2023 Schedule of Benefits

Plan Name: CareSource Marketplace Low Premium Silver Dental, Vision, & Fitness



Plan Information

Primary Member	[John Doe]
Member ID	[104000000]
Date of Birth	[01/01/1965]
Effective Date	[01/01/2023]
Last Coverage Change Date	[01/01/2022]

[Dependent information can be found at the end of this document.]

Highlights

Annual Deductible*	Individual: \$6,500 Family: \$13,000
Coinsurance	50%
Annual Out-of-Pocket Maximum** (includes deductible, coinsurance, and copays)	Individual: \$9,100 Family: \$18,200



Covered Service	You Pay (Network Providers Only)	Limit (If Applicable)
Home Health	(Network Providers Only)	(If Applicable)
Private Duty Nursing	50% coinsurance after deductible	100 visits per Benefit Year. A visit equals 8 hours.
Home Infusion Therapy	50% coinsurance after deductible	None
All Other Services	50% coinsurance after deductible	100 combined visits per Benefit Year. A visit equals at least 4 hours.
Hospice Care	50% coinsurance after deductible	Refer to your Evidence of Coverage
Diabetic Services Education		
Equipment	50% coinsurance after deductible	Refer to your Evidence of Coverage
Supplies	acadonoro	
Medical Supplies, Durable Medical Equipment, and Appliances Appliances		
Durable Medical Equipment		
Medical Supplies	50% coinsurance after	Refer to your Evidence of Coverage
Orthotic Device	deductible	, c
Prosthetics		
Prescription Drugs Tier 0 (Preventive) Tier 1 (Low Cost)	No charge Up to \$15 copay	Up to a 90-day supply when filled at: Retail for Generic Drugs in Tiers 0-3 Mail Order for any drug in Tiers 0-3
Tier 2 (Preferred)	Up to \$75 copay	All others limited to a 30-day supply
Tier 3 (Non-Preferred)	40% coinsurance after deductible	Any copays shown are for a 30-day supply. 90-day supplies for Retail are 3
Tier 4 (Specialty)	50% coinsurance after deductible	times the copay and for Mail Order are 2.5 times the copay.
Vision (pediatric) Children's Eye Exam	No charge	1 routine eye exam per Benefit Year
Low Vision Testing and Aids	No charge	
Children's Eyewear	No charge	

Covered Service	You Pay (Network Providers Only)	Limit

Dependent Information

Dependent Name	[John Doe]
Relationship to You	[104000000]
Date of Birth	[01/01/1965]
Effective Date	[01/01/2023]

Learn more about CareSource and all our plan options at www.caresource.com/marketplace.