

MARKETPLACE

REAL HEALTH INSURANCE

2020 West Virginia




CareSource[®]





GET REAL INSURANCE.

When it comes to health insurance, it can be difficult to understand what is covered and what really matters. At CareSource, we keep things simple and affordable while ensuring you get the coverage you need. We're real insurance that you can afford.

SHOPPING FOR A PLAN?

Here are some basics you should know if you're shopping for an individual or family health insurance plan. Health Insurance Marketplace-qualified plans, like the ones CareSource offers, are the only plans guaranteed to provide all the essential health benefits required by the Affordable Care Act. These benefits include:

Preventive and wellness services and chronic disease management

Prescription drugs

Ambulatory patient services (*outpatient care you get without being admitted to a hospital*)

Emergency services

Hospitalization (*like surgery and overnight stays*)

Pregnancy, maternity and newborn care (*both before and after birth*)

Mental health and substance use disorder services, including behavioral health treatment (*this includes counseling and psychotherapy*)

Rehabilitative and habilitative services and devices (*services and devices to help people with injuries, disabilities or chronic conditions gain or recover mental and physical skills*)

Laboratory services

Pediatric services, including dental and vision care

Birth control coverage

Breastfeeding coverage

Imaging services



Marketplace-qualified plans also have no limits on pre-existing conditions* and no lifetime coverage caps for essential health benefits.

This is *real* health insurance. Individual and family health plans that aren't Marketplace-qualified may not provide coverage for all of these items, so to make sure you're getting coverage for all services, purchase a Marketplace-qualified health plan.

CareSource's Marketplace-qualified plans with the optional benefits package cover more than the essential health benefits, including adult dental, adult vision and a fitness program with access to multiple fitness centers or home fitness kits.

*Per Healthcare.gov, a pre-existing condition is a health problem, like asthma, diabetes or cancer you had before the date that new health coverage starts.



SAVING MONEY ON HEALTH INSURANCE

Marketplace plans are the only plans that qualify for government-sponsored funds that help bring down the overall cost of the plan. Advanced premium tax credits and cost-sharing reductions are calculated by the Health Insurance Marketplace during the shopping and enrollment process at enroll.CareSource.com. If you qualify, it can save you money on your monthly premium and each time you get medical services. So consider the total cost of your medical care when you pick a plan. Based on your income and household, you can qualify for:

Advance Premium Tax Credit (APTC)

Tax credit taken in advance, in whole or in part, to lower monthly premium payments. This can be used no matter what plan you enroll in.

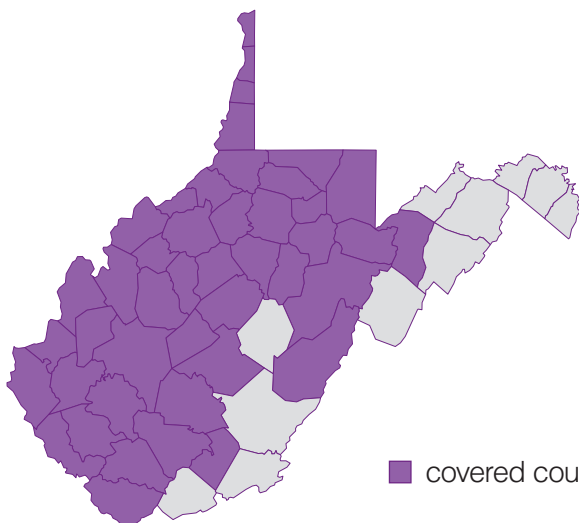
Cost-Sharing Reductions (CSR)

CSRs lower the amount you have to pay for deductibles, copayments and coinsurance. CSRs only apply to Silver plans, so if you qualify for a CSR, you must enroll in a Silver plan to get it.[#]



COVERAGE AREA

CareSource Marketplace plans are available in 44 counties in West Virginia: Barbour, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Hancock, Harrison, Jackson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mingo, Monongalia, Nicolas, Ohio, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Wetzel, Wirt, Wood and Wyoming.



■ covered counties

CARESOURCE MARKETPLACE PLANS

SILVER

CareSource has three different Silver plans to choose from so you can pick the plan that fits your budget. These are the only plans that offer CSRs in addition to premium tax credits.[#] If you qualify for a CSR, the cost of most benefits listed below will be reduced. See our Benefits Guide for more detail.

	SILVER LOW PREMIUM
Deductible	\$6,800
Out-of-Pocket Maximum	\$7,300
Coinsurance	25%*
Primary Care Visit	\$35
Specialist Visit	\$70
Urgent Care Visit	\$75
Emergency Room Visit	\$500*
Tier 1: Low Cost Prescription Drug Coverage (Retail/90-day Mail)	\$30 / \$75

*After deductible.

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.

