

OPEN ENROLLMENT 2026



Our Mission

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

About Us

- A nonprofit health care plan and national leader in Managed Care
- 30+ year history of serving varied populations across multiple states and insurance products
- Currently serving over 2 million members* in Arkansas, Georgia, Indiana, Michigan, Mississippi, Nevada, Ohio, West Virginia and Wisconsin
- 4,500 employees located across 30 states

2M+
MEMBERS

MEDICAID

HEALTH INSURANCE MARKETPLACE

DUAL ELIGIBLE

*Based on members enrolled in all CareSource product lines across all states as of 6/16/2025.



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***.



My MyLife®

Personal Online Account

Get the most out of your member experience.

- Select or change your PCP
- Request a new CareSource member ID card
- View claims and plan details
- Update contact information
- Receive a customized wellness plan
- And more

Visit **MyLife.CareSource.com** to sign up now! It's fast, easy and secure.



Health Insurance Marketplace

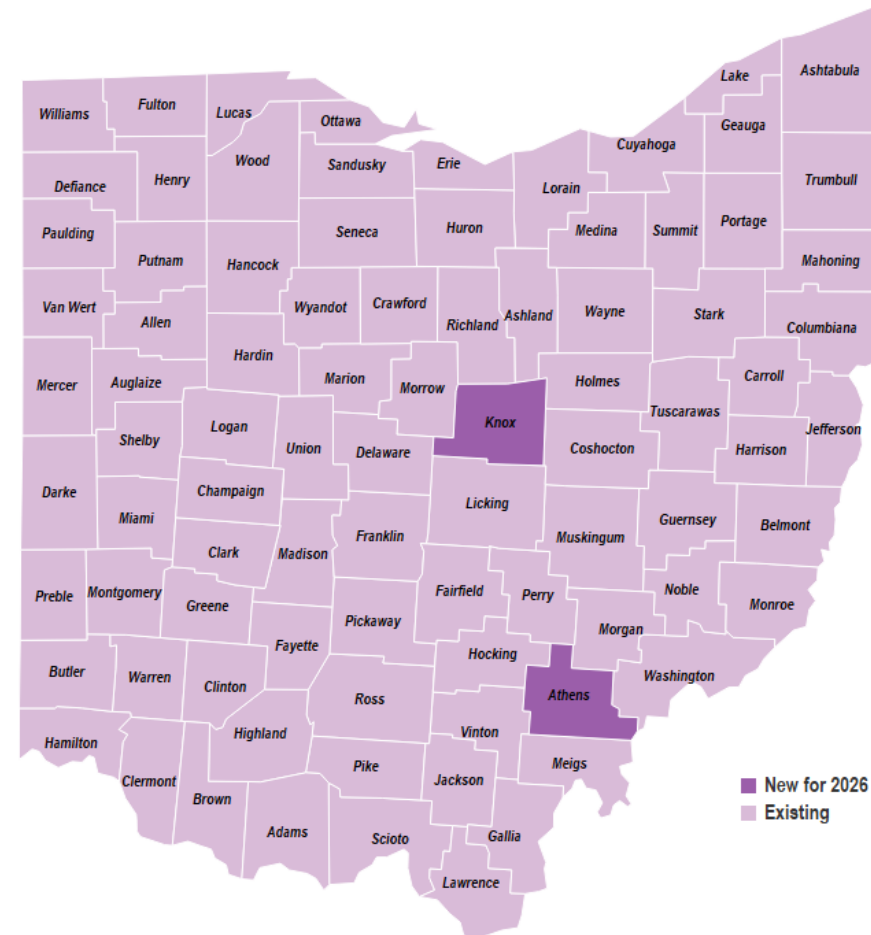


CareSource Ohio Marketplace Coverage Area

Member Services

1-833-230-2099 (TTY: 711)

[CareSource.com/Marketplace](https://www.caresource.com/Marketplace)



Coverage area subject to change.

