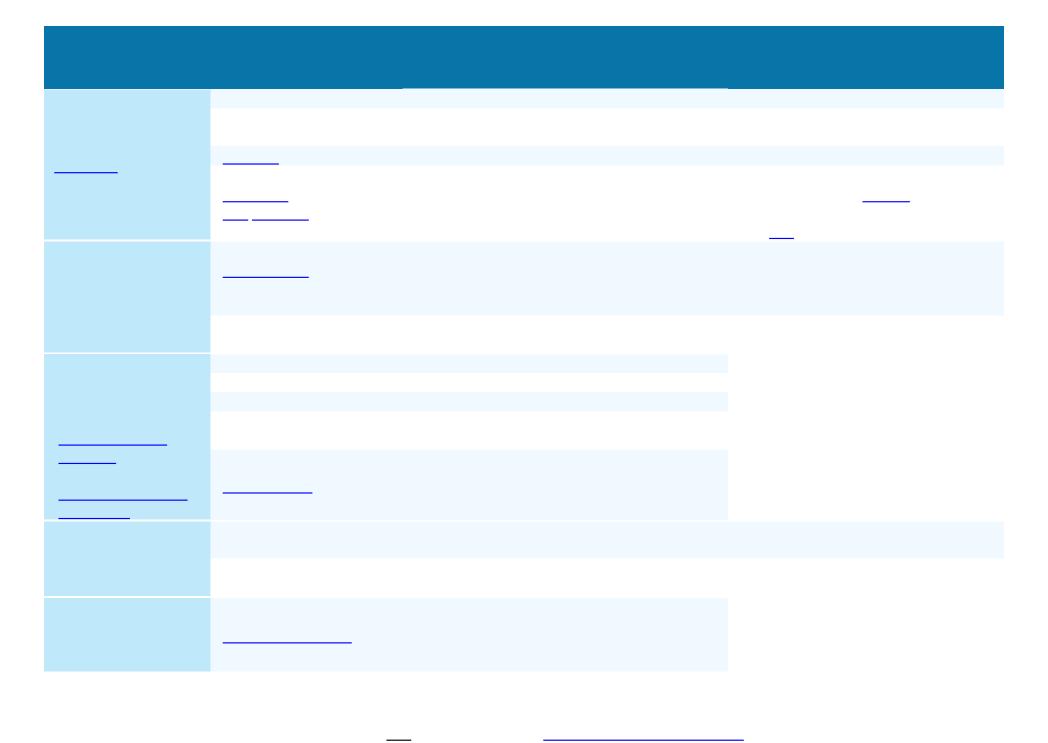
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	Services You May Need	What You Will Pay		Limitations Evacations 9 Other	
Common Medical Event		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Network Provider Information*	
	Emergency medical transportation	30% coinsurance after deductible for both in- network and out-of- network providers	30% coinsurance after deductible for both in- network and out-of- network providers	None	
	<u>Urgent care</u>	\$30 copay	\$30 copay	If you receive services in addition to <u>urgent</u> <u>care</u> , additional <u>copayments</u> , <u>deductibles</u> , or <u>coinsurance</u> may apply.	
If you have a hospital	Facility fee (e.g., hospital room)	\$500 copay after deductible per stay	Not covered	None	
stay†	Physician/surgeon fees	No charge after deductible	Not covered	1 visit per physician per day	
If you need mental health, behavioral health, or substance	Outpatient services	\$15 copay for office visits and 30% coinsurance after deductible for other outpatient services	Not covered	None	
abuse services†	Inpatient services	\$500 copay after deductible per stay	Not covered	None	
	Office visits	\$50 copay	Not covered	Cost sharing does not apply for preventive	
If you are pregnant	Childbirth/delivery professional services†	No charge after deductible	Not covered	services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).	
	Childbirth/delivery facility services†	\$500 copay after deductible	Not covered	Your cost for inpatient services only. See above for physician delivery charges.	

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^{*}For more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.caresource.com/marketplace</u> or call 844-539-1733. †Prior authorization may be required, for more details see www.caresource.com/mp-OH-pa. ADV-SBC-OH002(2024)ED-Gold

To see examples of now this <u>plan</u> might cover costs for a sample medical situation, see the next section.		
more information about limitations and expentions, see the plan or policy decomposited to the control of the plan		
more information about limitations and exceptions, see the <u>plan</u> or policy document at <u>www.caresource.com/marketplace</u> or call 844-539-1733.		

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