



# CareSource

JUST4ME™ (2016 Insurance Policy)

CareSource Just4Me™ is a  
Qualified Health Plan issuer in the

 Health Insurance Marketplace

ADV-SOLICIT-OH001/OH002(2016 Rev. 09/15)

# I'm Covered

CareSource Just4Me is a Qualified Health Plan in the Health Insurance Marketplace. We strive to make health care coverage easy to understand and use. We offer the choice of individual or family health insurance coverage with certain optional adult dental and vision benefits.

## CareSource Just4Me provides a package of health care benefits, including:

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| Primary care and specialty physician services        |
| Outpatient services                                  |
| Hospitalization                                      |
| Emergency services                                   |
| Maternity and newborn care                           |
| Mental health and substance abuse treatment          |
| Prescription drug coverage                           |
| Preventive and wellness services                     |
| Rehabilitative and habilitative services and devices |
| Laboratory services                                  |
| Chronic disease management                           |
| Covered clinical trials                              |
| Podiatry care  |
| Pediatric health and vision services                 |
| Optional dental and vision coverage for adults       |



Many Ohioans qualify for subsidies from the [federal Health Insurance Marketplace](#) on the CareSource Just4Me plans!

Source: [Healthcare.gov](#)

CareSource Just4Me is making quality health care more affordable and easier to access. Many people who are uninsured will qualify for subsidies from the federal Health Insurance Marketplace. In addition, you can get health insurance if you have a pre-existing condition.

*Choose CareSource Just4Me so you can tell your family and friends, "I'm covered!" Our friendly Call Center representatives are just a phone call away with personal assistance when you need it. Just call 1-800-479-9502.*

WARNING: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS AND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. BEFORE YOU ENROLL IN THIS PLAN, READ ALL OF THE RULES VERY CAREFULLY AND COMPARE THEM WITH THE RULES FOR YOUR EXISTING PLAN.



## CareSource Just4Me

CareSource is among the largest nonprofit health plans in the United States, serving over one million members. Founded in 1989, our mission is to make a lasting difference in our members' lives by improving their health and well-being. We put people ahead of profits. This is the essence of our company – members come first.

## Benefits of Health Insurance

### Care when you need it.

You no longer have to put off getting health care when you or your family needs it.

### Help to stay healthy.

They say an ounce of prevention is worth a pound of cure. The no-cost health screenings and immunizations we offer help you stay healthy. Plus, **CareSource.com** gives you advice on exercise, healthy recipes and how to stretch your budget.

### Savings.

With the Affordable Care Act, you must have proof of health insurance or pay a penalty. Why pay to not have insurance? Put your dollars toward a CareSource Just4Me health insurance plan to keep you and your family healthy!

## More features of CareSource Just4Me:

Free (\$0 copay) primary care and retail clinic visits (Gold and Silver plans)

Free (\$0 copay) generic medications (Gold and Silver plans)\*

Coverage for urgent care services so you can see a doctor when you need these services

Coverage for those with pre-existing health conditions

No annual or lifetime limits on the dollar value of essential health benefits

No deductible for prescriptions (Gold and Silver plans)

Access to a focused network of primary care providers, specialists and leading hospitals

Preventive services are covered at no cost. These include screening mammograms, Pap tests and vision and hearing screenings.

Healthy living programs (to help you deal with conditions such as diabetes and asthma)

CareSource24®, a nurse advice line to help you make health care decisions 24 hours a day, seven days a week



## Your Financial Responsibility

To help choose your health insurance plan, it is important to know what your insurance company will pay for and what you are responsible for paying when you use your health care benefits. It helps to understand the following insurance terms:

A **premium** is the fee you pay to have health insurance, regardless of how much you use it. It is usually paid monthly. The premium is based on personal information like your age, tobacco usage, where you live and if you choose to add adult dental and vision coverage. You can find the premium for the CareSource Just4Me plan of your choice online.

There are other costs that you pay when you use your health insurance benefits. These costs are summarized below for our plans:

An **annual deductible** is the amount you pay each year for some services before your insurance company starts to pay. The annual deductible does not apply to all services. For example, you do not have to meet your annual deductible to visit your primary care provider or a specialist such as a heart doctor. However, you might have to pay a copayment for these doctor visits.

**Copayments** (or **copays**) are set amounts you pay each time you use some types of health services, such as going to see your primary care provider or specialist. Your copayments do not count towards your annual deductible.