Bronze Plans

Lowest Premiums, Highest Out-of-Pocket Costs

Our Bronze plan offers access to key services — such as Primary Care and some Prescription Drugs — prior to having to satisfy your deductible. All Bronze plans are now considered Health Savings Account (HSA)-eligible plans providing a tax-free way to save for health care costs. If you don't already have an HSA set up, CareSource has partnered with HSA Bank to make it easy for you to take part in the savings or you can partner with your bank of choice. Our Low Premium Bronze provides a leaner offering for those looking to reduce their premium costs.

	Bronze 7500 \$25 Generic Drugs	Low Premium Bronze 10600 \$25 Generic Drugs
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange
Deductible	\$7,500	\$10,600
Out-of-Pocket Maximum	\$10,000	\$10,600
Coinsurance	50%	0%
Primary Care or Retail Clinic Visit	\$50	\$0*
Specialist Visit	\$100	\$0*
Urgent Care Visit	\$75	\$0*
Emergency Room Visit	50%*	\$0*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 2.5 times the cost of 30-day script)	\$25 \$75 \$62.50	\$25 \$75 \$62.50
Pediatric Vision Services	\$0 for the first exam, \$0 retinal imaging, \$0 for first pair of glasses/contacts, multiple lens options – many at no member cost — low-vision testing and aides, additional discounts on other services and glasses.	

*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.

Silver Plans

Budget-Friendly, Subsidy-Eligible, Targeted Chronic Care Benefits

	1Silver 6000 \$20 Generic Drugs	1Low Premium Silver 6200 \$3 Generic Drugs	1HDHP Preventive Silver 5500 \$0 Chronic Care Drugs	1Diabetes Silver 5000 \$0 Chronic Care Drugs & Services	1Healthy Heart Silver 5000 \$0 Chronic Care Drugs & Services
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange
Deductible	\$6,000	\$6,200	\$5,500	\$5,000	\$5,000
Out-of-Pocket Maximum	\$8,900	\$9,800	\$5,500	\$9,500	\$9,500
Coinsurance	40%	40%	0%	50%	50%
Primary Care or Retail Clinic Visit	\$40	\$40	\$0*	\$30	\$30
Specialist Visit	\$80	\$75	\$0*	\$50	\$50
Urgent Care Visit	\$60	\$70	\$0*	\$70	\$70
Emergency Room Visit	40%*	50%*	\$0*	50%*	50%*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 2.5 times the cost of 30-day script)	\$20 \$60 \$50	\$3 \$9 \$7.50	\$0* \$0* \$0*	\$15 \$45 \$37.50	\$15 \$45 \$37.50
Pediatric Vision Services	\$0 for the first exam, \$0 retinal imaging, \$0 for first pair of glasses/contacts, multiple lens options – many at no member cost — low-vision testing and aides, additional discounts on other services and glasses.				

*After deductible. 1Silver 1, 2 and 3 are based upon eligibility for Cost Sharing Reductions (CSR) as determined by the Exchange.

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.



Silver Plans

Off Exchange Only Specific Plan Options

While all our On Exchange plan options are available Off Exchange, these plans are designed and sold exclusively outside of the exchange. These plans are ACA compliant with the added benefit of dealing directly with CareSource and a lower premium than if available through the exchange.

	Low Deductible Silver 5100 \$3 Generic Drugs	HDHP Preventive Silver 5600 \$0 Chronic Care Drugs	Silver 5100 \$0 Chronic Care Drugs & Services
Enrollment Flow (On Exchange, Off Exchange)	Off Exchange	Off Exchange	Off Exchange
Deductible	\$5,100	\$5,600	\$5,100
Out-of-Pocket Maximum	\$9,100	\$5,600	\$9,600
Coinsurance	40%	0%	50%
Primary Care or Retail Clinic Visit	\$30	\$0*	\$30
Specialist Visit	\$70	\$0*	\$50
Urgent Care Visit	\$60	\$0*	\$70
Emergency Room Visit	40%*	\$0*	50%*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 2.5 times the cost of 30-day script)	\$3 \$9 \$7.50	\$0* \$0* \$0*	\$15 \$45 \$37.50
Pediatric Vision Services	\$0 for the first exam, \$0 retinal imaging, \$0 for first pair of glasses/contacts, multiple lens options – many at no member cost — low-vision testing and aides, additional discounts on other services and glasses.		

