

WE GOT YOU.

2026 West Virginia




CareSource[®]



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. APTC and CSR (see below) are calculated by the Health Insurance Marketplace (or your state insurance exchange) when you submit your household size and income information during the shopping and enrollment process at [Enroll.CareSource.com](https://www.enroll.caresource.com). If you qualify, this can save you money on your premium, as well as each time you get medical services. So, consider the total cost of your medical care when you pick a plan. Your total costs include your monthly premiums and the payments you make when you get care. There are two ways APTCs and CSRs are distributed:

Advance Premium Tax Credit (APTC)

Tax credit taken in advance, in whole or in part, to lower monthly premium payments. If you qualify, this can be used no matter which plan you enroll in.

Cost-Sharing Reduction (CSR)

CSRs lower the amount you 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#.

There's a lot of noise around health insurance these days. It can be difficult to know what's true about your coverage and what really matters. But at CareSource, we've seen it all. We've been around since 1989, and we're currently providing health coverage to over 2 million members*, and we are still growing. We've been helping Marketplace insurance shoppers in the Mountain State since 2016, and we never quit. CareSource coverage is here when you need it.

SHOPPING FOR A PLAN?

Here are some basics to know if you're shopping for an individual or family health insurance plan. CareSource Marketplace plans are Affordable Care Act (ACA)-compliant, which means they are guaranteed to provide all the Essential Health Benefits required by the ACA.



These benefits* include:

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 (*this includes counseling and psychotherapy*)

Prescription drugs

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

Laboratory services

Preventive and wellness services and chronic disease management

Pediatric services, including vision care (*adult vision coverage isn't classified as an essential health benefit*)

Birth control coverage

Breastfeeding coverage

*Some services may require approval.

Marketplace-qualified plans also have **pre-existing condition coverage** and **no lifetime or yearly dollar limits for essential health benefits.**



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.

BENEFITS PACKAGE

CareSource's Marketplace-qualified Enhanced Benefit plans cover more than the essential health benefit. Our Enhanced Benefits packages offer Vision and Fitness benefits to our Gold, Silver and Bronze† plans for adults. If you choose an Adult Vision and Fitness plan, you pay one premium for your health and enhanced benefits coverage. Plus, CareSource enhanced plans include the no cost fitness program, which gives you access to multiple fitness centers and gyms, digital fitness choices with home fitness tools, including one home fitness kit per benefit year with some kits including a wearable device (e.g., Fitbit® or Garmin®), digital workouts and live lifestyle coaching. Our plans are comprehensive. There are no lifetime maximums for most benefits, no medical review for enrollment, and we cover an extensive list of prescription drugs. CareSource offers Marketplace members \$0 copay telehealth office visits via ^Teladoc with 24/7 access to U.S.-licensed physicians who can consult, diagnose and prescribe medications by phone or video for short-term illnesses, medical concerns and behavioral health issues.

COVERAGE AREA

CareSource Marketplace plans are available statewide.





QUESTIONS?

CALL US AT

1-844-539-1733 (TTY: 711)

We're open 8 a.m. to 7 p.m., Eastern Time (ET), during open enrollment to take your calls and answer any questions you have.

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:

Contact your agent or 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/marketplace** and go to the Plans/Plan Documents page to view current plan documents, see which medications are covered in our drug formulary or find CareSource in-network doctors and hospitals at **findadoctor.CareSource.com**.

OTHER WAYS TO ENROLL:

Contact your local insurance agent or agency.

Call us toll-free at **1-844-539-1733** (TTY: 711).

Visit **HealthCare.gov** or contact the Marketplace at 1-800-318-2596.

PLANS AVAILABLE FOR PURCHASE:

BRONZE

Generally, a good choice if you do not expect to have a lot of doctor appointments, don't need many prescription medications or don't need other health services.

	Bronze 7500 \$25 Generic Drugs	Low Premium Bronze 10600 \$25 Generic Drugs
Deductible	\$7,500	\$10,600
Out-of-Pocket Maximum	\$10,000	\$10,600
Coinsurance	50%	0%
Primary Care or Retail Clinic Visit	\$50	\$0*
Specialist Visit	\$100	\$0*
Urgent Care Visit	\$75	\$0*
Emergency Room Visit	50%*	\$0*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 3 times the cost of 30-day script)‡	\$25 \$75 \$75	\$25 \$75 \$75
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.	

*After deductible. ‡Applicable only to drugs in the generic tier 1 on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible and Out-of-Pocket Maximum).

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.

Amounts using a percentage (%) refer to coinsurance. All services (except ER, Urgent Care and specific exceptions due to Federal and State regulations) must be received by in-network providers in order for coverage to be available.

