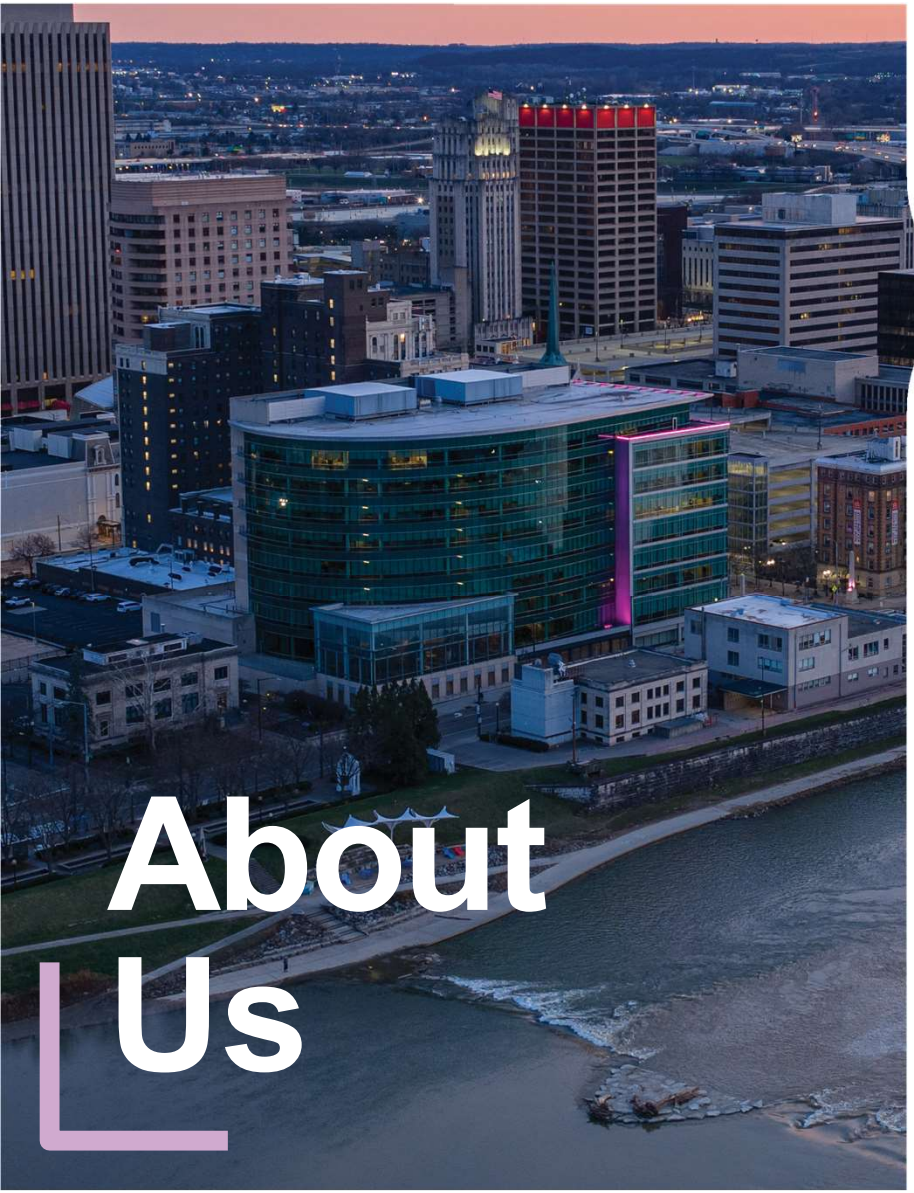
NAVIGATOR ROADSHOW

CareSource®

Our Mission

CareSource®

To make a lasting difference in our members' lives by improving their health and well-being.



About Us

CareSource challenges convention by combining the scale and discipline of a national payer with the compassion and community roots of a mission-driven nonprofit. This powerful combination fuels our relentless drive to support members, state partners, providers and the communities we serve.