*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.



Gold Plans

Higher Premiums, Lower Out-of-Pocket Cost

	Gold 2000 \$15 Generic Drugs	Core Gold 1500 \$10 Generic Drugs	Diabetes Gold 3000 \$0 Chronic Care Drugs & Services	Healthy Heart Gold 3000 \$0 Chronic Care Drugs & Services
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange
Deductible	\$2,000	\$1,500	\$3,000	\$3,000
Out-of-Pocket Maximum	\$8,200	\$8,000	\$8,500	\$8,500
Coinsurance	25%	25%	30%	30%
Primary Care or Retail Clinic Visit	\$30	\$20	\$10	\$10
Specialist Visit	\$60	\$60	\$40	\$40
Urgent Care Visit	\$45	\$40	\$30	\$30
Emergency Room Visit	25%*	15%*	10%*	10%*
Generic Prescription Drug Coverage (30-day Retail/ 90-day Retail/90-day Mail) (90-day mail order for 2.5 times the cost of 30-day script)	\$15 \$45 \$37.50	\$10 \$30 \$25	\$10 \$30 \$25	\$10 \$30 \$25
Pediatric Vision Services	\$0 for the first exam, \$0 retinal imaging, \$0 for first pair of glasses/contacts, multiple lens options – many at no member cost — low-vision testing and aides, additional discounts on other services and glasses.			

*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.

Gold Plans

Off Exchange Only Specific Options

While all our On Exchange plan options are available Off Exchange, these plans are designed and sold exclusively outside of the exchange. These plans are ACA compliant with the added benefit of dealing directly with CareSource and a lower premium than if available through the exchange.

	Core Gold 1600 \$10 Generic Drugs	HDHP Preventive Gold 3400 \$0 Chronic Care Drugs
Enrollment Flow (On Exchange, Off Exchange)	Off Exchange	Off Exchange
Deductible	\$1,600	\$3,400
Out-of-Pocket Maximum	\$7,000	\$3,400
Coinsurance	25%	0%
Primary Care or Retail Clinic Visit	\$20	\$0*
Specialist Visit	\$60	\$0*
Urgent Care Visit	\$40	\$0*
Emergency Room Visit	15%*	\$0*
Generic Prescription Drug Coverage (30-day Retail/ 90-day Retail/90-day Mail) (90-day mail order for 2.5 times the cost of 30-day script)	\$10 \$30 \$25	\$0* \$0* \$0*
Pediatric Vision Services	\$0 for the first exam, \$0 retinal imaging, \$0 for first pair of glasses/contacts, multiple lens options – many at no member cost — low-vision testing and aides, additional discounts on other services and glasses.	

*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.

Chronic Condition Plans



Diabetes Silver & Diabetes Gold

While anyone can enroll in these plans, they are designed to reduce expenses for diabetic-related services, drugs and self-management supplies.

\$0 Chronic Care Medical Services:

- A1C testing
- Retinopathy eye screening
- Diabetic kidney disease screening
- Routine diabetic foot care
- Diabetes self-management education
- Nutritional counseling

\$0 Chronic Care Self-Management Supplies:

- Glucose meter and test strips
- Continuous glucose monitor (Dexcom, Freestyle Libre)
- Urine ketone test strips
- Insulin delivery device (Omnipod)

\$0 Chronic Care Drugs:

