

BENEFITS AT-A-GLANCE

CareSource Marketplace



There is more to health and well-being than just great health care. Our goal is to make sure you know what care is covered so you can get the most out of your CareSource plan. This guide lists some of the benefits you have as a CareSource member. Use it to put your benefits to work for you!

Every plan includes the same benefits with the exception of Adult Dental, Vision and Fitness benefits (purchased separately). Pediatric dental and vision benefits are included in all plans.

To learn more about how to use your benefits, see your Schedule of Benefits (SOB). It shows your coverage limits and financial responsibility. See your Evidence of Coverage (EOC) for definitions of these terms.

If you have questions, visit [CareSource.com/marketplace](https://www.caresource.com/marketplace) or call Member Services. We're here to help.



BENEFITS

Health Care Visits

Birthing Center

Community Behavioral Health Centers (CBHCs)

Convenience Care Clinics inside of stores like CVS®, Kroger® and Walmart® (Excludes WV)

Emergency Room (ER)

Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC)

Hospital (Inpatient* and Outpatient)

Virtual doctor visit over the phone or online including Teladoc®

Primary Care Providers (PCP) like Doctors, OB/GYNs, Physician Assistants and Nurse Practitioners

Skilled Nursing Facility* (SNF)

Specialists (e.g., Podiatrist, Neurologist and Oncologist.)

Urgent Care Center

Preventive and Early Detection Care/Screenings

Annual Well Visit (Physical Exam)

Autism Spectrum Disorder Screening

Blood Pressure Screening (Adults)

Breast Cancer Screening (Mammogram)

Cervical and Vaginal Cancer Screening (Pap smear)

Cholesterol Screening (Adults)

Colorectal Cancer Screening

Developmental Screening (Under age 3)

Diabetes Screening

Disease Screening & Treatments (e.g., Hepatitis, HIV and STI/STD.)

Domestic/Interpersonal Violence Screening

Glaucoma Screening

Immunizations (e.g., Flu, Pertussis and Hep B shots.)

Lung Cancer Screening

Prostate Cancer Screening

Sports Physicals

Health Condition Management

Chemotherapy and Radiation*

Diabetes Education

Diabetes Screening

Diabetic Services and Supplies

Dialysis Treatment

Kidney Disease Services and Supplies

Pulmonary (Lung) Rehabilitation Services*

Diagnostics

Blood Work/Lab testing* Scans (e.g., CT, MRI and PET.)* X-Rays

Heart

Abdominal Aortic Aneurysm Screening

Cardiac (Heart) Rehabilitation Services*

Electrocardiogram* (ECG/EKG)

Heart Disease Risk Reduction Visit (Therapy for Heart Disease)

Heart Disease Testing

Behavioral Health

inpatient services*

Electroconvulsive Therapy (ECT)*

Family Psychotherapy*

Group Therapy

Individual Psychotherapy*

Intensive Outpatient Program (IOP) Services*

Medication Assisted Treatment (MAT) (Addiction Svcs.)

Partial Hospitalization Program (PHP) Services*

Prescription Management

Psychiatric Diagnostic Evaluation

Psychiatric Residential Treatment* (PRTF)

Psychological Testing

Substance Use Disorder (SUD) Residential*

Transcranial Magnetic Stimulation* (TMS)

Dental

(All pediatric members and adults with Dental, Vision and Fitness plans)

Accidental Dental Services

Dental Exams and Cleanings

Dental X-Rays

Dentures*

Fluoride Treatments (Pediatric Only)

Medically Necessary Orthodontics (Pediatric Only)*

Surgeries and Procedures* (Extractions, Restorations, etc.)

Transportation Services

Emergency (Ambulance, Air Flights, etc.)

Non-Emergency Transfers* (Non-Network to Network Facility, Hospital to SNF, etc.)

Pharmacy and Medications

Brand, Generic and Specialty* Drugs (Multiple Tiers)

Mail Order Drugs

Family Planning and Maternity Services

Birth Control and Contraceptive Supplies*

Breastfeeding Support, Supplies and Counseling

Breast Pumps

Folic Acid Supplements

Infertility Services (Diagnosis and Treatment)

Lactation Classes

Maternal Depression Screening

Newborn Screenings (Sickle Cell, PKU, etc.)

Parent Education

Prenatal and Postpartum Doctor and

Home Visits

STD/STI Screenings and Treatment

Sterilization*

Home Health Care*

Durable Medical Equipment (DME – See Medical Supplies)

Home Infusion Therapy*

Home Nursing Services* (e.g., Skilled Nursing and Private Duty.) (*Private Duty not available to Georgia plans*)

Physical, Occupational and Speech therapy*

Vision/Eye Care

(All pediatric members and adults with Dental, Vision and Fitness plans)

Eye Exams (one comprehensive exam per year)

Glasses or Contacts (one per year; selection criteria applies)

Low Vision Aids (one per year)

Low Vision Evaluation (under 18 years and every five years)

Replacement Glasses or Contacts (one per year for damage only)

Other Care

ABA therapy* (Applied Behavioral Analysis)

Allergy Testing and Treatment

Bereavement Services

Bone Mass Measurements

Diabetes Self-Management Education

Manipulation (Chiropractic) Services*

Hearing Exam and Hearing Aids †

Hospice Care

Inhalation Therapy* (Asthma, Breathing, etc)

Medical Nutrition Therapy*

Nutritional Counseling

Obesity/BMI Screening and Dietary Counseling

Occupational Therapy*

Pain Management*

Physical Therapy*

Podiatry (Foot) Services

Smoking/Tobacco Cessation (Counseling to quit smoking/tobacco use)

Speech Therapy*

Surgeries* (General, Reconstructive, etc.)

TMJ Services* (Jaw pain or problems with jaw movement)

Transplant Services*

Medical Supplies

Cochlear (inner ear) Implants*

Diabetic Supplies (Lancets, Test Strips and Monitors)

Durable Medical Equipment (DME) and Related Supplies* (e.g., Oxygen Tank, Wheelchair/Walkers and Wound Care.)

Nutritional Supplies* (tube feeding or medically necessary dietary supplements)

Prosthetic Devices and Related Supplies*

Additional Programs, Services, and Rewards

Active&Fit[®] Program † (*Adults with Dental, Vision and Fitness plans*)

Care Management

CareSource Mobile App

CareSource24[®] Nurse Advice Line

Fifth Third Express Banking[®]

Health and Wellness Education Programs

Medication Therapy Management

MyHealth Online Tool

MyHealth Rewards

myStrength[®] Online Mental Health Tool

Total Cost Navigator Online Tool

† Available only for certain Marketplace plans.

*Prior authorization may be required.

Contact your provider for further details on when a prior authorization is required.

All covered services outlined in this document are subject to the conditions, exclusions, limitations, terms, and rules of the Evidence of Coverage (EOC), which is the controlling document, including any rider/enhancements or amendments. For more detailed information about your covered services, please refer to the EOC 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.

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, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

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，请拨打您的会员 ID 卡上的会员服务电话号码。

Member Services

1-833-230-2099

(TTY: 711)

Monday through Friday,

7 a.m. to 7 p.m.

Eastern Standard Time (EST).