We act on the belief that every person deserves high-quality, accessible health care that addresses the whole person. We tackle complex needs head-on by connecting people to integrated medical, social and behavioral health services and maintaining connection throughout every stage of their health care journey.

Driven by our nonprofit heritage, we prioritize what truly matters: enhancing quality of life and earning the trust of those who rely on us.

Our Vision

CareSource®

Transforming lives through innovative health and life services.

It’s not just about making a change.

It’s about making a **difference**.

My MyLife®

Personal Online Account

Get the most out of your member experience.

- Select or change your Primary Care Provider (PCP)
- Request a new CareSource member ID card
- View claims and plan details
- Update contact information
- Receive a customized wellness plan
- And more

Visit **MyLife.CareSource.com** to sign up now!
It's fast, easy and secure.



Health Insurance Marketplace

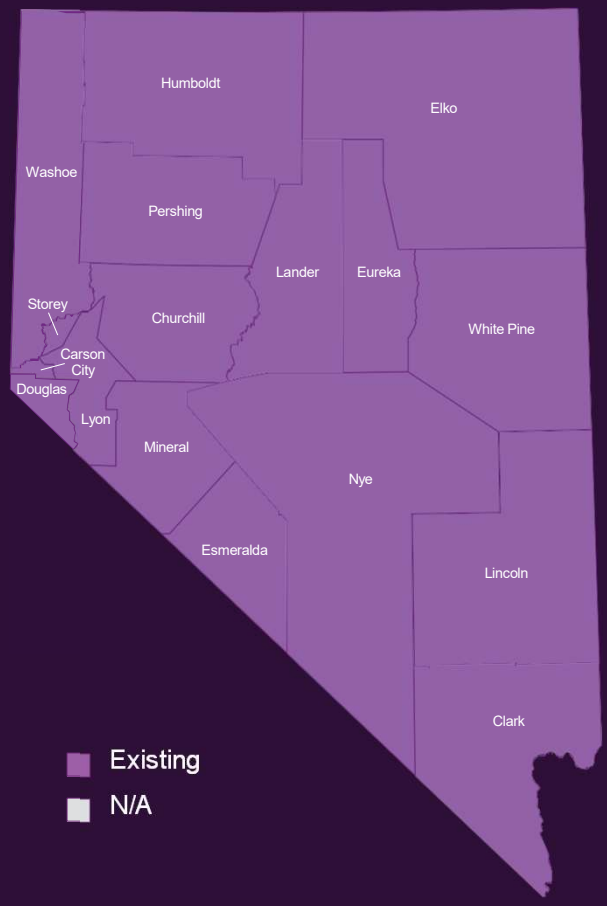
CareSource Nevada Marketplace

Coverage Area

Sales

1-833-230-2002 (TTY)

CareSource.com/Marketplace



Coverage area subject to change.

Bronze Plans - Georgia and Nevada

Lowest premiums, highest out-of-pocket costs

New for 2026

Our Bronze plan offers access to key services — such as Primary Care and some Prescription Drugs — prior to having to satisfy your deductible. All Bronze plans are now considered Health Savings Account (HSA)-eligible plans providing a tax-free way to save for health care costs. If you don't already have an HSA set up, CareSource has partnered with HSA Bank to make it easy for you to take part in the savings, or you can partner with your bank of choice. Our Low Premium Bronze provides a leaner offering for those looking to reduce their premium costs.