- **Regular insulins** – Humulin N, Novolin N, Humulin R, Novolin R, Humulin 70-30, Novolin 70-30
- **Rapid-acting insulins** – insulin lispro (biosimilar for Humalog), insulin aspart (biosimilar for Novolog)
- **Long-acting insulins** – Basaglar, Rezvoglar and Tresiba
- **Generic oral drugs** – acarbose, alogliptin, alogliptin-metformin, alogliptin-pioglitazone, dapagliflozin* (generic for Farxiga), glimepiride, glipizide, glipizide-metformin, glyburide, glyburide-metformin, metformin, miglitol, nateglinide, pioglitazone, pioglitazone-metformin, pioglitazone-glimepiride, repaglinide
- **Brand name oral drugs** – Jardiance*

*Prior authorization or step therapy required. ^Service Area Restrictions Apply.



Healthy Heart Silver & Healthy Heart Gold

While anyone can enroll in these plans, they are designed to reduce expenses for heart-related services, drugs and medical supplies.

\$0 Chronic Care Medical Services:

- Lipid panel
- Prothrombin test
- Metabolic panel
- EKG

\$0 Chronic Care Drugs:

- **Generic drugs** — Amiodarone, Dapagliflozin* (generic for Farxiga), Digoxin, Flecainide, Sotalol, Sotalol AF
- **Brand name drugs** — Jardiance*, Entresto*

\$0 Chronic Care Medical Supplies:

- Blood pressure cuff (limit of one)
- Gradient compression stockings

*Prior authorization or step therapy required. ^Service Area Restrictions Apply.



HDHP Preventive Silver & Preventive Silver

While anyone can enroll in this plan, it's designed to reduce expenses on preventive care for those diagnosed with chronic conditions such as diabetes, congestive heart failure and coronary artery disease.

HDHP Preventive Silver is HSA eligible!

\$0 Chronic Care Medical Services:

- Retinopathy eye screening
- A1C Testing
- Low density lipoprotein (LDL)

\$0 Preventive Drugs:

- **ACE inhibitors** – Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Quinapril, Ramipril, Trandolapril, Benzapril-hctz, Captopril-hctz, Enalapril-hctz, Fosinopril-hctz, Lisinopril-hctz, Quinapril-hctz
- **Beta-blockers** – Acebutolol, Atenolol, Bisoprolol, Metoprolol succinate (ER), Metoprolol tartrate (IR), Nadolol, Propranolol, Sotalol, Sotalol AF, Timolol
- **Statins** – Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin

Anti-diabetics:

- **Generics:** Acarbose, Alogliptin, Alogliptin-metformin, Alogliptin-pioglitazone, Dapagliflozin (generic for Farxiga), Glimepiride, Glipizide, Glipizide-metformin, Glyburide, Glyburide-metformin, Metformin, Miglitol, Nateglinide, Pioglitazone, Pioglitazone-metformin, Pioglitazone-glimepiride, Repaglinide
- **Brand name:** Jardiance*, Synjardy*
- **Insulins:** Basaglar, Rezvoglar, Tresiba, Humulin N, Humulin R, Humulin 70-30, insulin aspart (biosimilar for Novolog), insulin lispro (biosimilar for Humalog), Novolin N, Novolin R, Novolin 70-30

\$0 Chronic Care Self-Management Supplies on Prescription Drug List:

- **Diabetic supplies:** Glucose meter, test strips and urine ketone test strips

*Prior authorization or step therapy required. ^Service Area Restrictions Apply.



Additional Plan Details



\$0 Telehealth through Teladoc

- Phone or video access to \$0 medical and behavioral health telehealth visits.*
- Access directly from CareSource's Member Portal, or Teladoc's website or 800#.

General Medical

Talk to a provider 24/7. Use for non-emergency health care needs like:

- Cold and flu
- Sore throat
- Sinuses
- Allergies
- Pink eye
- Ear Infections
- Urinary tract infections
- Rash
- Skin conditions
- And more

Behavioral Health^

Talk to a therapist or prescriber 7 days a week, 7 a.m. to 9 p.m., by appointment.

- Anxiety
- Depression
- Stress
- Substance use
- Trauma
- Relationship issues
- And more

^Age restrictions apply.

