

BENEFITS GUIDE

Ohio 2020



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—including pediatric services. Plus, Marketplace plans cover people with pre-existing conditions* and don't carry any lifetime coverage caps for most benefits. At CareSource, we offer real insurance that's affordable.

Cost-Sharing Provisions	Low Premium Silver	Standard Silver	Low Deductible Silver	Low Premium Silver 1 [†]	Standard Silver 1 [†]	Low Deductible Silver 1 [†]	Low Premium Silver 2 [†]	Standard Silver 2 [†]	Low Deductible Silver 2 [†]	Low Premium Silver 3 [†]	Standard Silver 3 [†]	Low Deductible Silver 3 [†]	Bronze	HSA-Eligible Bronze	Gold
Deductible	\$6,800	\$5,900	\$5,100	\$5,700	\$5,500	\$5,100	\$1,200	\$1,000	\$900	\$650	\$400	\$350	\$7,700	\$5,300	\$2,000
Coinsurance	25% *	20% *	15% *	20% *	20% *	15% *	10% *	10% *	10% *	5% *	5% *	5% *	50% *	50% *	20% *
Out-of-Pocket Maximum (Combined Unless Noted Otherwise)	\$7,300	\$6,800	\$6,600	\$6,200	\$6,000	\$6,000	\$2,200	\$2,000	\$1,900	\$900	\$750	\$700	\$8,150	\$6,750	\$6,500
Emergency Room Services	\$500 *	\$500 *	\$500 *	\$450 *	\$400 *	\$375 *	\$300 *	\$250 *	\$200 *	\$200 *	\$150 *	\$150 *	50% *	50% *	20% *
Primary Care or Retail Clinic Visit	\$35	\$25	\$20	\$25	\$20	\$15	\$15	\$10	\$5	\$5	\$5	\$0	\$60	50% *	\$10
Specialist Visit	\$70	\$60	\$50	\$50	\$40	\$35	\$40	\$30	\$30	\$15	\$15	\$15	\$120	50% *	\$45
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$25	\$25	50% *	50% *	\$75
Generic Drugs (Retail/90-Day Mail)	\$30 / \$75	\$30 / \$75	\$25 / \$62.50	\$25 / \$62.50	\$20 / \$50	\$20 / \$50	\$15 / \$37.50	\$15 / \$37.50	\$15 / \$37.50	\$5 / \$12.50	\$5 / \$12.50	\$0	\$40 / \$100	50% *	\$15 / \$37.50
Preferred Brand Drugs (Retail/90-Day Mail)	\$60 / \$150	\$60 / \$150	\$60 / \$150	\$50 / \$125	\$45 / \$112.50	\$40 / \$100	\$40 / \$100	\$40 / \$100	\$35 / \$87.50	\$15 / \$37.50	\$15 / \$37.50	\$10 / \$25	50% *	50% *	\$50 / \$125
Non-Preferred Brand Drugs (Retail/90-Day Mail)	25% *	20% *	15% *	20% *	20% *	15% *	10% *	10% *	10% *	5% *	5% *	5% *	50% *	50% *	40% *
Preferred Specialty High-Cost Drugs (Retail/30-Day Mail)	25% *	20% *	15% *	20% *	20% *	15% *	10% *	10% *	10% *	5% *	5% *	5% *	50% *	50% *	40% *
Pediatric Dental & Vision Services	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included



*After Deductible

[†]Per Healthcare.gov, a pre-existing condition is a health problem, like asthma, diabetes or cancer, you had before the date that new health coverage starts.

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

[†]Silver 1, 2 and 3 are based upon eligibility for Cost Sharing Reductions as determined by the Health Insurance Marketplace.



CareSource offers an optional Dental, Vision and Fitness benefit package.
For an additional premium, this expands the core coverage to include dental, vision and fitness coverage for adults.

All programs and services are not available in all areas. 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.

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 2020 Evidence of Coverage. CareSource plans have exclusions, limitations, reductions and terms under which the policy may be continued in force or discontinued. Premiums, deductibles and copays may vary based on individual circumstances. Benefits and costs may vary based upon plan selection. For costs and complete details of coverage, please review the CareSource Marketplace 2020 Evidence of Coverage and Schedule of Benefits documents at 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 1-800-479-9502 (TTY: 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 1-800-479-9502 (TTY: 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 1-800-479-9502 (TTY: 711)

CareSource is a Qualified Health Plan issuer in the



Cost-Sharing Provisions	Low Premium Silver	Standard Silver	Low Deductible Silver	Low Premium Silver 1	Standard Silver 1	Low Deductible Silver 1	Low Premium Silver 2	Standard Silver 2	Low Deductible Silver 2	Low Premium Silver 3	Standard Silver 3	Low Deductible Silver 3	Bronze	HSA-Eligible Bronze	Gold
Adult Dental Services - Preventive	\$25	\$20	\$15	\$25	\$20	\$15	\$20	\$15	\$10	\$15	\$10	\$5	\$30	N/A	\$10
Adult Dental Services	30%	25%	20%	30%	25%	20%	25%	20%	15%	20%	15%	10%	40%	N/A	20%
Adult Dental Annual Limit	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	N/A	\$800
Glasses/ Contacts (\$250 Annual Limit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A	\$0
Access to Multiple Fitness Centers or Home Fitness Kits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	N/A	\$0

READY TO ENROLL?

It's easy! Just head to enroll.CareSource.com!

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

*After Deductible

In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum and Annual Limits). This is not a complete list of benefits. Visit CareSource.com/plans/marketplace/benefits-services for more details.