	Low Premium Bronze HMO 12000 $50 PCP	Core Bronze HMO 8500 $50 PCP
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange
Individual / Family Deductible	$12,000 / $24,000	$8,500 / $17,000
Individual / Family Out-of-Pocket Maximum	$12,000 / $24,000	$11,300 / $22,600
Coinsurance	0%	50%
Primary Care Office Visit	$50	$50
Specialist Office Visit	$0 after deductible	$100
Urgent Care Visit	$0 after deductible	$75
Emergency Room Facility	$0 after deductible	50% after deductible
Generic Prescription Drug Coverage (30-day Retail/90-day Mail) (90-day mail order for 2.5 times the cost of 30-day script)	$0 after deductible $0 after deductible	$25 $62.50
Pediatric Vision Services	$0 for the first exam, $0 retinal imaging, $0 for first pair of glasses/contacts, multiple lens options — many at no member cost — low-vision testing and aides, additional discounts on other services and glasses.	

In the chart above, amounts using a dollar sign ($) refer to copays (except for Deductible, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Silver Plans - Georgia and Nevada

Budget-friendly, subsidy-eligible, targeted chronic condition benefits

	ǂLow Premium Silver HMO 7000 $40 PCP	ǂSilver HMO 6000 $0 Diabetes care (NV)	ǂSilver HMO 6000 $0 Healthy heart care (NV)
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange
Individual / Family Deductible	$7,000 / $14,000	$6,000 / $12,000	$6,000 / $12,000
Individual / Family Out-of-Pocket Maximum	$9,300 / $18,600	$10,800 / $21,600	$10,800 / $21,600
Coinsurance	40%	50%	50%
Primary Care Office Visit	$40	$30	$30
Specialist Office Visit	$75	$50	$50
Urgent Care Visit	$70	$70	$70
Emergency Room Facility	40% after deductible	50% after deductible	50% after deductible
Generic Prescription Drug Coverage (30-day Retail/90-day Mail) (90-day mail order for 2.5 times the cost of 30-day script)	$10 $25	$15 $37.50	$15 $37.50
Pediatric Vision Services	$0 for the first exam, $0 retinal imaging, $0 for first pair of glasses/contacts, multiple lens options — many at no member cost — low-vision testing and aides, additional discounts on other services and glasses.		

ǂSilver 1, 2 and 3 are based upon eligibility for Cost Sharing Reductions (CSR) as determined by NV: Silver State Health Athority.
In the chart above, amounts using a dollar sign ($) refer to copays (except for Deductible, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Gold Plans - Georgia and Nevada

Higher premiums, lower out-of-pocket cost

	Low Premium Gold HMO 1500 $20 PCP (NV)	Gold HMO 3400 $0 Diabetes care (NV)	Gold HMO 3400 $0 Healthy heart care (NV)
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange
Individual / Family Deductible	$1,500 / $3,000	$3,400 / $6,800	$3,400 / $6,800
Individual / Family Out-of-Pocket Maximum	$9,100 / $18,200	$8,000 / $16,000	$8,000 / $16,000
Coinsurance	25%	30%	30%
Primary Care Office Visit	$20	$10	$10
Specialist Office Visit	$50	$40	$40
Urgent Care Visit	$40	$30	$30
Emergency Room Facility	25% after deductible	30% after deductible	30% after deductible
Generic Prescription Drug Coverage (30-day Retail/90-day Mail) (90-day mail order for 2.5 times the cost of 30-day script)	$20 $50	$10 $25	$10 $25
Pediatric Vision Services	$0 for the first exam, $0 retinal imaging, $0 for first pair of glasses/contacts, multiple lens options — many at no member cost — low-vision testing and aides, additional discounts on other services and glasses.		

In the chart above, amounts using a dollar sign ($) refer to copays (except for Deductible, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Diabetes and Healthy Heart Plans

Diabetes Silver & Diabetes Gold

While anyone can enroll in these plans, they are designed to reduce expenses for diabetic-related services, drugs and drug supplies.

