

2023 Schedule of Benefits

Plan Name: CareSource Marketplace Standard Silver 2 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: \$800 Family: \$1,600
Coinsurance	30%
Annual Out-of-Pocket Maximum	

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Covered Service	You Pay (Network Providers Only)	Limit (If Applicable)
Diagnostic Services Lab	30% coinsurance after deductible	
X-Ray/Radiology	30% coinsurance after deductible	
Advanced Imaging (PET, MRI, MRA, CT, SPECT)	30% coinsurance after deductible	

Covered Service	You Pay (Network Providers Only)	Limit (If Applicable)
Other Dental Services Accidental Dental Dental Anesthesia	30% coinsurance after deductible 30% coinsurance after deductible	\$3,000 per Member Per Injury All Services combined Refer to your Evidence of Coverage
Dental (pediatric) Class I – Diagnostic/Preventive Class II – Minor Restorative Class III - Major/Comprehensive Class IV - Orthodontics	No charge 20% coinsurance after deductible 40% coinsurance after deductible 50% coinsurance after deductible	2 check-ups per Benefit Year. Additional benefits available. Refer to your Evidence of Coverage Refer to your Evidence of Coverage Refer to your Evidence of Coverage Refer to your Evidence of Coverage
Dental (adults) Class I – Diagnostic/Preventive Class II – Minor Restorative Class III - Major/Comprehensive Class IV - Orthodontics	No charge 20% coinsurance 40% coinsurance Not covered	Refer to your Evidence of Coverage. Benefit is limited to \$1,000 per Benefit Year.

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 .