SILVER

CareSource has five different Silver plans to choose from so you can pick the plan that fits your budget – Silver, Low Premium Silver, Low Deductible Silver, Diabetes Silver or Healthy Heart Silver.

These are the only plans that offer Cost Share Reduction (CSRs)# in addition to premium tax credits. If you qualify for a CSR, your out-of-pocket costs may be reduced by up to 94%. See our Benefits Guide for more detail.

	† Silver 6000 \$20 Generic Drugs	† Low Premium Silver 6200 \$3 Generic Drugs	† Low Deductible Silver 5000 \$3 Generic Drugs	† Diabetes Silver 5000 \$0 Chronic Care Drugs & Services	† Healthy Heart Silver 5000 \$0 Chronic Care Drugs & Services
Deductible	\$6,000	\$6,200	\$5,000	\$5,000	\$5,000
Out-of-Pocket Maximum	\$8.900	\$9,800	\$9,250	\$9,500	\$9,500
Coinsurance	40%	40%	40%	50%	50%
Primary Care or Retail Clinic Visit	\$40	\$40	\$30	\$30	\$30
Specialist Visit	\$80	\$75	\$70	\$50	\$50
Urgent Care Visit	\$60	\$70	\$60	\$70	\$70
Emergency Room Visit	40%*	50%*	40%*	50%*	50%*
\$0 Chronic Care Services, Drugs and Medical Supplies				\$0 copay for chronic care drugs, self-management supplies, medical services, screenings and tests, and more included as part of our enhanced chronic health condition plans.	
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 3 times the cost of 30-day script)‡	\$20	\$3	\$3	\$15	\$15
	\$60	\$9	\$9	\$45	\$45
	\$60	\$9	\$9	\$45	\$45
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.				

*After deductible. ‡Applicable only to drugs in the generic tier 1 on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. †Silver 1, 2 and 3 are based upon eligibility for Cost Sharing Reductions (CSR) as determined by the Exchange. In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible and Out-of-Pocket Maximum).

Amounts using a percentage (%) refer to coinsurance. All services (except ER, Urgent Care and specific exceptions due to Federal and State regulations) must be received by in-network providers in order for coverage to be available. All above plans have additional Cost Sharing Reduction levels available, with eligibility as determined by the Health Insurance Marketplace.

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 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.

	Gold 2000 \$15 Generic Drugs	Diabetes Gold 3000 \$0 Chronic Care Drugs & Services	Healthy Heart Gold 3000 \$0 Chronic Care Drugs & Services
Deductible	\$2,000	\$3,000	\$3,000
Out-of-Pocket Maximum	\$8,200	\$8,500	\$8,500
Coinsurance	25%	30%	30%
Primary Care or Retail Clinic Visit	\$30	\$10	\$10
Specialist Visit	\$60	\$40	\$40
Urgent Care Visit	\$45	\$30	\$30
Emergency Room Visit	25%*	10%*	10%*
\$0 Chronic Care Services, Drugs and Medical Supplies		\$0 copay for chronic care drugs, self-management supplies, medical services, screenings and tests, and more included as part of our enhanced chronic health condition plans.	
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 3 times the cost of 30-day script)‡	\$15	\$10	\$10
	\$45	\$30	\$30
	\$45	\$30	\$30
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.		

*After deductible. ‡Applicable only to drugs in the generic tier 1 on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible and Out-of-Pocket Maximum).

Amounts using a percentage (%) refer to coinsurance. All services (except ER, Urgent Care and specific exceptions due to Federal and State regulations) must be received by in-network providers in order for coverage to be available.

PLATINUM

Richest plan offering significantly lower cost for care. Ideal for members with chronic conditions.

	Platinum Zero \$5 Generic Drugs
Deductible	\$0
Out-of-Pocket Maximum	\$5,200
Coinsurance	0%
Primary Care or Retail Clinic Visit	\$10
Specialist Visit	\$20
Urgent Care Visit	\$15
Emergency Room Visit	\$100
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 3 times the cost of 30-day script)‡	\$5 \$15 \$15
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.

*After deductible. ‡Applicable only to drugs in the generic tier 1 on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay. In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible and Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance. All services (except ER, Urgent Care and specific exceptions due to Federal and State regulations) must be received by in-network providers in order for coverage to be available.





*As of June 16, 2025.

†Excluding HSA-Eligible plan.

^Cost share for telehealth visits varies by plan. HSA plans are not eligible for \$0 copay until the deductible is met.

‡Applicable only to drugs in the generic tier on the formulary. These copays are the max you may pay for tier 1 drugs. Some drugs may cost less than your copay.

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

At CareSource, your privacy matters to us. Learn more about our Privacy Practices at **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 2026 Evidence of Coverage and Schedule of Benefits documents at **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

