2024 Schedule of Benefits

Plan Name: CareSource Marketplace Diabetes Silver

Plan Information

Primary Member	[John Doe]
Member ID	[104000000]
Date of Birth	

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

Covered Service	You Pay (Network Providers Only)	Limit (If Applicable)

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Rehabilitative Services		
Physical Therapy	$35 copay	20 visits per Benefit Year
Occupational Therapy	$35 copay	20 visits per Benefit Year
Speech Therapy	50% coinsurance after deductible	20 visits per Benefit Year
Pulmonary Rehabilitation	50% coinsurance after deductible	20 visits per Benefit Year
Cardiac Rehabilitation Services	50% coinsurance after deductible	36 visits per Benefit Year
Manipulation Therapy	50% coinsurance after deductible	12 visits per Benefit Year
Post-Cochlear Implant Aural Therapy	50% coinsurance after deductible	Combined Limit with Speech Therapy
Other Rehabilitative Services		
Includes Chemotherapy, Dialysis, and Radiation	50% coinsurance after deductible	Refer to your Evidence of Coverage
Chiropractor Services	$80 copay	Limits for Physical Therapy and Manipulation apply
Autism Spectrum Disorder Services		
Physical Therapy	$35 copay	Combined limit with Habilitative Services
Occupational Therapy	$35 copay	Combined limit with Habilitative Services
Speech Therapy	50% coinsurance after deductible	Combined limit with Habilitative Services
Adaptive Behavior Treatment	$35 copay	Includes Applied Behavior Analysis (ABA)
Behavioral Health Services		
Office Visits	$35 copay	
Outpatient Services		
Intensive Outpatient Program (IOP) Services	50% coinsurance after deductible	
Partial Hospitalization Program (PHP) Services	50% coinsurance after deductible	atient Program (IOP)
Residential Services	50% coinsurance after deductible	
Opioid Treatment Program	50% coinsurance after deductible	.mbt. - ⁄MCID 9884e]TJBs
Inpatient Services	$600 copay after deductible per stay	

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Covered Service	**You Pay** (Network Providers Only)	**Limit** (If Applicable)
Dental (pediatric)		
Class I - Diagnostic/Preventive	No charge	
Class II - Minor Restorative		
Class III - Major/Comprehensive		
Class IV - Orthodontics		

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Dependent Information