverage for all services, purchase a Marketplace-qualified health plan.

CareSource's Marketplace-qualified Dental & Vision plans cover more than the essential health benefits, including adult dental, adult vision and a fitness program with access to multiple fitness centers or home fitness kits.



## Discounts

Marketplace plans are also the only plans that qualify for government-sponsored funds that help bring down the overall cost of the plan. APTC and CSR are calculated by the Health Insurance Marketplace when you submit your household size and income information during the shopping and enrollment process at [enroll.CareSource.com](https://enroll.CareSource.com). If you qualify, it can save you money each time you get medical services. So 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. There are two ways the funds are distributed:

### **Advance Premium Tax Credit (APTC)**

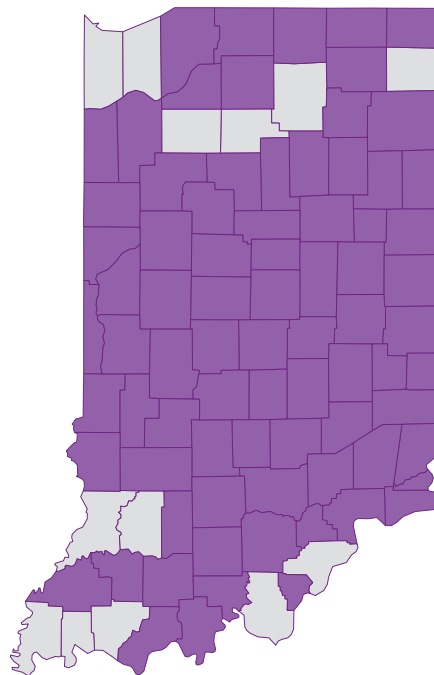
Tax credit taken in advance, in whole or in part, to lower monthly premium payments. This can be used no matter what plan you enroll in.

### **Cost-Sharing Reduction (CSR)**

CSRs are discounts or “extra savings” that lower the amount you have to pay for deductibles, copayments and coinsurance. CSRs only apply to Silver plans, so if you qualify for a CSR, you must enroll in a Silver plan to get it.®

## Coverage Area

In order to purchase a CareSource Marketplace plan, you must live in one of the counties in our coverage area. We cover 79 counties in Indiana. See our coverage map to find out if we're in your county:



■ covered counties

# OUR PLANS ARE COMPREHENSIVE

There are no lifetime maximums for most benefits, no medical review to be eligible and we cover an extensive list of prescription drugs.

## SILVER

CareSource has three different Silver plans to choose from so you can pick the plan that fits your budget – Low Premium, Low Deductible or balance premiums and deductibles with the Standard plan. These are the only plans<sup>#</sup> that offer CSRs in addition to premium tax credits. If you qualify for a CSR, the cost of most benefits listed below will be reduced. See our Benefits Guide for more detail.

**Low Premium** – lower monthly premium, higher cost of benefits

**Low Deductible** – higher monthly premium, lower cost of benefits

**Standard** – balanced approach to monthly premium and cost of benefits

	SILVER LOW PREMIUM	SILVER STANDARD	SILVER LOW DEDUCTIBLE
Deductible	\$6,400	\$5,700	\$4,400
Out-of-Pocket Maximum	\$7,900	\$7,700	\$7,500
Coinsurance	15%*	20%*	30%*
Primary Care or Retail Clinic Visit	\$25	\$15	\$10
Specialist Visit	\$50	\$40	\$60
Urgent Care Visit	\$75	\$75	\$75
Emergency Room Visit	\$500*	\$500*	\$500*
Generic Prescription Drug Coverage (Retail/90-day Mail) †	\$20 / \$50	\$15 / \$37.50	\$10 / \$25

*\*After deductible.*

*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.*

*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](https://healthcare.gov).*

BRONZE

Generally a good choice if you do not expect to have a lot of doctor appointments, don't need many prescription medications or need other health services. Plus, the Health Savings Account (HSA)-eligible plan provides a tax-free way to save for healthcare costs. It can be used in conjunction with an HSA from the bank of your choice.

	BRONZE	BRONZE HSA- ELIGIBLE
Deductible	\$7,400	\$5,200
Out-of-Pocket Maximum	\$7,900	\$6,650
Coinsurance	40%*	50%*
Primary Care or Retail Clinic Visit	\$35	50%*
Specialist Visit	40%*	50%*
Urgent Care Visit	40%*	50%*
Emergency Room Visit	40%*	50%*
Generic Prescription Drug Coverage (Retail/90-day Mail) ‡	\$30 / \$75	50%* / 50%*

\*After deductible.

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.

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



GOLD

This may be a good choice for you if you expect to have a lot of doctor appointments, need many prescription medications 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.

CARESOURCE GOLD PLANS	COPAY (\$) OR COINSURANCE (%)
Deductible	\$2,000
Out-of-Pocket Maximum	\$6,500
Coinsurance	20%*
Primary Care or Retail Clinic Visit	\$0
Specialist Visit	\$35
Urgent Care Visit	\$75
Emergency Room Visit	20%*
Generic Prescription Drug Coverage (Retail/90-day Mail) ‡	\$10 / \$25

*\*After deductible.*

*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.*

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



**ENHANCED BENEFITS PACKAGE**

Our Enhanced Benefits packages add Dental and Vision benefits to our Gold, Silver and Bronze<sup>†</sup> plans for adults over the age of 19. If you choose a Dental & Vision plan, you pay one premium for health, dental and vision coverage. Plus, CareSource Dental & Vision plans include the FREE Active&Fit<sup>®</sup> fitness program which gives you access to multiple fitness centers and gyms – without a long-term contract – or two home fitness kits every benefit year.

# 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:

**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:

Head to **enroll.CareSource.com** to find out if you qualify for CSRs or APTCs, shop and compare plans, and enroll in the plan that best fits your needs!

You can also visit **CareSource.com** to view current plan documents and see what medications are covered in our drug formulary.

Or find CareSource in-network doctors and hospitals at **<https://findadoctor.caresource.com>**.



## QUESTIONS?

**CALL US AT**

**1-844-539-1733**

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



\*\*As of August 15, 2018

†Excluding HSA-Eligible plan.

‡Applicable only to drugs in the generic tier on the formulary.

#CSRs also applicable on Limited and Zero Plans, available only to members of federally recognized tribes and ANCSA corporation shareholders.

The Active&Fit program is provided by American Specialty Health Fitness (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas.

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 2019 Evidence of Coverages and Schedules of Benefits documents at [CareSource.com/marketplace](https://www.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.

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: 1-800-743-3333 or 711).

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: 1-800-743-3333 or 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 1-877-806-9284 (TTY: 1-800-743-3333 or 711)。

**CareSource** is a Qualified Health Plan issuer in the