*Services on HDHP qualified plans may be subject to deductible. See the Schedule of Benefits for specifics.



Optional Non-Essential Health Benefits



Optional Adult Vision and Fitness Benefits

For around \$3 - \$6* more per month, adults on your plan get access to benefits to treat the whole person – Vision and Fitness – all within a singular premium & relationship.

*Based on a single 30-year-old member. Your premium difference may be more or less based on your member and plan characteristics.



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
Exam with dilation as necessary	\$0-\$65 Copay or 40% Coinsurance.† Retinal imaging at no cost to member.
Frame, lenses and options package Any frame, lens and lens options available at provider location.	\$250 allowance for frame, lens and lens options, 20% off balance over \$250
Contact lenses (includes materials only for one of the options below) Conventional	\$0 copay; \$250 allowance, 15% off balance over \$250
Disposable	\$0 copay; \$250 allowance, plus balance over \$250
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price
Frequency Examination Frame and lenses or contact lenses	Once every calendar year 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.

†Extra discounts may be available for those that qualify for a CSR.

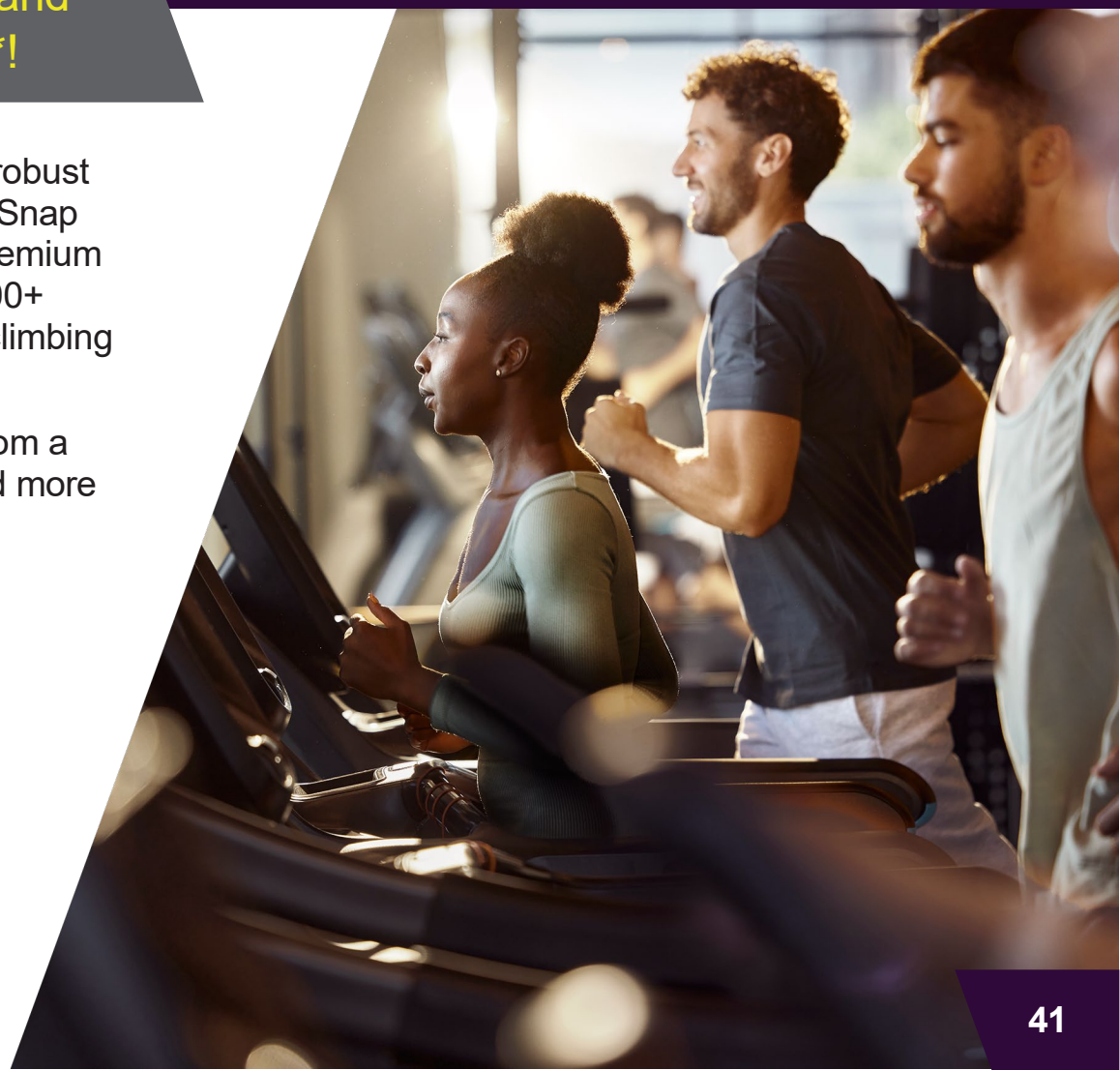


Fitness Benefits

All below fitness benefits are included with your Vision and Fitness benefits. No monthly fee, no contracts, no cost*!

- **Fitness Center Membership:** Join participating fitness centers in our robust national network of 13,000+ locations*, including select LA Fitness®, Snap Fitness™, Anytime Fitness®, Planet Fitness® and more. Access the premium fitness network with a buy up price, which includes an additional 7,000+ fitness center and studio choices, and unique experiences like rock climbing gyms and rowing centers.
- **Home Fitness Kits:** Choose one home fitness kit each benefit year from a variety of fitness categories like yoga, Pilates, total body workout and more with some kits including a wearable device (e.g., Fitbit® or Garmin®).
- **On-demand Workout Videos:** 8,000+ selections in the digital library, for all fitness levels.
- **Healthy Living Coaching:** Over-the-phone lifestyle coaching with a health coach trained in areas such as fitness, nutrition, stress and sleep.
