

your deductible Are there other deductibles for specific services?	No	You don't have to meet deductibles

COVER:

doesn't

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Network Provider Information
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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)	

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To see examples of how [this plan](#) might cover costs for a sample medical situation, see the next section.

*For more information about limitations and exceptions, please see the policy document at www.caresource.com/marketplace or call 844-539-1733.

†Prior authorization may be required, for more details see www.caresource.com/mp-IN-pa

About these Coverage Examples:



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

Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

The plan's overall deductible	\$1,000
Specialist copayment	\$40
Hospital (facility) copayment	\$350
Other coinsurance	20%

This EXAMPLE event includes services like:
[Specialist](#) office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (ultrasounds and blood work)
[Specialist](#) visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:
 Cost Sharing

Deductibles	\$1,000
Copayments	\$700
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$60
The total Peg would pay is	\$1,760

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	\$1,000
Specialist copayment	\$40
Hospital (facility) copayment	\$350
Other coinsurance	20%

This EXAMPLE event includes services like:
[Primary care physician](#) office visits (including disease education)
[Diagnostic tests](#) (blood work)
[Prescription drugs](#)
[Durable medical equipment](#) (glucose meter)

Total Example Cost	\$5,600
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In this example, Joe would pay:
 Cost Sharing

Deductibles	\$1,000
Copayments	\$300
Coinsurance	\$600

What isn't covered

Limits or exclusions	\$20
The total Joe would pay is	\$1,920

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	\$1,000
Specialist copayment	\$40
Hospital (facility) copayment	\$350
Other coinsurance	20%

This EXAMPLE event includes services like:
[Emergency room care](#) (including medical supplies)
[Diagnostic test](#) (x-ray)
[Durable medical equipment](#) (crutches)
[Rehabilitation services](#) (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:
 Cost Sharing

Deductibles	\$1,000
Copayments	\$600
Coinsurance	\$100

What isn't covered

Limits or exclusions	\$0
The total Mia would pay is	\$1,700

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services