**Coinsurance** is the percent of a health bill you pay when you use some types of health services. The insurance company pays the other part of the health bill. Coinsurance applies after you have met your annual deductible. For example, if CareSource Just4Me's allowed amount for a hospital stay is \$1,000, your coinsurance payment of 30% would be \$300.

An **out-of-pocket** limit is the most you could have to pay for covered health services during a benefit year, no matter how much you use your benefits. Sometimes this is called maximum out-of-pocket. Out-of-pocket costs include any copays, coinsurance and deductibles you have paid during the year.

Sometimes the benefits offered by two plans are exactly the same; the only thing that changes is the cost of the premium and the costs you pay when you use your health insurance benefits. For example, Gold and Silver plans cover the same health care services. However, Silver plans offer lower monthly premiums, but have higher annual deductible, copays, coinsurance and out-of-pocket limits.

Gold plans have a higher monthly premium, but lower annual deductible, copays, coinsurance and out-of-pocket limits. A Gold plan might be good for people who have chronic health conditions and expect frequent illnesses, injuries or other high-cost health services throughout the year. Though they pay more on a regular basis for their premium, they pay less when they use their covered health services during the year.

## Our Health Services Providers

CareSource Just4Me is offered in major metropolitan areas throughout Ohio, as well as many rural areas. In order to purchase our plans, you must live in one of our service areas. To view our covered counties visit [CareSource.com/Just4Me/oh/service-area](https://www.caresource.com/Just4Me/oh/service-area).

In order to have your health care services covered by the CareSource Just4Me plan, you must get your health care from a provider in our network, except in cases of emergency or when traveling out of our service area.

You can search our provider network to find a primary care physician. For the most up-to-date provider list, visit [CareSourceJust4Me.com](https://www.caresource.com/Just4Me.com) and click on "Find A Doctor/Provider" in the upper-right corner.

CareSource offers a wide variety of physicians, including but not limited to: pediatricians, primary care physicians, general surgeons, cardiac surgeons, thoracic surgeons, orthopedists, neurosurgeons, oncologists, ophthalmologists, urologists, allergists, pulmonologists, dermatologists, infectious disease physicians, endocrinologists, otolaryngologists (ENT), gastroenterologists, nephrologists, obstetricians and gynecologists (OB-GYN), physical medicine and rehabilitation physicians, podiatrists, psychiatrists, audiologists and chiropractors.

## Finding the Plan that's Right for You

CareSource Just4Me offers choices to meet your needs. Our website, **CareSourceJust4Me.com**, guides you through these choices to help you find the plan that is right for you. It allows you to explore our plans, see if you are eligible for subsidies through the Health Insurance Marketplace, and apply those subsidies to the CareSource Just4Me plan that's best for you or your family. It is important to realize the 10 essential health benefits offered by each plan are the same.

A few key questions can help you decide which plan is right for you:

|  |
|--|
| Do you want insurance just for yourself or your family?                |
| Do you want to add adult dental and vision coverage?                   |
| Do you qualify for subsidies through the Health Insurance Marketplace? |
| How often do you think you will use your health care benefits?         |

Our website, **CareSourceJust4Me.com**, will guide you through this process and show you more information about the plans you can choose from. We offer a range of deductibles, out-of-pocket limits, copayments and coinsurance levels based on your preference and the subsidies for which you are eligible, as shown on the following charts.