- **Quarterly newsletters, Get Started! Program and other online tools and education at www.ActiveandFit.com.**

*Limitations and exclusions apply to the Program. Full details are available in the applicable 2026 CareSource Marketplace plan Evidence of Coverage or by calling CareSource. Non-standard services at the fitness center and premium fitness network may have costs associated.



Regulatory Influences

Market Integrity & Affordability Rule:

PAPI/MOOP and AV changes:

What is it? New rules increased the maximum out-of-pocket limitation and allowed for lower plan actuarial values.

What does it mean? Plans may be less rich than they have in the past, offsetting some premium pressure but increasing out of pocket costs.

Prohibition on Coverage of Sex-Trait Modification as EHBs:

What is it? The rule has defined specific services that are not allowed to be considered EHB. This allows for issuers to cover them, but not for them to be subsidized by APTC.

What does it mean? Issuer coverage for these services may vary based on market. CareSource will follow the base EHB definition to preserve the ability for fully subsidized plan options, with several markets confirming that they do not see this as a mandated EHB.

Budget Reconciliation:

All Bronze and Catastrophic treated as HSA Qualified HDHPs:

What is it? Starting in PY 2026, any Bronze or Catastrophic plan will automatically be able to be paired with an HSA.

What does it mean? Any member on a Bronze or Catastrophic plan has the ability to reap the tax advantaged benefits of an HSA while still gaining access to first dollar coverage or not being constrained to MOOP/Deductible amounts as previously defined. CareSource Bronze and Catastrophic plans will be displayed as HSA Eligible.

Pre-deductible HDHP coverage for Telehealth:

What is it? Effective back to 12/31/2024, rules have been permanently adjusted to allow telehealth services prior to the deductible satisfaction.

What does it mean? This makes permanent COVID 19 allowances enabling consumers on HDHP qualified plans to access telehealth services prior to the deductible. CareSource will be adopting this starting PY 2027 as this information came out too late to adopt for PY 2026.



