Plan Name: CareSource Marketplace Standard Silver 3

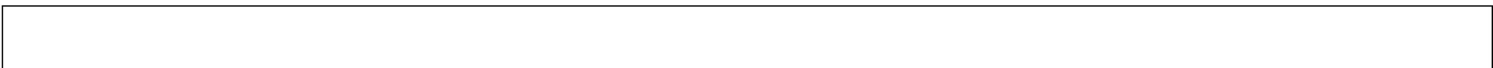
Primary Member	[John Doe]
Member ID	[104000000]
Date of Birth	[01/01/1965]
Effective Date	[01/01/2023]
Last Coverage Change Date	[01/01/2022]

Annual Deductible*	Individual: $0 Family: $0
Coinsurance	25%

As defined by federal & state law	No charge	Refer to your Evidence of Coverage
Zero Cost Telemedicine Partner	No charge	Refer to your Evidence of Coverage
Primary		
Includes Primary Care Provider, Mental Health/Substance Abuse, and Retail Clinics	No charge	None
Specialist	$10 copay	None
	$5 copay	None

Lab	25% coinsurance	None
X-Ray/Radiology	25% coinsurance	None
Advanced Imaging (PET, MRI, MRA, CT, SPECT)	25% coinsurance	None
(Outpatient)		
Preventive	No charge	Refer to your Evidence of Coverage
Diagnostic	25% coinsurance	None

Facility Fee



	(Network Providers Only)	(If Applicable)
Education Equipment Supplies	25% coinsurance	Refer to your Evidence of Coverage
Appliances Durable Medical Equipment Medical Supplies Orthotic Device Prosthetics	25% coinsurance	Refer to your Evidence of Coverage
Tier 0 (Preventive) Tier 1 (Low Cost) Tier 2 (Preferred) Tier 3 (Non-Preferred) Tier 4 (Specialty)	No charge No charge Up to $15 copay Up to $50 copay Up to $150 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 All others limited to a 30-day supply Any copays shown are for a 30-day supply. 90-day supplies for Retail are 3 times the copay and for Mail Order are 2.5 times the copay.
(pediatric) Children's Eye Exam Low Vision Testing and Aids Children's Eyewear	No charge No charge No charge	1 routine eye exam per Benefit Year Limited to one evaluation and aid per Benefit Year. Limited to one pair of glasses or contact lenses per Benefit Year. If medically necessary, a replacement pair of glasses is allowed.
Accidental Dental Dental Anesthesia	25% coinsurance 25% coinsurance	$3,000 per Member Per Injury All Services combined Refer to your Evidence of Coverage
(pediatric) Class I – Diagnostic/Preventive Class II – Minor Restorative Class III - Major/Comprehensive Class IV - Orthodontics	No charge 15% coinsurance 40% coinsurance 45% coinsurance	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

Some services and items require prior authorization, which is the process used by the Plan to determine if it meets medical necessity and coverage requirements prior to the service being provided. The provider, or the member when using an out-of-network provider, is responsible for obtaining prior authorization for the services and items described on the prior authorization list. Please refer to the prior authorization list attached to your Evidence of Coverage for additional detail or you can obtain the list at .

Learn more about CareSource and all our plan options at

This Schedule of Benefits is a summary of your financial responsibility when you receive health care services from a physician, pharmacy, facility, or other provider. All Covered Services are subject to the conditions, exclusions, limitations, terms, and rules of the Evidence of Coverage including any rider/enhancements or amendments. Except as otherwise provided in the Evidence of Coverage, Covered Services must be provided to you by a network provider and medically necessary. The Plan does not cover all health care service expenses. In the event of any discrepancy between this Schedule of Benefits and your Evidence of Coverage, the Evidence of Coverage shall control. For more detailed information about your Covered Services, please refer to the Evidence of Coverage at .

For Covered Services listed in the Evidence of Coverage that are not specifically listed on this Schedule of Benefits, the cost sharing is equal to the coinsurance after the deductible.

Learn more about CareSource and all our plan options at

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