## What Would You Pay when You Use Your Health Benefits?

| Individual Plans  | Annual Deductible | Out-of-Pocket Limit                 | Coinsurance | Primary Care Visit Copay* | Retail Clinic Visit Copay* | Specialist Visit Copay* | Emergency Copay**                |
|---|-------------------|-------------------------------------|-------------|---------------------------|----------------------------|-------------------------|----------------------------------|
| <b>Gold</b>   | \$1,000           | Medical \$2,000<br>Pharmacy \$1,500 | 20%         | \$0                       | \$0                        | \$50                    | \$250 after deductible           |
| <b>Silver</b>   | \$3,500           | \$6,500                             | 30%         | \$0                       | \$0                        | \$50                    | \$500 after deductible           |
| <i>Note: The Silver plans listed below are only eligible to those who qualify for subsidies through the Health Insurance Marketplace. You can determine if you might qualify for subsidies at CareSource.com/Just4Me.</i>   |                   |                                     |             |                           |                            |                         |                                  |
| <b>Silver 1</b>   | \$3,500           | \$4,850                             | 30%         | \$0                       | \$0                        | \$50                    | \$300 after deductible           |
| <b>Silver 2</b>   | \$1,000           | \$2,000                             | 10%         | \$0                       | \$0                        | \$0                     | \$300 after deductible           |
| <b>Silver 3</b>   | \$300             | \$650                               | 0%          | \$0                       | \$0                        | \$0                     | \$300 after deductible           |
| <b>Bronze</b>   | \$6,650           | \$6,850                             | 40%         | \$40                      | \$40                       | \$80                    | 40% Coinsurance after deductible |
| <i>Note: If you choose to add adult dental and vision coverage to your health plan, your premium will increase but your medical expenses would be based on the same costs listed above. Your expenses when using your adult dental and vision coverage are described on page 9.</i> |                   |                                     |             |                           |                            |                         |                                  |

\* You do not have to meet the annual deductible before seeing a primary care doctor or specialist doctor.

\*\* You do need to meet the annual deductible and pay a copayment for emergency room visits.

| Family Plans  | Annual Deductible | Out-of-Pocket Limit                 | Coinsurance | Primary Care Visit Copay* | Retail Clinic Visit Copay* | Specialist Visit Copay* | Emergency Copay**                |
|---|-------------------|-------------------------------------|-------------|---------------------------|----------------------------|-------------------------|----------------------------------|
| <b>Gold</b>   | \$2,000           | Medical \$4,000<br>Pharmacy \$3,000 | 20%         | \$0                       | \$0                        | \$50                    | \$250 after deductible           |
| <b>Silver</b>   | \$7,000           | \$13,000                            | 30%         | \$0                       | \$0                        | \$50                    | \$500 after deductible           |
| <i>Note: The Silver plans listed below are only eligible to those who qualify for subsidies through the Health Insurance Marketplace. You can determine if you might qualify for subsidies at <a href="https://www.caresource.com/Just4Me">CareSource.com/Just4Me</a>.</i>          |                   |                                     |             |                           |                            |                         |                                  |
| <b>Silver 1</b>   | \$7,000           | \$9,700                             | 30%         | \$0                       | \$0                        | \$50                    | \$300 after deductible           |
| <b>Silver 2</b>   | \$2,000           | \$4,000                             | 10%         | \$0                       | \$0                        | \$0                     | \$300 after deductible           |
| <b>Silver 3</b>   | \$600             | \$1,300                             | 0%          | \$0                       | \$0                        | \$0                     | \$300 after deductible           |
| <b>Bronze</b>   | \$13,300          | \$13,700                            | 40%         | \$40                      | \$40                       | \$80                    | 40% Coinsurance after deductible |
| <i>Note: If you choose to add adult dental and vision coverage to your health plan, your premium will increase but your medical expenses would be based on the same costs listed above. Your expenses when using your adult dental and vision coverage are described on page 9.</i> |                   |                                     |             |                           |                            |                         |                                  |

\* You do not have to meet the annual deductible before seeing a primary care doctor or specialist doctor.

\*\* You do need to meet the annual deductible and pay a copayment for emergency room visits.

## What Would You Pay for Medicine?

| Plans (Individual + Family) | Preventive Medicines | Generic Medicines | Preferred Brand Medicines | Non-preferred Brand Medicines | Preferred Specialty Medications | Non-preferred Specialty Medications |
|-----------------------------|----------------------|-------------------|---------------------------|-------------------------------|---------------------------------|-------------------------------------|
| <b>Gold</b>                 | \$0                  | \$0               | \$120                     | \$160                         | 40% Coinsurance (up to \$300)   | 50% Coinsurance (up to \$300)       |
| <b>Silver</b>               | \$0                  | \$0               | \$50                      | \$125                         | 40% Coinsurance (up to \$300)   | 50% Coinsurance (up to \$300)       |
| <b>Silver 1</b>             | \$0                  | \$0               | \$40                      | \$125                         | 40% Coinsurance (up to \$300)   | 50% Coinsurance (up to \$300)       |
| <b>Silver 2</b>             | \$0                  | \$0               | \$25                      | \$120                         | 40% Coinsurance (up to \$150)   | 50% Coinsurance (up to \$150)       |
| <b>Silver 3</b>             | \$0                  | \$0               | \$5                       | \$20                          | 25% Coinsurance (up to \$150)   | 35% Coinsurance (up to \$150)       |
| <b>Bronze</b>               | \$0                  | \$20              | \$75                      | \$200                         | 40% Coinsurance (up to \$300)   | 50% Coinsurance (up to \$300)       |

For a complete list of drugs available, visit [CareSource.com/Just4Me/oh/pharmacy](https://www.caresource.com/Just4Me/oh/pharmacy).

