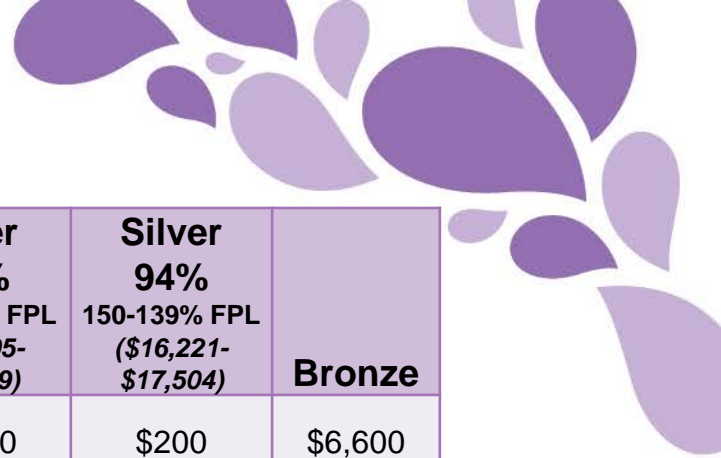


# CareSource Just4Me™ 2015

## Medical Benefits - Ohio Individual



	<b>Gold</b>	<b>Silver 70% Standard</b> >250%FPL (Over \$29,175)	<b>Silver 73%</b> 200-250% FPL (\$23,340 - \$29,175)	<b>Silver 87%</b> 200-150% FPL (\$17,505- \$23,339)	<b>Silver 94%</b> 150-139% FPL (\$16,221- \$17,504)	<b>Bronze</b>
<b>Deductible</b>	\$1,000	\$3,500	\$3,500	\$1,000	\$200	\$6,600
<b>Coinsurance</b>	10%	30%	30%	10%	0%	10%
<b>Maximum Out-of-Pocket (Combined Unless Noted Otherwise)</b>	\$1,750 (M) \$1,500 (Rx)	\$6,500	\$4,850	\$2,000	\$650	\$6,600
<b>Emergency Room Services</b>	\$250 Copay after Deductible	\$500 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$500 Copay after Deductible
<b>Primary Care visit</b>	\$20 Copay	\$20 Copay	\$10 Copay	\$0 Copay	\$0 Copay	\$40 Copay
<b>Specialist Visit</b>	\$50 Copay	\$50 Copay	\$50 Copay	\$0 Copay	\$0 Copay	\$80 Copay
<b>Imaging (CT/PET Scans, MRIs)</b>	\$75 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible
<b>Urgent Care</b>	\$75 Copay	\$50 Copay	\$50 Copay	\$0 Copay	\$0 Copay	\$80 Copay

