

BENEFITS GUIDE

Indiana 2021



As a Health Insurance Marketplace-qualified health plan, CareSource offers individual and family coverage for all the essential health benefits required by the Affordable Care Act – including pediatric dental and vision services. Plus, Marketplace plans cover people with pre-existing conditions* and don't carry any lifetime coverage caps for most benefits. At CareSource, we offer affordable health insurance.

Cost-Sharing Provisions	Bronze	Bronze HSA Eligible	Low Premium Silver	Standard Silver	Low Deductible Silver	Low Premium Silver 1 [†]	Standard Silver 1 [†]	Low Deductible Silver 1 [†]	Low Premium Silver 2 [†]	Standard Silver 2 [†]	Low Deductible Silver 2 [†]	Low Premium Silver 3 [†]	Standard Silver 3 [†]	Low Deductible Silver 3 [†]	Gold
Deductible	\$7,700	\$5,400	\$6,000	\$5,800	\$5,100	\$5,700	\$5,500	\$4,950	\$1,300	\$1,200	\$900	\$450	\$400	\$350	\$2,000
Coinsurance	50%*	50%*	25%*	20%*	20%*	20%*	20%*	20%*	10%*	10%*	10%*	5%*	5%*	5%*	20%*
Out-of-Pocket Maximum <i>(Combined Unless Noted Otherwise)</i>	\$8,550	\$7,000	\$8,550	\$7,900	\$7,500	\$6,600	\$6,000	\$6,000	\$2,800	\$2,600	\$2,500	\$900	\$750	\$700	\$6,500
Primary Care Visit & Retail Clinics	\$40	50%*	\$35	\$25	\$25	\$25	\$20	\$20	\$15	\$10	\$10	\$5	\$5	\$0	\$10
Specialist Visit	\$80	50%*	\$70	\$60	\$60	\$50	\$40	\$40	\$40	\$30	\$30	\$15	\$15	\$15	\$45
Urgent Care	50%*	50%*	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$25	\$25	\$75
Emergency Room Services	50%*	50%*	25%*	20%*	20%*	20%*	20%*	20%*	10%*	10%*	10%*	5%*	5%*	5%*	20%*
Generic (low-cost) Drugs <i>(Retail/90-Day Mail)</i>	\$30 / \$75	50%* / 50%*	\$20 / \$50	\$20 / \$50	\$20 / \$50	\$20 / \$50	\$20 / \$50	\$20 / \$50	\$10 / \$25	\$10 / \$25	\$10 / \$25	\$5 / \$12.50	\$5 / \$12.50	\$0 / \$0	\$15 / \$37.50
Preferred Brand Drugs <i>(Retail/90-Day Mail)</i>	50%* / 50%*	50%* / 50%*	\$50 / \$125	\$50 / \$125	\$50 / \$125	\$40 / \$100	\$40 / \$100	\$40 / \$100	\$40 / \$100	\$40 / \$100	\$35 / \$87.50	\$15 / \$37.50	\$15 / \$37.50	\$10 / \$25	\$50 / \$125
Non-Preferred Brand Drugs <i>(Retail/90-Day Mail)</i>	50%*	50%*	25%*	20%*	20%*	20%*	20%*	20%*	10%*	10%*	10%*	5%*	5%*	5%*	40%*
Preferred Specialty High-Cost Drugs <i>(Retail/30-Day Mail)</i>	50%*	50%*	45%*	45%*	45%*	45%*	45%*	45%*	45%*	45%*	45%*	45%*	45%*	45%*	40%*
Pediatric Dental & Vision Services	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included



*After Deductible †Silver 1, 2, and 3 are based upon eligibility for Cost Sharing Reductions as determined by the Health Insurance Marketplace.

*Per Healthcare.gov, a pre-existing condition is a condition (whether physical or mental and regardless of its cause) for which medical advice diagnosis, care or treatment was recommended by or received from a medical care provider prior to the enrollment date of the individual covered under the policy.

In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum and Annual Limits). This is not a complete list of benefits. Visit [CareSource.com/plans/marketplace/benefits-services/](https://www.caresource.com/plans/marketplace/benefits-services/) for more details.



CareSource offers plans with Adult Dental, Vision, and Fitness benefits that include all the health and medical benefits of our core plans, plus dental, vision, and fitness benefit coverage for adults. The Fitness Benefit provides a fitness service with access to a network of participating fitness centers (like LA Fitness, Snap Fitness, Anytime Fitness and Planet Fitness) or your choice of two home fitness kits (no extra charge) and no gym membership fees.

All programs and services are not available in all areas. All services (except ER and Urgent Care) must be received by in-network providers in order for the cost shares listed to apply. All Silver levels are based upon eligibility for Cost Sharing Reductions as determined by the Health Insurance Marketplace.

All covered health care services must be received by in-network providers, except as otherwise required by applicable law and provided in applicable CareSource Marketplace 2021 Evidence of Coverage. CareSource plans have exclusions, limitations, reductions and terms under which the policy may be continued in force or discontinued. Premiums, deductibles and copays may vary based on individual circumstances. Benefits and costs may vary based upon plan selection. For costs and complete details of coverage, please review the CareSource Marketplace 2021 Evidence of Coverage and Schedule of Benefits documents at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status or public assistance status. If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-806-9284 (TTY: 711).

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-877-806-9284 (TTY: 711).

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-877-806-9284 (TTY: 711)。

Cost-Sharing Provisions	Bronze	Bronze HSA Eligible	Low Premium Silver	Standard Silver	Low Deductible Silver	Low Premium Silver 1 [†]	Standard Silver 1 [†]	Low Deductible Silver 1 [†]	Low Premium Silver 2 [†]	Standard Silver 2 [†]	Low Deductible Silver 2 [†]	Low Premium Silver 3 [†]	Standard Silver 3 [†]	Low Deductible Silver 3 [†]	Gold
Adult Dental Services - Preventive/Diagnostic	\$30	N/A	\$30	\$20	\$15	\$25	\$15	\$5	\$20	\$10	\$5	\$15	\$5	\$0	\$10
Adult Dental Restorative/Basic Services	40%	N/A	30%	25%	20%	30%	25%	20%	25%	20%	15%	20%	15%	10%	15%
Adult Dental Major/Comprehensive Services	50%	N/A	50%	45%	40%	50%	45%	40%	45%	40%	40%	40%	40%	35%	40%
Adult Dental Annual Limit	\$800	N/A	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800
Glasses/Contacts (\$250 Annual Limit)	\$0	N/A	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Access to Multiple Fitness Centers or Home Fitness Kits	\$0	N/A	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

READY TO ENROLL?

It's easy! Just head to [enroll.CareSource.com!](https://www.caresource.com)

Need a little more help? Call us at 1-844-539-1733 (TTY: 711).

In the charts above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum, and Annual Limits). This is not a complete list of benefits. Visit [CareSource.com/plans/marketplace/benefits-services/](https://www.caresource.com/plans/marketplace/benefits-services/) for more details.
[†]Silver 1, 2, and 3 are based upon eligibility for Cost Sharing Reductions as determined by the Health Insurance Marketplace.