Low Premium – lower monthly premium,
higher cost of benefits

Low Deductible – higher monthly premium,
lower cost of benefits

Standard – balanced approach to
monthly premium and cost of benefits

SILVER STANDARD	SILVER LOW DEDUCTIBLE
\$5,900	\$5,100
\$6,800	\$6,600
20%*	15%*
\$25	\$20
\$60	\$50
\$75	\$75
\$500*	\$500*
\$30 / \$75	\$25 / \$62.50

All services (except ER and Urgent Care) must be received by in-network providers in order for the cost shares listed to apply. All Silver levels are based upon eligibility for cost-sharing reductions as determined by the Health Insurance Marketplace.

BRONZE

Generally a good choice if you do not expect to have a lot of doctor appointments, don't need many prescription medications or need other health services. Plus, the Health Savings Account (HSA)-eligible plan provides a tax-free way to save for health care costs. It can be used in conjunction with an HSA from the bank of your choice.

	BRONZE	HSA-ELIGIBLE BRONZE
Deductible	\$7,700	\$5,300
Out-of-Pocket Maximum	\$8,150	\$6,750
Coinsurance	50%*	50%*
Primary Care Visit	\$60	50%*
Specialist Visit	\$120	50%*
Urgent Care Visit	50%*	50%*
Emergency Room Visit	50%*	50%*
Tier 1: Low Cost Prescription Drug Coverage (Retail/90-day Mail)	\$40 / \$100	50%* / 50%*

*After deductible.

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.

All services (except ER and Urgent Care) must be received by in-network providers in order for the cost shares listed to apply.



GOLD

This may be a good choice if you expect to have a lot of doctor appointments, need many prescription medications or need other health services. Gold plans have:

Higher premiums. You pay more each month for a Gold plan than you would for another metal level.

Lower out-of-pocket costs. With a Gold plan, the amount you pay each time you get a health service, such as seeing a doctor or filling a prescription, is less than what you'd pay if you have a traditional Bronze or Silver plan.

	CARESOURCE GOLD PLANS
Deductible	\$2,000
Out-of-Pocket Maximum	\$6,500
Coinsurance	20%*
Primary Care Visit	\$10
Specialist Visit	\$45
Urgent Care Visit	\$75
Emergency Room Visit	20%*
Tier 1: Low Cost Prescription Drug Coverage (Retail/90-day Mail)	\$15 / \$37.50

*After deductible.

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.

All services (except ER and Urgent Care) must be received by in-network providers in order for the cost shares listed to apply.



OPTIONAL BENEFITS

Our Optional Benefits package adds Dental, Vision and Fitness benefits to our Gold, Silver and Bronze[†] plans for adults over the age of 19. If you choose a Dental, Vision and Fitness plan, you pay a higher premium for coverage. CareSource Optional Benefits include the fitness program, which gives you access to multiple fitness centers and gyms—without a long-term contract—or two home fitness kits every benefit year. To learn more about our Optional Benefits package, visit [CareSource.com/Marketplace](https://www.caresource.com/marketplace).

FIRST STEPS:

To make your application process as smooth as possible, you'll need to collect the following information for each family member you are enrolling:

Social Security number or document number for legal immigrants

Employer and income information, for example, wage and tax statements from pay stubs or W-2 forms

If currently covered by health insurance, the policy number

If eligible for employer health insurance coverage (even if the coverage is through another person like a spouse or parent), **information about the employer's health insurance plan**

HOW TO ENROLL:

Head to **enroll.CareSource.com** to find out if you qualify for CSRs or APTCs, shop and compare plans and enroll in the plan that best fits your needs!

You can also visit CareSource.com to view current plan documents, see what medications are covered in our drug formulary or find CareSource in-network doctors and hospitals at **findadoctor.CareSource.com**.



QUESTIONS?

CALL US AT

1-844-539-1733

(TTY: 711)



[†]Excluding HSA-Eligible plan.

[#]CSRs also applicable on Limited and Zero plans, available only to members of federally recognized tribes and ANCSA corporation shareholders.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-855-202-0622 (TTY: 711)

如果您或者您在帮助的人对 CareSource 存有疑问，您有权 免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-855-202-0622 (TTY: 711)

At CareSource, your privacy matters to us. Learn more about our Privacy Practices at [CareSource.com](https://www.caresource.com).

This is a solicitation for health insurance. CareSource marketplace plans have exclusions, limitations, reductions and terms under which the policy may be continued in force or discontinued. Premiums, deductibles, coinsurance and copays may vary based upon individual circumstances and plan selection. Benefits and costs vary based upon plan selection. Not all plans and products offered by CareSource cover the same services and benefits. Covered services and benefits may vary for each plan. For costs and complete details of coverage, please review CareSource's 2020 Evidence of Coverages and Schedules of Benefits documents at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource does not discriminate on the basis of race, color, national origin, disability, age, gender, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

CareSource is a Qualified Health Plan issuer in the

