Covered Service	You Pay (Network Providers Only)	

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	$0 for first three visits then no charge after deductible	20 visits per Benefit Year
Occupational Therapy	$0 for first three visits then no charge after deductible	20 visits per Benefit Year
Speech Therapy	No charge after deductible	20 visits per Benefit Year
Pulmonary Rehabilitation	No charge after deductible	20 visits per Benefit Year
Cardiac Rehabilitation Services	No charge after deductible	36 visits per Benefit Year
Manipulation Therapy	No charge after deductible	12 visits per Benefit Year
Post-Cochlear Implant Aural Therapy	No charge after deductible	Combined Limit with Speech Therapy
Other Rehabilitative Services		
Includes Chemotherapy, Dialysis, and Radiation	No charge after deductible	Refer to your Evidence of Coverage
Chiropractor Services	No charge after deductible	Limits[(Chi8 287.7956 cm0.25 0)-1t0. charge af

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

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