



MARKETPLACE

# SAVE MORE ON DIABETES CARE

North Carolina
















## We got you.

Our new **Diabetes Plans** not only make it more affordable to manage your diabetes with preferred coverage on medication, supplies and care, but also offer support from CareSource. Ensuring we have your back every step of the way, **We Got You!** If you qualify for Advance Premium Tax Credits (APTC), they can be used to help lower your premiums with both of these plans.

### Enroll now!

Go to [Enroll.CareSource.com](https://enroll.caresource.com) or speak to your local agent or broker about enrolling in the plan that best fits your needs!

### Get access to:

-  CareSource24<sup>®</sup> Nurse Advice Line  
\$0 Cost to You | 24/7/365
-  Preventive Care and Screenings  
\$0 Cost to You
-  Tier 0 and 1 Prescriptions  
\$0 Cost or Low Cost to You
-  Specific Shots  
\$0 Cost to You
-  Teladoc<sup>®</sup> Telehealth and Counseling\*  
\$0 Cost to you | 24/7/365
-  No-Cost Digital Tools for Health and Wellness – MyHealth<sup>®</sup> and MyStrength<sup>SM</sup>
-  Pediatric Dental & Vision with Affordable Access through DentaQuest and EyeMed
-  Personal One-on-One Help  
Enrollment: **1-844-539-1733**  
Member Services: **1-833-230-2099**  
Care Management: **1-844-438-9498**
-  Rewards for Healthy Activities  
Up to \$125!

\*Teladoc Behavioral Health Counseling by appointment, 7 a.m. to 9 p.m., members 13 and up.

### Silver and Gold Diabetes Plans Give You:

- \$0 Screenings and Tests:**
  - A1C screenings
  - Retinopathy eye screening
  - Diabetic kidney disease screening
- \$0 Drugs:**
  - Rapid-acting insulins – insulin lispro and insulin aspart
  - Long-acting insulins – Basaglar, Rezvoglar and Tresiba
  - Generic oral drugs – alogliptin, metformin, glyburide, glimepiride, glipizide, pioglitazone
  - Brand name oral drugs – Jardiance, Steglatro, Farxiga
- \$0 Self-Management Supplies | Retail | Mail:**
  - Continuous glucose monitors – Dexcom, FreeStyle Libre
  - Glucose meters, test strips and lancets
  - Diabetes supplies – Pen needles, insulin syringes, alcohol swabs, ketone strips

### Silver and Gold Diabetes Plans - Expanded Coverage or Lower Cost For:

- Additional drugs** to help you manage your diabetes including Mounjaro, Ozempic, Trulicity and Rybelsus (authorization required)
- Endocrinology
- Self-management training
- Physical therapy
- Foot care



	Diabetes Silver	Diabetes Gold
<b>Deductible</b>	\$3,500	\$1,000
<b>Out-of-Pocket Maximum</b>	\$9,450	\$7,500
<b>Coinsurance</b>	50%	30%
<b>Primary Care or Retail Clinic Visit</b>	\$35	\$15
<b>Specialist Visit</b>	\$80	\$50
<b>Urgent Care Visit</b>	\$70	\$30
<b>Emergency Room Visit</b>	\$600*	\$500*
<b>Lab Outpatient &amp; Professional Services</b>	\$75	\$30
<b>Generic Prescription Drug Coverage (30-day Retail/ 90-day Retail/ 90-day Mail) ‡</b>	\$3 \$9 \$9	\$2 \$6 \$6
<b>Preferred Brand Drugs: 30-day Retail 90-day Mail</b>	\$100 \$300	\$60 \$180
<b>^Virtual Care</b>	\$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.	

\*After deductible. †Applicable only to drugs in the generic tier on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. ‡Silver 1, 2 and 3 are based upon eligibility for Cost Sharing Reductions (CSR) as determined by the Exchange.

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 after your deductible is met.

All services (except ER, Urgent Care and specific exceptions due to Federal and State regulations) must be rendered by in-network providers in order for coverage to be available. All above plans have additional Cost Sharing Reduction levels available, with eligibility as determined by the Health Insurance Marketplace. ^CareSource has partnered with Teladoc®.

