INDIVIDUAL & FAMILY PLANS

CareSource®

We Got You.

CareSource is excited to support you and your health care needs. With a reliable network, all the protections of the Affordable Care Act (ACA) and no referrals to see specialists, we've got your back every step of the way. **We Got You!**

OFF EXCHANGE ONLY SPECIFIC PLAN OPTIONS

While we have On Exchange plan options 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.
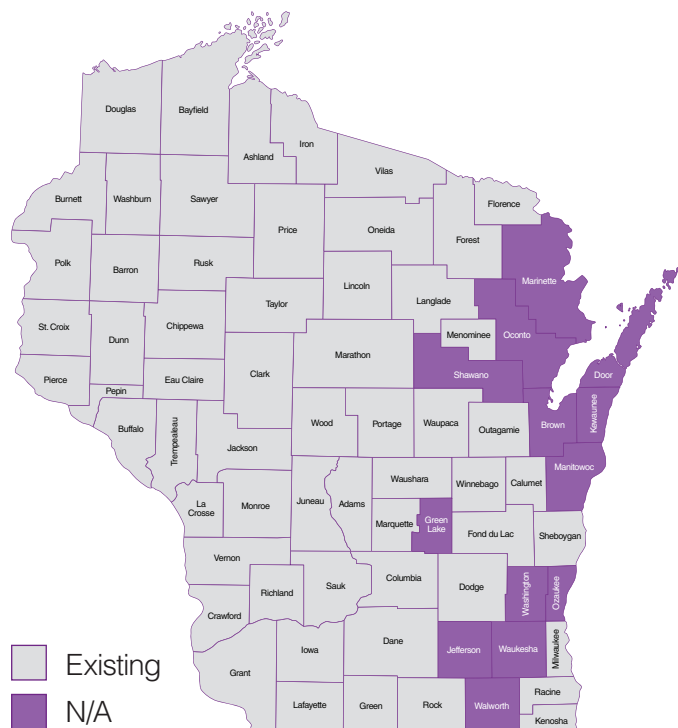
No Reason to Wait.
Enroll Now!

Call CareSource at **1-844-539-1733**, visit **CareSource.com/wi/plans/marketplace/** or speak to your local agent or broker about enrolling in the plan that best fits your needs!

Coverage Area

CareSource plans are available in 13 counties in Wisconsin.

Legend:
- Existing
- N/A

Counties shown on map: Douglas, Bayfield, Ashland, Iron, Vilas, Burnett, Washburn, Sawyer, Price, Oneida, Florence, Forest, Polk, Barron, Rusk, Lincoln, Langlade, Marinette, Taylor, Menominee, Oconto, St. Croix, Dunn, Chippewa, Marathon, Shawano, Door, Pierce, Eau Claire, Clark, Kewaunee, Pepin, Wood, Portage, Waupaca, Outagamie, Brown, Buffalo, Trempealeau, Jackson, Manitowoc, La Crosse, Monroe, Juneau, Adams, Waushara, Winnebago, Calumet, Marquette, Green Lake, Fond du Lac, Sheboygan, Vernon, Richland, Sauk, Columbia, Dodge, Washington, Ozaukee, Crawford, Iowa, Dane, Jefferson, Waukesha, Milwaukee, Grant, Lafayette, Green, Rock, Walworth, Racine, Kenosha

BENEFITS FOR ALL MEMBERS

- **24-Hour Nurse Advice Line:** Call the CareSource24 Nurse Advice Line 24/7/365 at the number on the back of your ID card or use the mobile app to talk to a nurse.

- **$0 Cost Preventive Care and Screenings:** Annual check-ups, immunizations and preventive screenings are covered to help you keep your good health and catch potential issues early.

- **Digital Tools for Health and Wellness:** MyHealth and myStrength^{SM} for your physical and mental well-being.

- **Rewards for Healthy Activities:** Earn rewards for completing healthy activities like Diabetic and Chlamydia screenings.

- **Hearing Benefit:** Annual hearing test and hearing aids if needed.

- **Convenience Care Retail Clinics:** Easy access to care with extended hours at clinics inside local pharmacy and retail stores like CVS®.

Health Savings Accounts and HSA Bank

CareSource offers High Deductible Health Plans (HDHPs) that can be paired with a Health Savings Account (HSA) to save for health care expenses now and in the future.

While we do not create, manage or administer any HSA in conjunction with any CareSource HDHP plan, you can take advantage of our partnership with HSA Bank to set up a Health Savings Account.

What is a Health Savings Account?

A Health Savings Account, or HSA, is a tax-advantaged savings account you can use for health care expenses. The funds in the account are used to pay for IRS-qualified medical expenses such as services applied to your deductible, dental care, vision expenses and more. Any eligible individual can get an HSA that:

- Is covered by an HSA-compatible health plan.
- Is not covered by other health insurance (except certain types of limited coverage).
- Is not enrolled in Medicare.
- Is not a dependent on someone else's tax return.

Note: Eligible spouses can establish their own HSA; children cannot establish an HSA.

What are some of the benefits of having an HSA?

