



## 2018 KY MARKETPLACE PLANS

The following spreadsheet of 2018 insurance plans offered on the exchange for KY at [www.healthcare.gov](http://www.healthcare.gov) has been prepared as a reference tool only and should be used only with the understanding that this information is subject to change at any time. Please consult [www.healthcare.gov](http://www.healthcare.gov) for more complete information or if you have any questions.

Plans are priced according to geographic location, age and income. Different plans are available to individuals based on their zip code. Jefferson county residents may choose from 13 different CareSource plans. Anthem will offer coverage in only the 59 counties where CareSource does not offer coverage. So all counties in Kentucky have just a single insurer offering exchange plans for 2018.

Outside the yearly Open Enrollment Period, you can get coverage only if you qualify for a Special Enrollment Period or for Medicaid or CHIP.

**IMPORTANT:** The first premium payment must be made by Dec. 31st for coverage to start

If patient didn't receive a card, they should call their insurer to to make sure coverage is effective. Insurer's phone number may be found on their website

Questions about this spreadsheet? Contact Stephanie Woods at 736-6350 or [stephanie.woods@glms.org](mailto:stephanie.woods@glms.org)

JEFFERSON COUNTY MARKETPLACE HMO PLANS - 2018

		HSA/FSA	HMO/PPO	PCP copay	PCP Co-Ins	Spec copay	Spec Co-Ins	Other Visit/Chiro	Diag, Imaging, Blood work	ER copay	ER Co-Ins	Outpat Surg	Inpatient	Health/Substance Behav.	Ind Ded	Ind Out Pocket Max	Pharm Fam Ded	Provider Network	Formulary	More Info
<b>Bronze</b>																				
Plan ID: 45636KY 0030005 / 45636KY 0050005	<a href="#">CareSource Federal Simple Choice Bronze / Simple Choice Dental &amp; Vision</a>	No	HMO	\$35 copay	N/A	\$75 copay	N/A	40% coins after ded	40%co-ins after deductible	N/A	40% co-ins after ded	40% co-ins after ded	40% co-ins after ded	\$35/visit for office visits and 40% coinsurance after deductible for other services	\$6,650	\$7,350	N/A	<a href="#">Provider Directory</a>	<a href="#">CareSource Drug List</a>	<a href="#">CareSource Marketplace Plans</a>
Plan ID: 45636KY 0010017 / 45636KY 0020017	<a href="#">CareSource Bronze / Bronze Dental &amp; Vision</a>	No	HMO	\$30 Copay	N/A	N/A	40% after ded	40% coins after ded	X-Rays, diags & Imaging: \$100 copay after ded /Labs: 40% coins after ded	N/A	40% co-ins after ded	40% coins after ded	40% co-ins after ded	\$30/visit for office visits and 40% coinsurance after deductible for other services	\$7,250	\$7,350		<a href="#">Provider Directory</a>	<a href="#">CareSource Drug List</a>	<a href="#">CareSource Marketplace Pla</a>
Plan ID: 45636KY 0010013	<a href="#">CareSource HSA Bronze</a>	No	HMO	N/A	50% co-ins after ded	N/A	50% co-ins after ded	50% co-ins after ded	50% co-ins after ded	N/A	50% co-ins after ded	50% co-ins after ded	50% co-ins after ded	50% co-ins after ded	\$4,000	\$6,550	N/A	<a href="#">Provider Directory</a>	<a href="#">CareSource Drug List</a>	<a href="#">CareSource Marketplace</a>

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		HSA/FSA	HMO/PPO	PCP copay	PCP Co-Ins	Spec copay	Spec Co-Ins	Other Visit/Chiro	Diag, Imaging, Blood work	ER copay	ER Co-Ins	Outpat Surg	Inpatient	Health/Substance Behav.	Ind Ded	Ind Out Pocket Max	Pharm Fam Ded	Provider Network	Formulary	More Info
<b>Silver</b>																				
Plan ID: 45636KY0 030004 / 45636KY0 050004	<a href="#">CareSource Federal Simple Choice Silver / Simple Choice Dental &amp; Vision</a>	No	HMO	\$30 copay	N/A	\$65 copay	N/A	20% coinsurance after ded	20% coinsurance after ded	N/A	20% coins after ded	20% coinsurance after ded	20% coinsurance after ded	Outpat:\$30 copay/ Inpat: 20% coins after ded	\$3,500	\$7,350	\$500 per member	<a href="#">Provider Directory</a>	<a href="#">CareSource Drug List</a>	<a href="#">CareSource</a>
Plan ID: 45636KY0 010014 / 45636KY0 020014	<a href="#">CareSource Low Premium Silver / LP Dental &amp; Vision</a>	No	HMO	\$20 copay	N/A	\$40 copay	N/A	15% Coinsurance after deductible	15% Coinsurance after deductible	\$400 Copay after ded	15% Coinsurance after deductible	15% Coinsurance after deductible	\$400 Copay after ded	Outpat:\$20 copay/ Inpat: \$400 copay per stay after ded	\$6,150	\$7,300		<a href="#">Provider Directory</a>	<a href="#">CareSource Drug List</a>	<a href="#">CareSource</a>
Plan ID: 45636KY0 010030 / 45636KY0 020016	<a href="#">CareSource Silver / Silver Dental &amp; Vision</a>	No	HMO	\$10 copay	N/A	\$50 copay	N/A	15% Coinsurance after deductible	Xrays and DX Imaging: \$150 Copay after deductible/ Labs: \$75 copay after deductible	\$500 copay after ded	N/A	30% coins after ded	\$300 copay per day	Outpat:\$10 copay/ Inpat: \$300 copay per day	\$3,900	\$7,300		<a href="#">Provider Directory</a>	<a href="#">CareSource Drug List</a>	<a href="#">CareSource</a>
<b>Gold</b>																				
Plan ID: 45636KY 0010029 / 45636KY 0020015	<a href="#">CareSource Gold / Gold Dental &amp; Vision</a>	No	HMO	\$10 copay	N/A	\$50 copay	N/A	20% coins after ded	20% coins after ded	N/A	20% co-ins after ded	20% co-ins after ded	20% co-ins after ded	Output: 10 copay/Inpat: 20% coinsurance after deductible	\$1,500	\$5,000	N/A	<a href="#">Provider Directory</a>	<a href="#">CareSource Drug List</a>	<a href="#">CareSource</a>