$0 Diabetes Medical Services:

- A1C testing
- Retinopathy eye screening
- Diabetic kidney disease screening
- Routine diabetic foot care
- Diabetes self-management education
- Nutritional counseling

$0 Self-Management Supplies:

- Glucose meter and test strips
- Continuous glucose monitor (Dexcom, Freestyle Libre)
- Urine ketone test strips
- Insulin delivery device (Omnipod)

$0 Diabetes Medications:

- **Regular insulins** – Humulin N, Novolin N, Humulin R, Novolin R, Humulin 70-30, Novolin 70-30
- **Rapid-acting insulins** – Insulin lispro (biosimilar for Humalog)
- **Long-acting insulins** – Basaglar, Rezvoglar and Tresiba
- **Generic oral drugs** – Acarbose, alogliptin, alogliptin-metformin, alogliptin-pioglitazone, dapagliflozin-metformin, glimepiride, glipizide, glipizide-metformin, glyburide, glyburide-metformin, metformin, miglitol, nateglinide, pioglitazone, pioglitazone-metformin, pioglitazone-glimepiride, repaglinide
- **^Brand name oral drugs** – Jardiance*

**Prior authorization or step therapy required. Service Area Restrictions Apply.*
^Formulary Change Notice: The drugs listed above, and on the formulary, may change throughout the year. When a generic equivalent becomes available, the generic may replace the brand-name drug on the formulary, or the brand-name drug may move to a higher cost tier. If you take a drug that is affected, we will notify you of the change.

Healthy Heart Silver & Healthy Heart Gold

While anyone can enroll in these plans, they are designed to reduce expenses for heart-related services, drugs and supplies.

$0 Healthy Heart Medical Services:

- Lipid panel
- Prothrombin test
- Metabolic panel
- EKG

$0 Healthy Heart Medications:

- **Generic drugs** — Amiodarone, Digoxin, Flecainide, Sacubitril-valsartan, Sotalol, Sotalol AF
- **^Brand name drugs** — Jardiance*

$0 Healthy Heart Medical Supplies:

- Blood pressure cuff (limit of one)
- Gradient compression stockings



**Prior authorization or step therapy required. Service Area Restrictions Apply.*
^Formulary Change Notice: The drugs listed above, and on the formulary, may change throughout the year. When a generic equivalent becomes available, the generic may replace the brand-name drug on the formulary, or the brand-name drug may move to a higher cost tier. If you take a drug that is affected, we will notify you of the change.

Additional Plan Details

$0 Telehealth through Teladoc Health®

- Phone or video access to $0 medical and behavioral health telehealth visits.
- Access directly from CareSource's MyLife Portal or teladochealth.com.

General Medical

Talk to a provider 24/7. Use for non-emergency health care needs like:

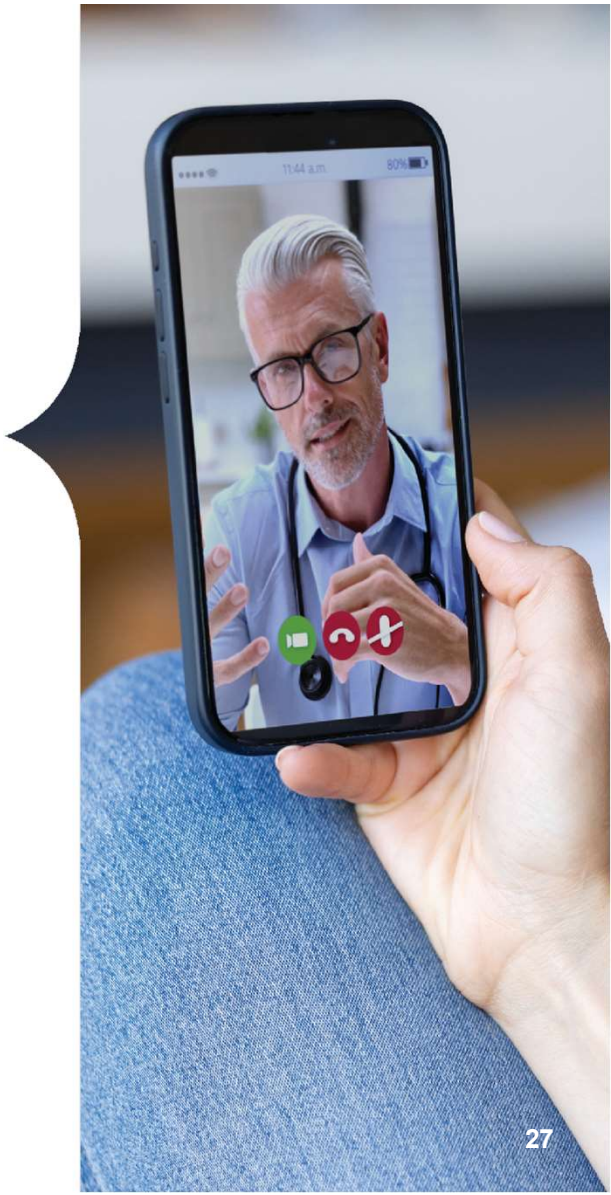
- Cold and flu
- Sore throat
- Sinuses
- Allergies
- Pink eye
- Ear Infections
- Urinary tract infections
- Rash
- Skin conditions
- And more

