

MARKETPLACE

INDIVIDUAL & FAMILY PLANS




CareSource[®]



We got you.

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

No Reason to Wait.

Enroll Now!

Call CareSource at **1-844-539-1733** or speak to your local agent or broker about enrolling in the plan that best fits your needs!



NEW CHRONIC CONDITION HEALTH PLANS AVAILABLE!

Silver 4200 \$0 Select Drugs & Specialized Services

\$0 Copay for Select Medications:

- **Regular insulins:** Humulin® N, Novolin® N, Humulin® R, Novolin® R, Humulin® 70-30, Novolin® 70-30
- **Rapid-acting insulins:** Humalog®, insulin lispro, and insulin aspart
- **Long-acting insulins:** Basaglar®, Rezvoglar™, Tresiba®
- **Generic oral drugs:** Acarbose, alogliptin, alogliptin-metformin, alogliptin-pioglitazone, glimepiride, glipizide, glipizide-metformin, glyburide, glyburide-metformin, metformin, miglitol, nateglinide, pioglitazone, pioglitazone-metformin, pioglitazone-glimepiride, repaglinide
- **Brand name oral drugs:** Januvia®*, Janumet®*, Janumet XR®*, Jardiance®*, Farxiga®*, and Synjardy®*

* Medications with asterisks require prior authorization or step therapy.

\$0 self-management supplies on prescription drug list:

- **Continuous glucose monitors** (Dexcom*, Freestyle Libre*)
- **Glucose meter and test strips** (OneTouch Verio®)
- **Diabetes supplies** (pen needles, insulin syringes, alcohol swabs, urine ketone strips and lancing devices/lancets)

* Items with asterisks require prior authorization.

\$0 copay for specialized medical services

- **Diabetes self-management education**
- **Nutritional counseling**
- **Routine diabetic foot care**
- **A1C testing**
- **Retinopathy eye screening**
- **Diabetic kidney disease screening**

Other Plan Highlights Include:

- **A strong network of providers:** including networks for diabetes targeted health systems and other provider specialties for complex symptom management. Specialist visits do not require a referral from your PCP or CareSource.
- **Expanded formulary:** Includes drugs like Mounjaro®*, Ozempic®*, Trulicity®* and Rybelsus®*.
- **Home delivery option:** Use Express Scripts® to get 90-day supplies of your generic diabetes maintenance medications delivered directly to your home or doctor's office. A convenient and cost-effective choice for getting your maintenance medications. 90-day supply at 2.5x the cost of a 30-day supply to save you money!

Diabetes coaching program: Includes a member-centric care plan focused on diet, exercise, medication and lifestyle changes.

HDHP Preventive Silver 5600

\$0 Select Drugs

\$0 specialized medical services:

- Retinopathy eye screening
- A1C Test
- Low density lipoprotein (LDL)

\$0 preventive drugs:

- **ACE inhibitors** – Benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril, trandolapril, benzapril-hctz, captopril-hctz, enalapril-hctz, fosinopril-hctz, lisinopril-hctz, quinapril-hctz
- **Beta-blockers** – Acebutolol, atenolol, bisoprolol, metoprolol succinate (ER), metoprolol tartrate (IR), nadolol, propranolol, sotalol, sotalol AF, timolol
- **Statins** – Atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
- **Anti-diabetics:**
 - **Generics:** Acarbose, alogliptin, alogliptin-metformin, alogliptin-pioglitazone, glimepiride, glipizide, glipizide-metformin, glyburide, glyburide-metformin, metformin, miglitol, nateglinide, pioglitazone, pioglitazone-metformin, pioglitazone-glimepiride, repaglinide
 - **Brand name:** Farxiga^{®*}, Jardiance^{®*}, Synjardy^{®*}, Januvia^{®*}, Janumet^{®*}
 - **Insulins:** Basaglar[®], Rezvoglar[™], Tresiba[®], Humalog[®], Humulin[®] N, Humulin[®] R, Humulin[®] 70-30, insulin aspart, insulin lispro, Novolin[®] N, Novolin[®] R, Novolin[®] 70-30

* Items with asterisks require prior authorization or step therapy.

\$0 self-management supplies on prescription drug list:

- **Diabetic supplies:** Alcohol swabs, glucose meter and test strips (OneTouch Verio[®]), lancets/lancing device, pen needles, insulin syringes/needles, urine ketone test strips



Special Programs and Support

We have created benefits and special support programs that will provide comprehensive coverage for you and your family's overall health and well-being.