# What other coinsurance and copayment would I pay if I use my health benefits?

| Types of Services/Supplies that Require Coinsurance        |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|--|---|-----------------|-------|--------|-------|----------|-------|----------|-------|----------|-------|--------|-----------------|
| Ambulance Services   | <b>You pay: coinsurance after deductible:</b><br><table border="0"> <tr><td>Gold</td><td>20%</td></tr> <tr><td>Silver</td><td>30%</td></tr> <tr><td>Silver 1</td><td>30%</td></tr> <tr><td>Silver 2</td><td>10%</td></tr> <tr><td>Silver 3</td><td>0%</td></tr> <tr><td>Bronze</td><td>40%</td></tr> </table>   | Gold            | 20%   | Silver | 30%   | Silver 1 | 30%   | Silver 2 | 10%   | Silver 3 | 0%    | Bronze | 40%             |
| Gold   |   | 20%             |       |        |       |          |       |          |       |          |       |        |                 |
| Silver   |   | 30%             |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 1   |   | 30%             |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 2   |   | 10%             |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 3   |   | 0%              |       |        |       |          |       |          |       |          |       |        |                 |
| Bronze   |   | 40%             |       |        |       |          |       |          |       |          |       |        |                 |
| Dental Services related to accidental injury               |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Laboratory Services, Diagnostic Mammogram or X-ray         |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Home Health Care Services                                  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Home Infusion Therapy                                      |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Hospice Services   |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Inpatient Professional Services                            |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Medical Supplies, Durable Medical Equipment and Appliances |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Outpatient Services  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Therapy Services   |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Medical Services that Require Copays                       |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Outpatient Advanced Imaging – CT/PET Scans, MRI            | <b>You pay: copayment after deductible:</b><br><table border="0"> <tr><td>Gold</td><td>\$75</td></tr> <tr><td>Silver</td><td>\$150</td></tr> <tr><td>Silver 1</td><td>\$150</td></tr> <tr><td>Silver 2</td><td>\$150</td></tr> <tr><td>Silver 3</td><td>\$150</td></tr> <tr><td>Bronze</td><td>40% coinsurance</td></tr> </table>                     | Gold            | \$75  | Silver | \$150 | Silver 1 | \$150 | Silver 2 | \$150 | Silver 3 | \$150 | Bronze | 40% coinsurance |
| Gold   |   | \$75            |       |        |       |          |       |          |       |          |       |        |                 |
| Silver   |   | \$150           |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 1   |   | \$150           |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 2   |   | \$150           |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 3   |   | \$150           |       |        |       |          |       |          |       |          |       |        |                 |
| Bronze   |   | 40% coinsurance |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
| Inpatient Facility Services                                | <b>You pay: copayment per inpatient stay after deductible:</b><br><table border="0"> <tr><td>Gold</td><td>\$250</td></tr> <tr><td>Silver</td><td>\$500</td></tr> <tr><td>Silver 1</td><td>\$300</td></tr> <tr><td>Silver 2</td><td>\$300</td></tr> <tr><td>Silver 3</td><td>\$300</td></tr> <tr><td>Bronze</td><td>40% coinsurance</td></tr> </table> | Gold            | \$250 | Silver | \$500 | Silver 1 | \$300 | Silver 2 | \$300 | Silver 3 | \$300 | Bronze | 40% coinsurance |
| Gold   |   | \$250           |       |        |       |          |       |          |       |          |       |        |                 |
| Silver   |   | \$500           |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 1   |   | \$300           |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 2   |   | \$300           |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 3   |   | \$300           |       |        |       |          |       |          |       |          |       |        |                 |
| Bronze   |   | 40% coinsurance |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |
|  |   |                 |       |        |       |          |       |          |       |          |       |        |                 |



