

2024 Schedule of Benefits

Plan Name: CareSource Marketplace Diabetes Silver 3



Plan Information

Primary Member	[John Doe]
Member ID	[104000000]
Date of Birth	[01/01/1965]
Effective Date	[01/01/2024]

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



Covered Service	You Pay (Network Providers Only)	Limit (If Applicable)
Rehabilitative Services		
Physical Therapy		
Occupational Therapy		
Speech Therapy		
Pulmonary Rehabilitation		
Cardiac Rehabilitation Services		
Manipulation Therapy		
Post-Cochlear Implant Aural Therapy		
Other Rehabilitative Services		
Includes Chemotherapy, Dialysis, and Radiation		

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Covered Service	You Pay (Network Providers Only)	Limit (If Applicable)
Home Health Private Duty Nursing Home Infusion Therapy All Other Services	15% coinsurance after deductible 15% coinsurance after deductible 15% coinsurance after deductible	100 visits per Benefit Year. A visit equals 8 hours. None 100 combined visits per Benefit Year. A visit equals at least 4 hours.
Hospice Care	15% coinsurance after deductible	Refer to your Evidence of Coverage
Diabetic Services Education Equipment Preferred Diabetic Drugs and Supplies	15% coinsurance after dedu	



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Dependent Information

