




CareSource[™]
Health Care with Heart

Just4Me[™]
(Insurance Policy)

*Health Insurance
Within Your Reach!*


CareSource[™]
Health Care with Heart

I'm Covered!

Affordable Health Insurance

CareSource Just4Me[™] is a Qualified Health Plan issuer in the  Health Insurance Marketplace

ADV-SOLCIT-OH001/OH002(9/13)-38

CareSource Just4Me™ puts Health Insurance within Your Reach

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 dental and vision benefits.

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.



Most Ohioans who are uninsured will qualify for subsidies from the federal Health Insurance Marketplace on the CareSource Just4Me™ plans!

Source: Healthcare.gov

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

- Primary care and specialty physician services
- Outpatient services
- Hospitalization
- Emergency services
- Maternity and newborn care
- Mental health and substance abuse treatment
- Prescription drug coverage
- Preventative 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

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.

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**.



CARESOURCE JUST4ME™

CareSource is among the largest nonprofit public sector health plans in the United States, serving nearly one million members. Founded in 1989, our mission is to make a difference in people's lives by improving their health care. 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, www.CareSource.com gives you advice on exercise, healthy recipes and how to stretch your budget.

Savings.

In 2014, most Ohioans will have to have proof of health insurance or pay a penalty on their taxes. 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 JUST4ME™:

- 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
- Access to a broad base of primary care providers, specialists, and leading hospitals
- Preventative services are covered at no cost. These include screening mammograms, Pap tests, and vision and hearing screenings.
- Health promotion programs for members with diabetes and asthma
- CareSource 24, a nurse advice line to help you make health care decisions 24 hours a day, seven days a week



Our Health Services Providers

CareSource Just4Me™ is offered in six metropolitan areas throughout Ohio, including Akron, Cincinnati, Cleveland, Columbus, Dayton, and Toledo. In order to purchase our plans, you must live in one of the counties listed under each of these service areas below.

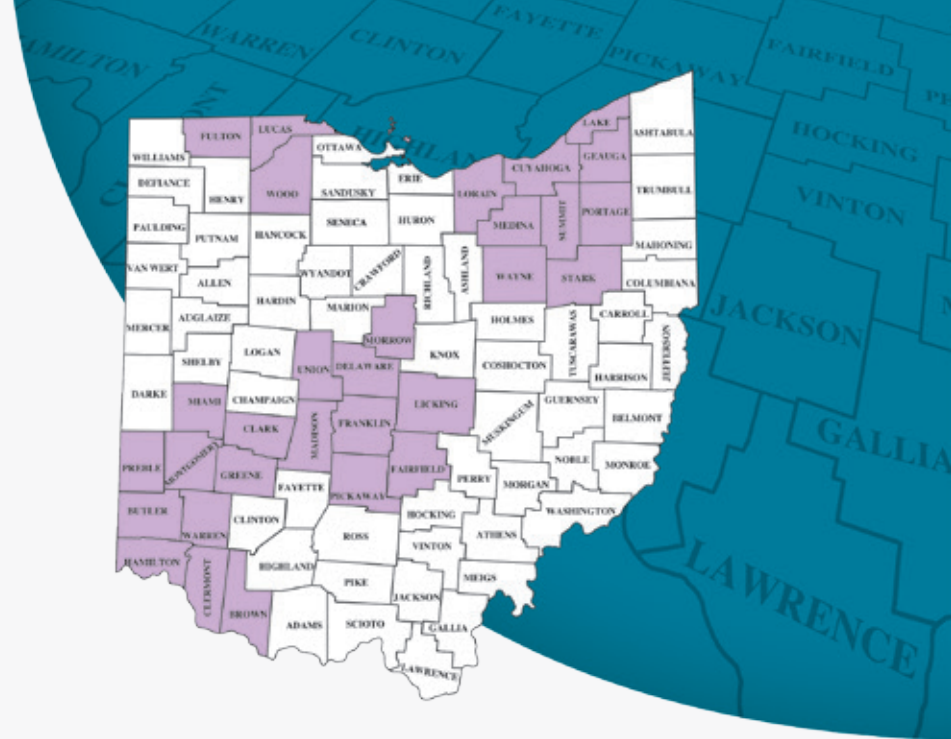
CareSource Just4Me™ uses a provider network that includes more than 1,700 primary care physicians, 4,800 specialty physicians and 18 hospitals in Ohio.

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 will have the opportunity to search our provider network to find a primary care physician. For the most up-to-date provider list, visit www.CareSource.com/Just4Me.

Source: Exchange Provider Panel Analysis Report, July 2013

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, plastic surgeons, endocrinologists, otolaryngologists (ENT), gastroenterologists, nephrologists, obstetricians and gynecologists, physical medicine and rehabilitation physicians, podiatrists, psychiatrists, audiologists, chiropractors.