Behavioral Health^

Talk to a therapist or prescriber 7 days a week, 7 a.m. to 9 p.m. ET, by appointment.

- Anxiety
- Depression
- Stress
- Substance use
- Trauma
- Relationship issues
- And more

^Age restrictions apply.



Optional Non-Essential Health Benefits

Optional Adult Vision and Fitness Benefits*

For around $3 - $6* more per month, adults on your plan get access to benefits to treat the whole person – Vision and Fitness – all within a singular premium & relationship.

**Based on a single 30-year-old member. Your premium difference may be more or less based on your member and plan characteristics..*



Adult Vision Benefits*

CareSource partnered with EyeMed® to bring you access to the biggest network with the most choice – including hundreds of independent providers, and truly in-network access to popular national retailers as well as regional favorites. There are convenient locations with extended evening and weekend hours.

Vision Care Services	In-Network Member Cost
Exam with dilation as necessary	$0-$65 Copay or 40% Coinsurance.† Retinal imaging at no cost to member.
Frame, lenses and options package Any frame, lens and lens options available at provider location.	$250 allowance for frame, lens and lens options, 20% off balance over $250
Contact lenses (includes materials only for one of the options below)	
Conventional	$0 copay; $250 allowance, 15% off balance over $250
Disposable	$0 copay; $250 allowance, plus balance over $250
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price
Frequency Examination	Once every calendar year
Frame and lenses or contact lenses	Once every calendar year

Additional savings...

40% off
additional frame, lens or lens options purchased as complete pair discount*