By enrolling in a **Diabetes Silver Plan**, you may qualify for Cost Share Reductions (CSRs) that can lower your out-of-pocket costs by up to 80%.

	Diabetes Silver 1 <sup>†</sup>	Diabetes Silver 2 <sup>†</sup>	Diabetes Silver 3 <sup>†</sup>
<b>Deductible</b>	\$3,000	\$750	\$250
<b>Out-of-Pocket Maximum</b>	\$7,550	\$3,000	\$800
<b>Coinsurance</b>	50%	20%	15%
<b>Primary Care or Retail Clinic Visit</b>	\$35	\$5	\$0
<b>Specialist Visit</b>	\$80	\$40	\$25
<b>Urgent Care Visit</b>	\$70	\$20	\$15
<b>Emergency Room Visit</b>	\$600*	\$250*	\$150*
<b>Lab Outpatient &amp; Professional Services</b>	\$75	\$40	\$30
<b>Generic Prescription Drug Coverage (30-day Retail/ 90-day Retail/ 90-day Mail) ‡</b>	\$3 \$9 \$9	\$2 \$6 \$6	\$0
<b>Preferred Brand Drugs: 30-day Retail 90-day Mail</b>	\$100 \$300	\$30 \$90	\$25 \$75
<b>^Virtual Care</b>	\$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.		

\*After deductible. †Applicable only to drugs in the generic tier on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. ‡Silver 1, 2 and 3 are based upon eligibility for Cost Sharing Reductions (CSR) as determined by the Exchange.

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## Earn Rewards

You will be automatically enrolled in our Rewards program

Earn up to \$125 just for taking care of yourself and completing healthy activities

Redeem your rewards or gift cards to major retailers



	Diabetes Silver	Diabetes Gold	Diabetes Silver 1 <sup>†</sup>	Diabetes Silver 2 <sup>†</sup>	Diabetes Silver 3 <sup>†</sup>
<b>Dental Preventive/Diagnostic</b>	\$0	\$0	\$0	\$0	\$0
<b>Dental Restorative/Basic</b>	20%	15%	20%	15%	10%
<b>Dental Major/Comprehensive</b>	40%	40%	45%	40%	40%
<b>Dental Annual Allowance</b>	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
<b>Eye Exam</b>	\$0	\$0	\$0	\$0	\$0
<b>Glasses/Contacts</b>	No member cost share up to a \$250 annual allowance and discounts on contacts, frames, lenses and options beyond \$250 allowance.				
<b>Additional Vision Services</b>	No-cost retinal imaging annually. No-cost low-vision supplemental testing and aids. Discounts on laser vision correction services. Discounts on additional eyewear (eyeglasses and contacts) of up to 40% off.				
<b>Fitness Benefit</b>	The fitness benefit provides access to multiple fitness centers and gyms, digital fitness choices with home fitness tools, including one home fitness kit per benefit year with some kits including a wearable device (e.g., Fitbit® or Garmin®), digital workouts and live lifestyle coaching.				

### Optional Adult Dental Through DentaQuest®, Vision Through EyeMed® and Fitness Benefits

## When You Enroll, You Will

Receive more detailed information about the special benefits included with your plan

Get newsletters written to help you manage diabetes and learn how to use all your benefits to their fullest

Get access to our diabetes-focused Care Management program, another resource that can help you on your journey to better health

## Don't Wait, Enroll Now!

Head to **Enroll.CareSource.com** to find out if you qualify for CSRs or APTCs, shop and compare plans, and enroll in the plan that best fits your needs! You can also visit **CareSource.com** 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**.

## Questions?

Call us at **1-844-539-1733** (TTY: 1-833-711-4711 or 711) or speak to your local agent or broker about enrolling in CareSource.



At CareSource, your privacy matters to us. Learn more about our Privacy Practices at [CareSource.com](https://www.caresource.com).

This is a solicitation for health insurance. CareSource Marketplace 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 2024 Evidence of Coverage and Schedule of Benefits documents at [CareSource.com/Marketplace](https://www.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.

For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company.

All NC health plans offered by CareSource North Carolina Co., d/b/a CareSource.

**CareSource** is a Qualified Health Plan issuer in the  Health Insurance Marketplace