- **Care Management Program:**
 - Work with a Care Manager to learn more about your condition and how to take care of yourself better, take your medications correctly, coordinate doctor visits and more.
 - Care Managers can be your single point of contact with CareSource, to help you navigate and understand your health benefits.
- **Medication Management:**
 - Special expanded formulary provides zero-cost brand name and generic drugs to prevent complications from common diseases.
 - Support from pharmacists to help you manage medications and avoid potential drug interactions.



The HDHP Preventive Plan is HSA eligible! While anyone can enroll, its key benefit is to reduce expenses on preventive care for those diagnosed with chronic conditions such as diabetes, congestive heart failure and coronary artery disease.

	HDHP PREVENTIVE SILVER 5600 \$0 SELECT DRUGS	LOW DEDUCTIBLE SILVER 4500 \$3 GENERIC DRUGS	SILVER 4200 \$0 SELECT DRUGS & SPECIALIZED SERVICES	CORE GOLD 1600 \$10 GENERIC DRUGS
Deductible	\$5,600	\$4,500	\$4,200	\$1,600
Out-of-Pocket Maximum	\$5,600	\$8,200	\$8,800	\$7,000
Coinsurance	0%	40%	50%	25%
Primary Care or Retail Clinic Visit	\$0*	\$30	\$30	\$20
Specialist Visit	\$0*	\$70	\$50	\$60
Urgent Care Visit	\$0*	\$60	\$70	\$40
Emergency Room Visit	\$0*	\$500*	\$600*	\$400*
Lab Outpatient & Professional Services	\$0*	\$40	\$75	\$30
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 2.5 times the cost of 30-day) ‡	\$0* \$0* \$0*	\$3 \$9 \$7.50	\$3 \$9 \$7.50	\$10 \$30 \$25
Preferred Brand Name Drugs:				
30-day Retail	\$0*	\$70	\$70	\$50
90-day Mail	\$0*	\$175	\$175	\$125
^Virtual Care	\$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 1 on the formulary. 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®.

ADDITIONAL BENEFITS FOR ALL MEMBERS

- **CareSource24®:** 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 myStrengthSM for your physical and mental well-being.
- **Rewards for Healthy Activities:** Earn up to \$150 for completing healthy activities, including \$75 for diabetes-related activities.
- **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 Walmart® and CVS®.

Optional Adult Vision through EyeMed® and Fitness Benefits available!

Don't Wait, Enroll Now!

Contact your agent or call **1-844-539-1733** (TTY: 711) for help shopping and to enroll in the plan that best fits your needs.

Other Ways to Enroll:

- Contact your insurance agent or agency.
- Call us toll-free at **1-844-539-1733** (TTY: 711).
- Visit **CareSource.com/marketplace**.

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

IMPORTANT REMINDER FOR HDHP HSA PLANS:

Your coverage includes a preventive drug benefit. This means that preventive drugs (medications to help prevent chronic conditions and illnesses) are covered outside of your plan's deductible.

These drugs can at times, be prescribed for treatment purposes. As a result, the listing of a drug does not mean that it will be covered by your benefit plan before your HDHP deductible is satisfied. If your doctor has prescribed a listed drug for treatment purposes (and not preventive purposes) then your plan does not provide coverage for that drug before your HDHP deductible is satisfied. Please be reminded that Health Savings Accounts (HSAs) have tax and legal ramifications. [CareSource/HAP CareSource] cannot guarantee or provide any legal advice on the way these products are prescribed for preventive purposes or that the IRS would agree that all satisfy the definition under §223 NOTICE 2019-45.





As everyone's medical circumstances are different, and because proper classification is necessary for you to ensure you are complying with applicable HDHP tax regulations, it is important for you to confirm the purpose of the prescription with your doctor. Please call the number on your member ID card when your doctor confirms for you that they prescribed one of the listed drugs for treatment purposes so your claims can be processed correctly. Unless you provide us with this information, claims for the drugs listed in the will be processed as "preventive," and you or your doctor may be asked by us to provide medical records showing that the drug you're taking is being used for prevention. Remember, if you improperly classify the drug, it may result in adverse tax consequences so please be sure to take the confirming steps to properly classify your claim.

Please follow these steps to make sure you are properly classifying the purpose of your prescription:

1. Find your drug on the list.
2. Talk to your doctor about whether your drug is in fact being prescribed for preventive purposes (and not treatment purposes).
3. If prescribed for treatment purposes, call the number on your member ID card to let us know.
4. If prescribed for preventive purposes, there is no need to call.

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 2025 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.

CareSource is a Qualified Health Plan issuer in the

