<sup>\*</sup>For more information about limitations and exceptions, see the <u>plan</u> or policy document at www.caresource.com/marketplace or call 833-230-2099. †Prior authorization may be required, for more details see www.caresource.com/mp-IN-pa. ADV-SBC-IN001(2023)BFS-Silver

	Services You May Need	What You Will Pay		Limitations Evacations 9 Other	
Common Medical Event		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Network Provider Information*	
	All other services	40% coinsurance after deductible	Not covered	combined limit with ST.	
	Habilitation services† Physical/Occupational therapy	\$40 copay	Not covered	20 visits per Benefit Year	
	Speech therapy	\$40 copay	Not covered	20 visits per Benefit Year	
	Skilled nursing care†	40% coinsurance after deductible	Not covered	90 Day limit per Benefit Year	
	Durable medical equipment†	40% coinsurance after deductible	Not covered	Refer to your Evidence of Coverage	
	Hospice services	40% coinsurance after deductible	Not covered	Refer to your Evidence of Coverage	
	Children's eye exam	No charge	Not covered	1 routine eye exam per Benefit Year	
If your child needs dental or eye care	Children's eyewear	No charge	Not covered	Limited to one pair of glasses or contact lenses per Benefit Year. If medically necessary, a replacement pair of glasses is allowed.	
	Children's dental check-up	No charge	Not covered	2 check-ups per Benefit Year. Additional benefits available. Refer to your Evidence of Coverage	

#### **Excluded Services & Other Covered Services:**

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Abortion (Except in cases of rape, incest, or when the life of the mother is endangered)
- Acupuncture
- Bariatric surgery

- Cosmetic surgery
- Dental care (Adult)
- Hearing Aids
- Infertility treatment
- Long term care

- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

Chiropractic care

Private duty nursing

<sup>\*</sup>For more information about limitations and exceptions, see the <u>plan</u> or policy document at www.caresource.com/marketplace or call 833-230-2099. †Prior authorization may be required, for more details see www.caresource.com/mp-IN-pa. ADV-SBC-IN001(2023)BFS-Silver

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: 800-622-4461. Other coverage options may be available to you, too, including buying individual insurance coverage through the <a href="Health Insurance">Health Insurance</a> Marketplace. For more information about the <a href="Marketplace">Marketplace</a>, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information on how to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: Indiana Department of Insurance: 800-622-4461.

## Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

## Does this plan meet the Minimum Value Standards? Not Applicable

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

#### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 833-230-2099

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 833-230-2099

Chinese (中文): 如果需要中文的帮助, \* \* / 833-230-2099

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 833-230-2099.

To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.

#### **PRA Disclosure Statement:**

# About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost-sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>