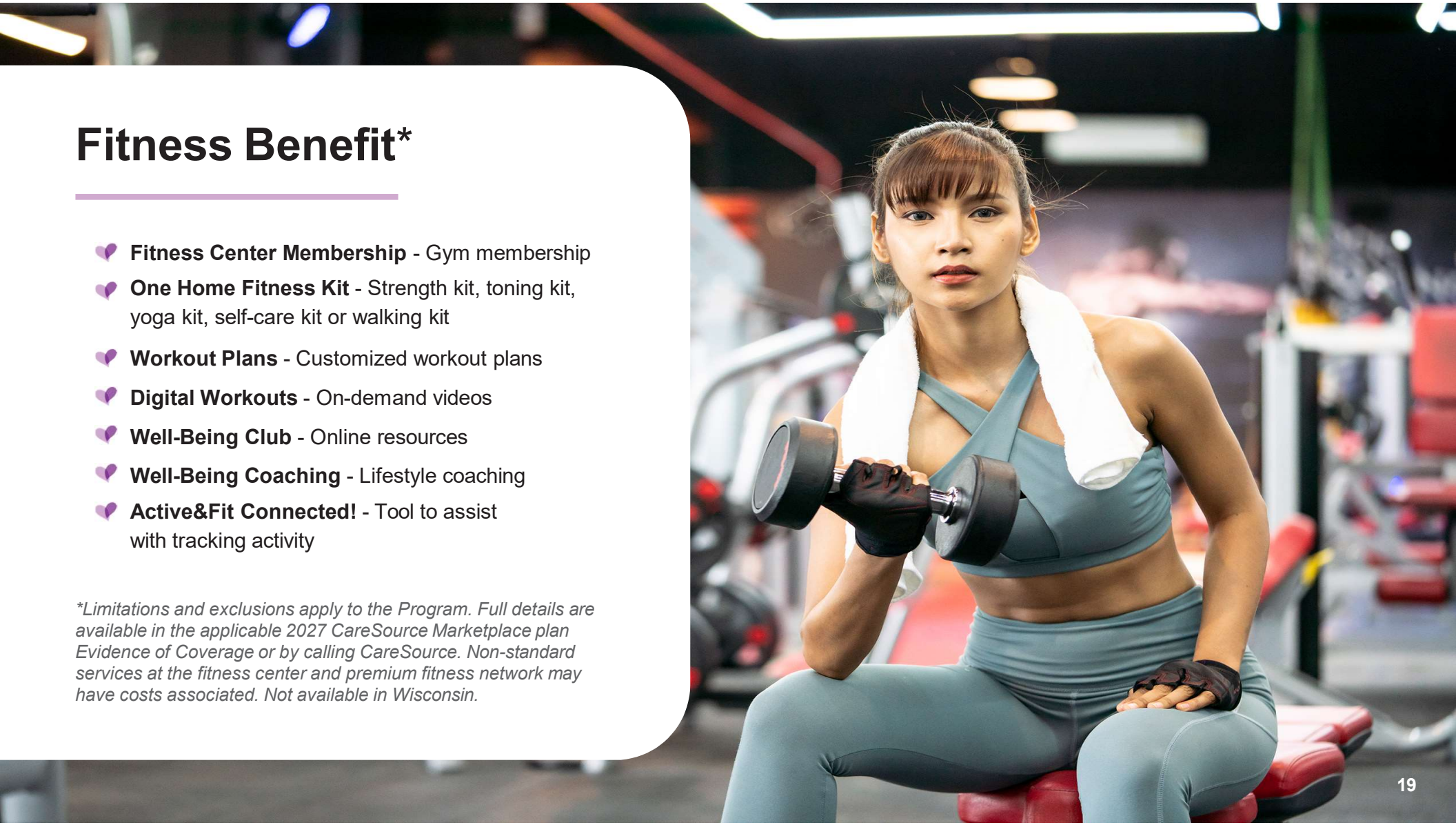
20% off
non-prescription sunglasses*

20% off
any remaining frame balance*

Fitness Benefit*

- **Fitness Center Membership** - Gym membership
- **One Home Fitness Kit** - Strength kit, toning kit, yoga kit, self-care kit or walking kit
- **Workout Plans** - Customized workout plans
- **Digital Workouts** - On-demand videos
- **Well-Being Club** - Online resources
- **Well-Being Coaching** - Lifestyle coaching
- **Active&Fit Connected!** - Tool to assist with tracking activity

**Limitations and exclusions apply to the Program. Full details are available in the applicable 2027 CareSource Marketplace plan Evidence of Coverage or by calling CareSource. Non-standard services at the fitness center and premium fitness network may have costs associated. Not available in Wisconsin.*



Marketplace National Broker Account Manager

Suzanne Durante

Suzanne.Durante@CareSource.com

(702) 546-5082

Member Services: 1-833-230-2099

Telehealth 24/7/365 with Teladoc.
Call 1-800-TELADOC (835-2362),
visit www.Teladoc.com/CareSource

Express Payment option at
CareSource.com/MPpay





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Pop Quiz!