- **Savings** — Save dollars you don't use this year and use them to reduce out-of-pocket expenses in future years — even in retirement.
- **Convenience** — The bank that holds your account will provide you with a checkbook and/or a debit card to pay for covered expenses.
- **Ease of use** — You choose how much to contribute to your account, how much to spend on qualified medical expenses and which expenses to pay from the account.

Learn More About Your Care

Visit **CareSource.com/marketplace** and go to the Plans/Plan Documents page to view current plan documents, see which medications are covered in our drug formulary or find CareSource in-network doctors and hospitals at **findadoctor.CareSource.com**.

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

Questions?

Call us at **1-844-539-1733** (TTY: 711). We're open 7 a.m. to 5 p.m., Central Time (CT), during open enrollment to take your calls and answer any questions you have.

PLANS available for purchase:

BRONZE	**CareSource (Common Ground Healthcare) Bronze $0 Ded / $2500 Rx Ded - Vision Exam + Allergy Test**	**CareSource (Common Ground Healthcare) Bronze Standard $7500 - Vision Exam + Allergy Test**	**CareSource (Common Ground Healthcare) HSA Bronze $8500 - Vision Exam + Allergy Test**	**CareSource (Common Ground Healthcare) Bronze $9600 ($45 PCP Copay) - Vision Exam + Allergy Test**
HSA Qualified	Yes	Yes	Yes	Yes
Deductible	$0	$7,500	$8,500	$9,600
Out-of-Pocket Maximum	$9,500	$10,000	$8,500	$9,600
Coinsurance	50%	50%	0%	0%
Primary Care	$55	$50	$0*	$45
Specialist Visit	$130	$100	$0*	$0*
Urgent Care Visit	$200	$75	$0*	$0*
Emergency Room Visit	$1,850	50%*	$0*	$0*
Only 30-day supply is allowed at Retail; 30-day/90-day allowed at Mail. 90-day Mail cost share is 2X the 30-day Mail cost share‡	$35 $105 $70	$25 $75 $50	$0* $0* $0*	$0* $0* $0*
Pediatric Vision Services	One annual exam and one pair		of eyeglasses or a year supply of contacts per year.	

*After deductible. ‡Applicable only to drugs in the generic tier 1 on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. In the chart above, amounts using a dollar sign ($) refer to copays (except for Deductible and Out-of-Pocket Maximum).

Amounts using a percentage (%) refer to coinsurance. All services (except ER, Urgent Care and specific exceptions due to Federal and State regulations) must be received by in-network providers in order for coverage to be available.

SILVER	CareSource (Common Ground Healthcare) HSA Silver $3500 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Silver $4700 Ded / $5000 Rx Ded - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Silver $5000 Ded / $6000 Rx Ded - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Silver Standard $6000 - Vision Exam + Allergy Test
HSA Qualified	Yes	No	No	No
Deductible	$3,500	$4,700	$5,000	$6,000
Out-of-Pocket Maximum	$8,500	$10,600	$10,600	$8,900
Coinsurance	20%	30%	30%	40%
Primary Care	$15	$50	$35	$40
Specialist Visit	$35*	$120	$75	$80
Urgent Care Visit	20%*	30%*	$70	$60
Emergency Room Visit	20%*	$300	30%*	40%*
Only 30-day supply is allowed at Retail; 30-day/90-day allowed at Mail. 90-day Mail cost share is 2X the 30-day Mail cost share‡	$15* $45* $30*	$10 $30 $20	$10 $30 $20	$20 $60 $40
Pediatric Vision Services	One annual exam and one pair		of eyeglasses or a year supply of contacts per year.	

*After deductible. ‡Applicable only to drugs in the generic tier 1 on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. In the chart above, amounts using a dollar sign ($) refer to copays (except for Deductible and Out-of-Pocket Maximum).

Amounts using a percentage (%) refer to coinsurance. All services (except ER, Urgent Care and specific exceptions due to Federal and State regulations) must be received by in-network providers in order for coverage to be available.

GOLD	CareSource (Common Ground Healthcare) Gold $1800 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Gold Standard $2000 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Gold $3300 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Gold $0 Ded - Vision Exam + Allergy Test
HSA Qualified	No	No	No	No
Deductible	$1,800	$2,000	$3,300	$0
Out-of-Pocket Maximum	$7,100	$8,200	$8,500	$9,000
Coinsurance	20%	25%	15%	20%
Primary Care	$30	$30	$20	$35
Specialist Visit	$60	$60	$50	$100
Urgent Care Visit	$75	$45	$75	$75
Emergency Room Visit	$300	25%*	$300	$600
Only 30-day supply is allowed at Retail; 30-day/90-day allowed at Mail. 90-day Mail cost share is 2X the 30-day Mail cost share‡	$10 $30 $20	$15 $45 $30	$2 $6 $4	$2 $6 $4
Pediatric Vision Services	One annual exam and one pair of eyeglasses or a year supply of contacts per year.			

At CareSource, your privacy matters to us. Learn more about our Privacy Practices at **CareSource.com**.

Plans administered by Common Ground Healthcare Cooperative.

This is a solicitation for health insurance. CareSource 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 2026 Certificate of Coverage and Schedule of Benefits documents at **CareSource.com/marketplace**.

CareSource does not discriminate on the basis of race, color, national origin, disability, age, gender, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.