SIX SERVICE AREAS AND COUNTIES INCLUDED ▲

Akron Area

- Portage
- Stark
- Summit
- Wayne

Cleveland Area

- Cuyahoga
- Geauga
- Lake
- Lorain
- Medina

Dayton Area

- Clark
- Greene
- Miami
- Montgomery
- Preble

Cincinnati Area

- Brown
- Butler
- Clermont
- Hamilton
- Warren

Columbus Area

- Delaware
- Fairfield
- Franklin
- Licking
- Madison
- Morrow
- Pickaway
- Union

Toledo Area

- Fulton
- Lucas
- Wood



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 services before your insurance company starts to pay. Some services require copays or coinsurance, two types of cost you share with your insurance company.
 - **Copayments** are set amounts you pay each time you use some types of health services, such as going to see a specialist physician.
 - **Coinsurance** is the percent of a health bill you pay when you use other types of health services.
 - 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 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, Just4Me Ultra (Gold) and Just4Me (Silver) cover the same health care services. However, Just4Me (Silver) offers lower monthly premiums, but higher annual deductible, copays, coinsurance and out-of-pocket limits.

Just4Me Ultra (Gold) has a higher monthly premium, but lower annual deductible, copays, coinsurance and out-of-pocket limits. This 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.



Finding the Plan that's Right for You

CareSource Just4Me™ offers choices to meet your needs. Our website, www.CareSource.com/Just4Me, 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 essential health benefits offered by each plan are the same. A few key questions can help you decide which plan is right for you:

1. Do you want insurance just for yourself or your family?
2. Do you want to add adult dental and vision coverage?
3. Do you qualify for subsidies through the Health Insurance Marketplace?

Our website, www.CareSource.com/Just4Me, 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	Specialist Visit Copay	Emergency Copay**
Just4Me Ultra (Gold)	\$1,000	\$3,000	10%	\$25	\$75	\$250
Just4Me (Silver)	\$3,500	\$6,350	30%	\$25	\$50	\$250
Note: Plans listed in the purple below are only eligible to those who qualify for subsidies through the Health Insurance Marketplace. You can determine if you qualify for subsidies at www.CareSource.com/Just4Me .						
Just4Me (Silver 1)	\$3,500	\$5,200	30%	\$15	\$30	\$200
Just4Me (Silver 2)	\$1,000	\$2,250	10%	\$10	\$15	\$75
Just4Me (Silver 3)	\$150	\$1,000	0%	\$5	\$15	\$75
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 12.						

FAMILY PLANS	Annual Deductible	Out-Of-Pocket Limit*	Coinsurance	Primary Care Visit Copay	Specialist Visit Copay	Emergency Copay**
Just4Me Ultra (Gold)	\$2,000	\$6,000	10%	\$25	\$75	\$250
Just4Me (Silver)	\$7,000	\$12,700	30%	\$25	\$50	\$250
Note: Plans listed in the purple below are only eligible to those who qualify for subsidies through the Health Insurance Marketplace. You can determine if you qualify for one of these subsidies at www.CareSource.com/Just4Me .						
Just4Me (Silver 1)	\$7,000	\$10,400	30%	\$15	\$30	\$200
Just4Me (Silver 2)	\$2,000	\$4,500	10%	\$10	\$15	\$75
Just4Me (Silver 3)	\$300	\$2,000	0%	\$5	\$15	\$75
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 12.						

* The out-of-pocket limits are a combination of a medical and a pharmacy out-of-pocket limit listed as a total out-of-pocket amount.

** Emergency copays are waived if you are admitted to the hospital directly from the emergency department.

WHAT WOULD YOU PAY FOR MEDICINE?*

PLANS (INDIVIDUAL + FAMILY)	Generic Medicines	Preferred Brand Medicines	Non-preferred Brand Medicines	Specialty Medications
Just4Me Ultra (Gold)	\$15	\$75	\$100	25% coinsurance with \$150 maximum (per prescription)
Just4Me (Silver)	\$15	\$50	\$90	
Just4Me (Silver 1)	\$10	\$30	\$90	
Just4Me (Silver 2)	\$5	\$20	\$60	
Just4Me (Silver 3)	\$0	\$10	\$60	

For a complete list of drugs available visit www.CareSource.com/Just4Me/meds.

* Note: The chart above is based on a 30-day retail supply of medications. Other copays apply to 90-day supply of mail order medications.

WHAT OTHER COINSURANCE AND COPAYMENT WOULD I PAY IF I USE MY HEALTH BENEFITS?

Types of Services/Supplies that Require Coinsurance	
<ul style="list-style-type: none"> • Ambulance Services • 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 • Maternity Services • Medical Supplies, Durable Medical Equipment, and Appliances • Outpatient Services • Therapy Services • Eyeglasses or contact lenses for children (other than one covered set per year at no charge) 	<p>You pay: coinsurance after deductible:</p> <ul style="list-style-type: none"> Just4Me Ultra (Gold) 10% Just4Me (Silver) 30% Just4Me (Silver 1) 30% Just4Me (Silver 2) 10% Just4Me (Silver 3) 0%
Medical Services that Require Copays	
<ul style="list-style-type: none"> • Outpatient Advanced Imaging – CT/PET Scans, MRI 	<p>You pay: copayment after deductible:</p> <ul style="list-style-type: none"> Just4Me Ultra (Gold)\$125 Just4Me (Silver)\$75 Just4Me (Silver 1)\$75 Just4Me (Silver 2)\$50 Just4Me (Silver 3)\$25
<ul style="list-style-type: none"> • Inpatient Facility Services 	<p>You pay: copayment per inpatient stay:</p> <ul style="list-style-type: none"> Just4Me Ultra (Gold)\$250 Just4Me (Silver)\$250 Just4Me (Silver 1)\$200 Just4Me (Silver 2)\$75 Just4Me (Silver 3)\$50

