

MARKETPLACE

# WE GOT YOU.

2025 West Virginia



  
*CareSource*<sup>®</sup>



# 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 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, it 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 premium and the payments you make when you get care. There are two ways the APTC and CSR 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 what plan you enroll in.

## **Cost-Sharing Reduction (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.#

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\*. 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.

\*As of August 5, 2024



## 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 gain or recover mental and physical skills*)

Laboratory services

Preventive and wellness services

Chronic disease management

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

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.

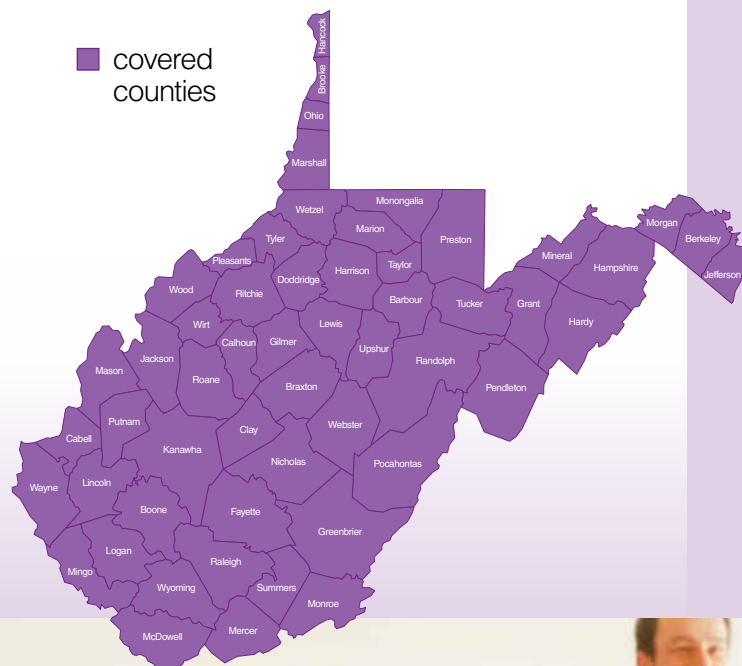
CareSource's Marketplace-qualified Enhanced Benefit plans cover more than the essential health benefits; our plans offer adult vision through EyeMed® and a fitness program with access to multiple fitness centers or home fitness kits. Our plans are comprehensive. There are no lifetime maximums for most benefits, no medical review for enrollment and we cover an extensive list of prescription drugs. CareSource is now offering 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.

# ENHANCED BENEFITS PACKAGE

Our Enhanced Benefits packages add Vision and Fitness benefits to our Gold, Silver and Bronze<sup>+</sup> 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 Active&Fit<sup>®</sup> 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<sup>®</sup> or Garmin<sup>®</sup>), digital workouts and live lifestyle coaching.

## COVERAGE AREA

**CareSource Marketplace plans are available statewide.**



# 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 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)

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

## OTHER WAYS TO ENROLL:

Contact your 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:



\*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, 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.

## 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. Unlike many of our competitors, our Bronze First plan offers access to key services — such as primary care and some prescription drugs — prior to having to satisfy your deductible.

	<b>BRONZE FIRST 7500 \$25 Generic Drugs</b>
<b>Deductible</b>	\$7,500
<b>Out-of-Pocket Maximum</b>	\$9,200
<b>Coinsurance</b>	50%
<b>Primary Care or Retail Clinic Visit</b>	\$50
<b>Specialist Visit</b>	\$100
<b>Urgent Care Visit</b>	\$75
<b>Emergency Room Visit</b>	50%*
<b>Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail)†</b>	\$25 \$75 \$75
<b>Pediatric Vision Services</b>	\$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

## SILVER

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

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

	LOW PREMIUM SILVER 6000 \$3 Generic Drugs	SILVER 5000 \$20 Generic Drugs	LOW DEDUCTIBLE SILVER 4500 \$3 Generic Drugs	DIABETES SILVER 4000 \$0 Select Drugs & Specialized Services	HEALTHY HEART SILVER 4500 \$0 Select Drugs & Specialized Services
<b>Deductible</b>	\$6,000	\$5,000	\$4,500	\$4,000	\$4,500
<b>Out-of-Pocket Maximum</b>	\$9,000	\$8,000	\$8,200	\$8,800	\$8,800
<b>Coinsurance</b>	40%	40%	40%	50%	50%
<b>Primary Care or Retail Clinic Visit</b>	\$35	\$40	\$30	\$30	\$30
<b>Specialist Visit</b>	\$75	\$80	\$70	\$50	\$50
<b>Urgent Care Visit</b>	\$70	\$60	\$60	\$70	\$70
<b>Emergency Room Visit</b>	\$500*	40%*	\$500*	\$600*	50%*
<b>Generic Prescription Drug Coverage</b> (30-day Retail / 90-day Retail / 90-day Mail)†	\$3 \$9 \$9	\$20 \$60 \$50	\$3 \$9 \$9	\$3 \$9 \$9	\$3 \$9 \$9
<b>Pediatric Vision Services</b>	\$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, 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:

Diabetic plan option that offers special preferred coverage for diabetes medications, supplies and care.

**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.



\*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, 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.

	<b>GOLD 1500 \$15 Generic Drugs</b>	<b>DIABETES GOLD 1100 \$0 Select Drugs &amp; Specialized Services</b>	<b>HEALTHY HEART GOLD 1500 \$0 Select Drugs &amp; Specialized Services</b>
<b>Deductible</b>	\$1,500	\$1,100	\$1,500
<b>Out-of-Pocket Maximum</b>	\$7,800	\$7,500	\$7,500
<b>Coinsurance</b>	25%	30%	30%
<b>Primary Care or Retail Clinic Visit</b>	\$30	\$10	\$10
<b>Specialist Visit</b>	\$60	\$40	\$40
<b>Urgent Care Visit</b>	\$45	\$30	\$30
<b>Emergency Room Visit</b>	25%*	\$500*	\$0*
<b>Generic Prescription Drug Coverage (30-Day Retail/ 90-Day Retail/90-Day Mail)†</b>	\$15 \$45 \$45	\$2 \$6 \$6	\$2 \$6 \$6
<b>Pediatric Vision Services</b>	\$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.		

## Platinum

Richest plan offering targeting members with chronic conditions.

	PLATINUM ZERO \$5 Generic Drugs
<b>Deductible</b>	\$0
<b>Out-of-Pocket Maximum</b>	\$4,300
<b>Coinsurance</b>	0%
<b>Primary Care or Retail Clinic Visit</b>	\$10
<b>Specialist Visit</b>	\$20
<b>Urgent Care Visit</b>	\$15
<b>Emergency Room Visit</b>	\$100
<b>Generic Prescription Drug Coverage (30-Day Retail/90-Day Retail/90-Day Mail)*</b>	\$5 \$15 \$15
<b>Pediatric Vision Services</b>	\$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, 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.





†Excluding HSA-Eligible plan.

‡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](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 2025 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.

You may view the Access Plan, as required by the Health Benefit Plan Network Access and Adequacy Act, online at [CareSource.com/documents/wv-exc-m-1304300-final-public-caresource-access-plan/](https://www.caresource.com/documents/wv-exc-m-1304300-final-public-caresource-access-plan/). You may also contact us at 1-833-230-2099 (TTY: 1-833-711-4711 or 711) to request a copy.

**CareSource** is a Qualified Health Plan issuer in the

