

BENEFITS GUIDE

Wisconsin 2026



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 (ACA) – including pediatric vision 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 a range of plans that enable you to balance your needs between the premium and out-of-pocket cost of health care.

Covered Services	CareSource (Common Ground Healthcare) Bronze \$9600 (\$45 PCP Copay)	CareSource (Common Ground Healthcare) Bronze Standard \$7500	CareSource (Common Ground Healthcare) Bronze \$0 Ded / \$2500 Rx Ded	CareSource (Common Ground Healthcare) Silver Standard \$6000	CareSource (Common Ground Healthcare) Silver \$5000 Ded / \$6000 Rx Ded	CareSource (Common Ground Healthcare) Silver \$4700 Ded / \$5000 Rx Ded	CareSource (Common Ground Healthcare) Gold \$3300	CareSource (Common Ground Healthcare) Gold Standard \$2000	CareSource (Common Ground Healthcare) Gold \$0 Ded
Individual Medical Deductible	\$9,600	\$7,500	\$0	\$6,000	\$5,000	\$4,700	\$3,300	\$2,000	\$0
Coinsurance	0%	50%	50%	40%	30%	30%	15%	25%	20%
Individual Out-of-Pocket Maximum	\$9,600	\$10,000	\$9,500	\$8,900	\$10,600	\$10,600	\$8,500	\$8,200	\$9,000
Primary Care Visit	\$45	\$50	\$55	\$40	\$35	\$55	\$20	\$30	\$35
Specialist Visit	\$0*	\$100	\$130	\$80	\$75	\$120	\$50	\$60	\$100
Urgent Care	\$0*	\$75	\$200	\$60	30%*	30%*	\$75	\$45	\$75
Emergency Room Facility	\$0*	50%*	\$1,850	40%*	30%*	\$300	\$300	25%*	\$600
Lab Outpatient & Professional Services	\$0*	50%*	\$75	40%*	30%*	30%*	15%*	25%*	\$50
Individual Drug Deductible	Medical Deductible Only	Medical Deductible Only	\$2,500	Medical Deductible Only	\$6,000	\$5,000	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only
Generic Drugs: 30-Day Retail 90-Day Retail 90-Day Mail	\$0*	\$25 \$75 \$50	\$35 \$105 \$70	\$20 \$60 \$40	\$10 \$30 \$20	\$10 \$30 \$20	\$2 \$6 \$4	\$15 \$45 \$30	\$2 \$6 \$4
Preferred Brand Name Drugs: 30-Day Retail 90-Day Mail	\$0*	\$50* \$100*	\$140 \$280	\$40 \$80	\$80 \$160	\$80 \$160	\$50 \$100	\$30 \$60	\$60 \$120
^Teladoc®	\$0 copay telehealth office visits through our preferred partner with 24/7 access to U.S.-licensed physicians who can consult, diagnose and prescribe medications by phone or video for short-term illnesses.								
^Pediatric Vision	One annual exam and one pair of eyeglasses or annual supply of contacts per year.								

*After deductible. ^CareSource has partnered with Teladoc®. Cost share for telehealth visits varies by plan. In the chart above, amounts using a dollar sign (\$) refer to copays (except for deductible, out-of-pocket maximum and annual limits) and amounts using a (%) sign refer to coinsurance. 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.





The chart below represents the Cost Share Reduced (CSR) variations of our core plan designs. †Silver CSR 73%, CSR 87% and CSR 94% are based upon eligibility for CSR as determined by the Marketplace.

Covered Services	CSR 73%			CSR 87%			CSR 94%		
	CareSource (Common Ground Healthcare) Silver Standard \$3000 CSR 73%	CareSource (Common Ground Healthcare) Silver \$4300 CSR 73%	CareSource (Common Ground Healthcare) Silver \$4600 CSR 73%	CareSource (Common Ground Healthcare) Silver Standard \$700 CSR 87%	CareSource (Common Ground Healthcare) Silver \$800 CSR 87% (\$25 PCP Copay)	CareSource (Common Ground Healthcare) Silver \$825 CSR 87%	CareSource (Common Ground Healthcare) Silver Standard \$0 CSR 94%	CareSource (Common Ground Healthcare) Silver \$0 CSR 94% (\$0 PCP Copay)	CareSource (Common Ground Healthcare) Silver \$0 CSR 94%
Individual Medical Deductible	\$3,000	\$4,300	\$4,600	\$700	\$800	\$825	\$0	\$0	\$0
Coinsurance	40%	30%	30%	30%	25%	25%	25%	15%	15%
Individual Out-of-Pocket Maximum	\$7,400	\$8,325	\$8,400	\$3,300	\$3,450	\$3,500	\$2,200	\$3,300	\$3,500
Primary Care Visit	\$40	\$30	\$45	\$20	\$20	\$20	\$0	\$0	\$5
Specialist Visit	\$80	\$60	\$90	\$40	\$40	\$50	\$10	\$10	\$15
Urgent Care	\$60	30%*	30%*	\$30	25%*	25%*	\$5	15%	15%
Emergency Room Facility	40%*	30%*	\$300	30%*	25%*	\$250	25%	15%	\$55
Lab Outpatient & Professional Services	40%*	30%*	30%*	30%*	25%*	25%*	25%	15%	15%
Individual Drug Deductible	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only	Medical Deductible Only
Generic Drugs: 30-Day Retail 90-Day Retail 90-Day Mail	\$20 \$60 \$40	\$10 \$30 \$20	\$10 \$30 \$20	\$10 \$30 \$20	\$5 \$15 \$10	\$5 \$15 \$10	\$0	\$0	\$0
Preferred Brand Name Drugs: 30-Day Retail 90-Day Mail	\$40 \$80	\$80 \$160	\$80 \$160	\$20 \$40	\$50 \$100	\$50 \$100	\$15 \$30	\$15 \$30	\$20 \$40
^Teladoc®	\$0 copay telehealth office visits through our preferred partner with 24/7 access to U.S.-licensed physicians who can consult, diagnose and prescribe medications by phone or video for short-term illnesses.								
^Pediatric Vision	One annual exam and one pair of eyeglasses or annual supply of contacts per year.								

All programs and services are not available in all areas. 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 Certificate of Coverage (COC). CareSource plans have exclusions, limitations, reductions and terms under which the policy may be continued in force or discontinued. Benefits and costs may vary based upon plan selection. For costs and complete details of coverage, please review the CareSource Marketplace COC and Schedule of Benefits documents at **CareSource.com/marketplace**.

Ready to enroll? It's easy! Contact your insurance agent/agency, or head to **Enroll.CareSource.com!**
Need a little more help? Call us at **1-844-539-1733 (TTY: 711)**.

Other Ways to Enroll:

- Contact your local insurance agent or agency.
- Visit HealthCare.gov or contact the Marketplace at 1-800-318-2596.

