

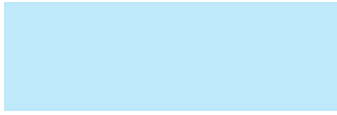
Light blue background with horizontal lines and a blue underline.

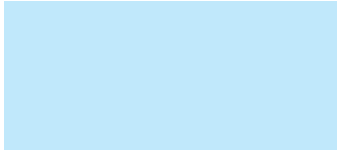
Light blue background with horizontal lines and a blue underline.

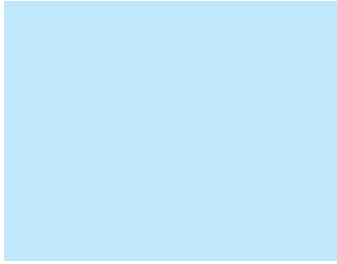
Light blue background with horizontal lines and blue underlines.

Light blue background with horizontal lines.

Light blue background with horizontal lines and blue underlines.









Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Network Provider Information*
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Habilitation services † Physical/Occupational therapy	\$5 copay	Not covered	25 visits per Benefit Year
	Speech therapy	20% coinsurance after deductible	Not covered	25 visits per Benefit Year
	Hearing Aids	20% coinsurance after deductible	Not covered	1 hearing aid per hearing-impaired ear every 36 months
	Skilled nursing care †	\$300 copay after deductible per stay	Not covered	90 Day limit per Benefit Year
	Durable medical equipment †	20% coinsurance after deductible	Not covered	Refer to your Evidence of Coverage
	Hospice services	No charge for in-network and out-of-network by Medicare approved providers	No charge for in-network and out-of-network by Medicare approved providers	Refer to your Evidence of Coverage
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	1 routine eye exam per Benefit Year
	Children's eyewear	No charge	Not covered	Limited to one pair of glasses or a 12-month supply of 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 .)		
<ul style="list-style-type: none"> Abortion (Except in cases of rape, incest, or when the life of the mother is endangered) Acupuncture Adult orthodontia Bariatric surgery 	<ul style="list-style-type: none"> Cosmetic surgery Infertility treatment Long term care 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the U.S Routine foot care Weight loss programs

*For more information about limitations and exceptions, see the [plan](#) 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-KY-pa.