|  |   |      |       |        |       |          |       |          |       |          |       |        |                 |
|--|---|------|-------|--------|-------|----------|-------|----------|-------|----------|-------|--------|-----------------|
| <p>Skilled Nursing Facility for Physical Medicine and Rehabilitation</p>   | <p><b>You pay: copayment per inpatient stay after deductible:</b></p> <table border="0"> <tr><td>Gold</td><td>\$100</td></tr> <tr><td>Silver</td><td>\$100</td></tr> <tr><td>Silver 1</td><td>\$100</td></tr> <tr><td>Silver 2</td><td>\$100</td></tr> <tr><td>Silver 3</td><td>\$100</td></tr> <tr><td>Bronze</td><td>40% coinsurance</td></tr> </table> | Gold | \$100 | Silver | \$100 | Silver 1 | \$100 | Silver 2 | \$100 | Silver 3 | \$100 | Bronze | 40% coinsurance |
| Gold   | \$100   |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver   | \$100   |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 1   | \$100   |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 2   | \$100   |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 3   | \$100   |      |       |        |       |          |       |          |       |          |       |        |                 |
| Bronze   | 40% coinsurance   |      |       |        |       |          |       |          |       |          |       |        |                 |
| <p>Urgent Care Services</p>  | <p><b>You pay: copayment:</b></p> <table border="0"> <tr><td>Gold</td><td>\$75</td></tr> <tr><td>Silver</td><td>\$50</td></tr> <tr><td>Silver 1</td><td>\$50</td></tr> <tr><td>Silver 2</td><td>\$0</td></tr> <tr><td>Silver 3</td><td>\$0</td></tr> <tr><td>Bronze</td><td>\$80</td></tr> </table>   | Gold | \$75  | Silver | \$50  | Silver 1 | \$50  | Silver 2 | \$0   | Silver 3 | \$0   | Bronze | \$80            |
| Gold   | \$75  |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver   | \$50  |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 1   | \$50  |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 2   | \$0   |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 3   | \$0   |      |       |        |       |          |       |          |       |          |       |        |                 |
| Bronze   | \$80  |      |       |        |       |          |       |          |       |          |       |        |                 |
| <p>Pediatric Vision Services – an annual exam is provided at no charge. Copayments would apply only if additional office visits are needed.</p>  | <p><b>You pay: copayment:</b></p> <table border="0"> <tr><td>Gold</td><td>\$50</td></tr> <tr><td>Silver</td><td>\$50</td></tr> <tr><td>Silver 1</td><td>\$50</td></tr> <tr><td>Silver 2</td><td>\$0</td></tr> <tr><td>Silver 3</td><td>\$0</td></tr> <tr><td>Bronze</td><td>\$80</td></tr> </table>   | Gold | \$50  | Silver | \$50  | Silver 1 | \$50  | Silver 2 | \$0   | Silver 3 | \$0   | Bronze | \$80            |
| Gold   | \$50  |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver   | \$50  |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 1   | \$50  |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 2   | \$0   |      |       |        |       |          |       |          |       |          |       |        |                 |
| Silver 3   | \$0   |      |       |        |       |          |       |          |       |          |       |        |                 |
| Bronze   | \$80  |      |       |        |       |          |       |          |       |          |       |        |                 |
| <p><b>Examples of services paid based on service setting:</b></p> <ul style="list-style-type: none"> <li>Diabetic Education, Equipment and Supplies</li> <li>Habilitative Services</li> <li>Physical Medicine and Rehabilitation</li> <li>Reconstructive Services</li> <li>Sterilization</li> <li>Surgical Services</li> <li>Temporomandibular or Craniomandibular Joint Disorder and Craniomandibular Jaw Disorder</li> <li>Transplant: Human Organ and Tissue Transplant (Bone Marrow/Stem Cell) Services</li> </ul> | <p><b>You pay: copayments/coinsurance are based on the setting where the covered services are received.</b></p> <p>These services may be provided in a doctor's office, an outpatient center or a hospital. Your copay or coinsurance amount depends on the type of setting where these services are provided.</p>  |      |       |        |       |          |       |          |       |          |       |        |                 |

## Limitations and Exclusions

Some limitations and exclusions apply to CareSource Just4Me plans.

CareSource Just4Me does not cover acupuncture, bariatric surgery, cosmetic surgery or hearing aids.

Any combination of network benefits for skilled nursing facility/inpatient rehabilitation facility services is limited to ninety (90) days per calendar year.