WHAT OTHER COINSURANCE AND COPAYMENT WOULD I PAY IF I USE MY HEALTH BENEFITS? (CONTINUED)

<ul style="list-style-type: none"> • Skilled Nursing Facility for Physical Medicine and Rehabilitation 	<p>You pay: copayment per inpatient stay:</p> <ul style="list-style-type: none"> Just4Me Ultra (Gold)\$100 Just4Me (Silver)\$100 Just4Me (Silver 1)\$75 Just4Me (Silver 2)\$50 Just4Me (Silver 3)\$50
<ul style="list-style-type: none"> • Urgent Care Services 	<p>You pay: copayment:</p> <ul style="list-style-type: none"> Just4Me Ultra (Gold)\$50 Just4Me (Silver)\$30 Just4Me (Silver 1)\$20 Just4Me (Silver 2)\$15 Just4Me (Silver 3)\$10
<ul style="list-style-type: none"> • Pediatric Vision Services – an annual exam is provided at no charge. Copayments would apply only if additional office visits are needed. 	<p>You pay: copayment:</p> <ul style="list-style-type: none"> Just4Me Ultra (Gold)\$25 Just4Me (Silver)\$25 Just4Me (Silver 1)\$25 Just4Me (Silver 2)\$25 Just4Me (Silver 3)\$25
<p>Services paid based on service setting:</p> <ul style="list-style-type: none"> • Diabetic Education, Equipment, and Supplies • Habilitative Services • Infertility Services • Physical Medicine and Rehabilitation • Reconstructive Services • Sterilization • Surgical Services • Temporomandibular or Craniomandibular Joint Disorder and Craniomandibular Jaw Disorder • Transplant: Human Organ and Tissue Transplant (Bone Marrow/Stem Cell) Services 	<p>You pay: copayments/coinsurance are based on the setting where the covered services are received.</p> <p>These services may be provided in a doctor’s office, an outpatient center or a hospital. Your copay or coinsurance amount would depend on the type of setting where these services would be 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.
- There are no copayments, coinsurance or deductibles for an annual pediatric vision exam, pair of frames, or lenses. For additional exams beyond one per year, a copayment applies. For additional pairs of eyeglasses or contact lenses beyond the annual limits described above, coinsurance applies. Contact lenses are limited to a single purchase of up to a 3-month supply of daily disposables, or a 6-month supply of nondaily disposables, once per person in any 12-month period. Replacement is limited to once in any 12-month period.

Limitations and Exclusions (CONTINUED)

- 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 limits for physical therapy, occupational therapy, speech therapy, 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 www.CareSource.com/Just4Me/PlanDocuments.





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

- Routine dental (cleanings and exams). \$25 copay per visit. Limit of two visits per year.
- Basic dental (X-rays and fillings). \$25 copay per visit. Coverage limit: \$300 per year.
- Major dental (impactions and dentures). \$75 copay per visit. Coverage limit: \$300 per year.

Vision – copays for eyeglasses and contact lenses is \$25. Coverage limit: Lenses and frames up to \$150 per year.

- Single vision lenses
- Bifocals
- Trifocals
- Lenticular lenses
- Contact lenses

Some exclusions may apply. See the CareSource Just4Me™ Evidence of Coverage document for details at www.CareSource.com/Just4Me/PlanDocuments.

How to Enroll, Determine Your Cost, and Qualify for Subsidies

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 Health Insurance Marketplace website 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 **www.CareSource.com/Just4Me**.
- Create a Just4Me account by entering a new username and password.
- Once you login to your CareSource Just4Me™ account you can:
 - Explore plan options.
 - Determine your eligibility for discounts.
 - Choose an individual or family plan.
 - Get covered.
- Click on the Health Insurance Marketplace link to determine if you qualify for subsidies and check your eligibility. This button will open the Health Insurance Marketplace website within the CareSource site.
- Create a username and password on the Health Insurance Marketplace.
- 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 allow you to compare plans.
- You can then select your plan and choose your payment method. You can pay your premium then, or wait until later.



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**. You can also print a paper enrollment form from a link on our website. *Open enrollment begins on October 1, 2013.*



P.O. Box 8738
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(937) 224-3300
www.CareSource.com



The CareSource Just4Me™ policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, visit www.CareSource.com/Just4Me or call **1-800-479-9502**.

You may terminate coverage under this Plan by providing at least fourteen (14) days prior notice to us. Such termination shall be effective fourteen (14) days after we receive your request for termination unless otherwise agreed upon in accordance with 45 CFR 155.430.

Ohio-licensed insurance agents are available to answer questions. Call **1-800-318-2596**, 24 hours a day, 7 days a week.
(TTY: 1-855-889-4325)