Copayments or coinsurance apply to allergy testing, MRA, MRI, PET scan, CAT scan, nuclear cardiology imaging studies, non-maternity related ultrasound services, pharmaceutical injections and drugs (except immunizations covered under "preventative care services") received in a physician's office. When the only charge from a physician office visit is for allergy injections, allergy serum, diagnostic services or other therapy services, then any copayments are waived.

Any combination of benefits for home health care services is limited to one hundred (100) visits per calendar year. One visit consists of no more than four (4) hours of skilled care services.

Dental and vision services for adults are covered only if optional coverage is selected.

If different types of therapy services are performed during one physician office service or outpatient service, then each different type of therapy service will be considered a separate therapy visit. Each therapy visit will count against the applicable maximum visits listed below. For example, if both a physical therapy service and a spinal manipulation service are performed during a physician office service or outpatient service, they will count as both one physical therapy visit and one spinal manipulation visit.

Separate twenty (20) visit limit for physical therapy, occupational therapy, speech therapy and pulmonary rehab. Thirty-six (36) visit limit for cardiac rehab. Twelve (12) visit limit for spinal manipulation.

This is a partial list of exclusions. For a complete list, see the CareSource Just4Me Evidence of Coverage document at [CareSource.com/Just4Me/oh/plan-details](https://www.caresource.com/Just4Me/oh/plan-details).

## Optional CareSource Just4Me Dental + Vision Benefits

CareSource Just4Me Dental + Vision provides optional dental and vision benefits for adult members when you purchase this additional coverage. The cost for these optional services is included in the premium and in the copayments and coverage limits listed below. (Note: your costs for using your health care benefits would be the same as those listed in the charts on pages 5 and 6.) Vision coverage for children is included as an essential health benefit. The optional Dental + Vision benefit includes the following services and copays when used:

### Dental

Coverage limit: \$750 per year (includes basic and major restorative dental services)

Preventive dental services (cleaning and exams): \$20 copay per visit. Limit of two visits per year.

Basic dental (X-ray and fillings): \$20 copay per visit.

Major restorative dental (impactions and dentures): 40% coinsurance per visit.

### Vision Coverage

Copays for eyeglasses and contact lenses are \$25. Coverage limit: \$150 per year.

Single vision lenses

Bifocals

Trifocals

Lenticular lenses

Contact lenses

Vision coverage for children is included in all of our plans as an essential health benefit.

Some exclusions may apply. See the CareSource Just4Me Evidence of Coverage document for details at [CareSource.com/Just4Me/oh/plan-details](https://www.caresource.com/Just4Me/oh/plan-details).

# How to Enroll, Determine Your Cost, Qualify for Subsidies and Verify Your Providers are In-Network

Our website is designed to help you find the plan that's right for you and your family. It will ask you questions and take you to the Marketplace to determine if you qualify for subsidies. Based on the answers you give, it will allow you to compare the CareSource Just4Me plans you can choose from. Just follow these steps:

Go to **CareSourceJust4Me.com**

Click on "Enroll."

Follow the prompts and you will be routed to the Marketplace to determine your eligibility for cost savings.

Complete the eligibility form using the personal financial information you've collected. Allow 20–40 minutes to complete this process. The Marketplace will determine your eligibility and if you qualify for a subsidy. It will also let you know if you or your family members qualify for health care coverage through Medicaid, Medicare or CHIP (Children's Health Insurance Program).

Once complete, the Marketplace will automatically return you to CareSource Just4Me to apply any subsidies, calculate your costs and compare plans.

You can then select your plan and choose your payment method to pay your first premium.

## What You Will Need

Collect the following information for each family member you are enrolling before starting your eligibility form on the Health Insurance Marketplace:

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, for example, a spouse or a parent), information about the employer's health insurance plan



Prefer to enroll by paper or phone?  
Our Member Services staff will be happy to help you! Just call toll-free **1-800-479-9502**. Open enrollment begins on November 1, 2015.



## 2016 Ohio CareSource Just4Me Plan

P.O. Box 8738  
Dayton, OH 45401-8738

**CareSourceJust4Me.com**

This is a solicitation for health insurance. Some exclusions may apply. \*Limited to certain generics included in our Formulary. Benefits and costs may vary. See the CareSource Just4Me Evidence of Coverage or Schedule of Benefits document for details at [CareSourceJust4Me.com](http://CareSourceJust4Me.com).

CareSource Just4Me does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.