

OPEN ENROLLMENT 2026



Our Mission

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

About Us

- A nonprofit health care plan and national leader in Managed Care
- 30+ year history of serving varied populations across multiple states and insurance products
- Currently serving over 2 million members* in Arkansas, Georgia, Indiana, Michigan, Mississippi, Nevada, Ohio, West Virginia and Wisconsin
- 4,500 employees located across 30 states

2M+
MEMBERS

MEDICAID

HEALTH INSURANCE MARKETPLACE

DUAL ELIGIBLE

*Based on members enrolled in all CareSource product lines across all states as of 6/16/2025.



CARESOURCE

Our Vision

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 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

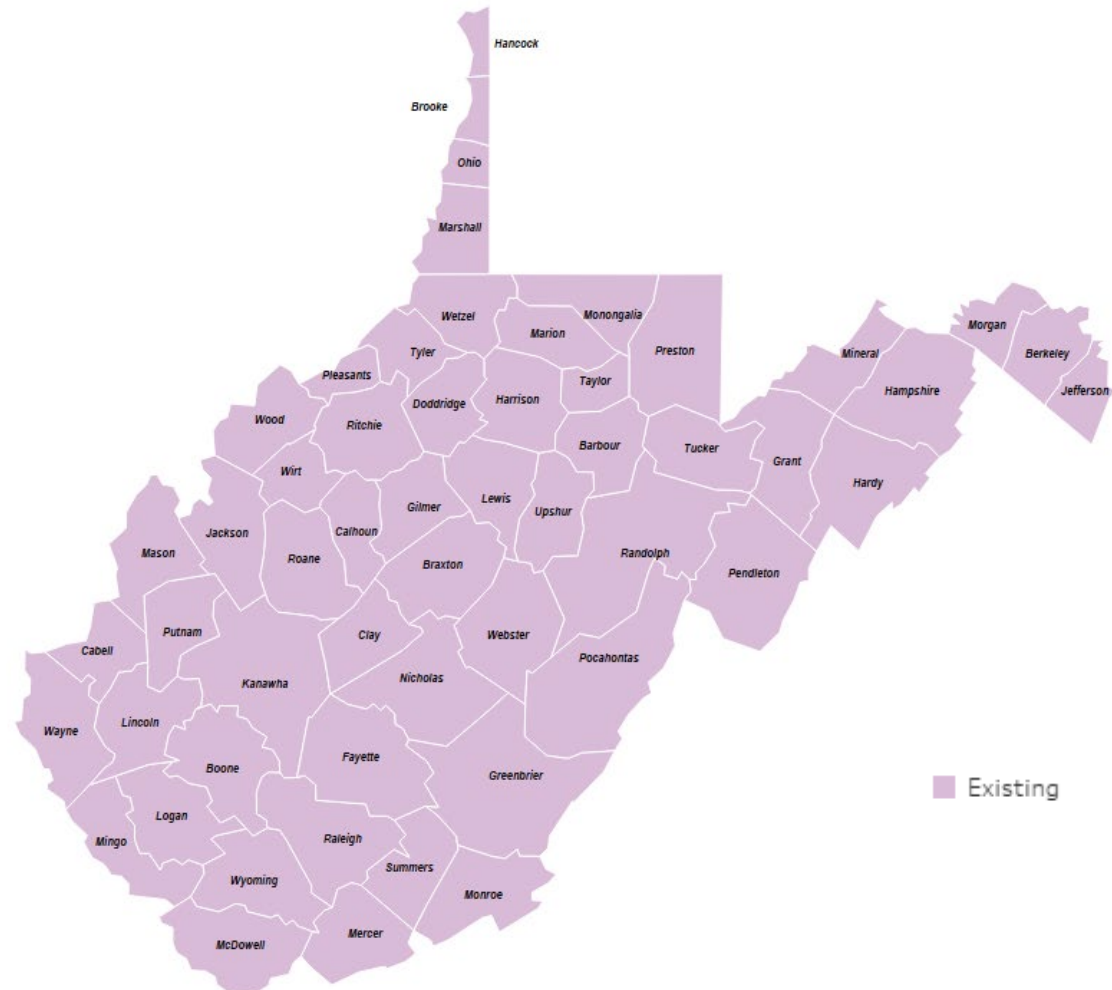


CareSource West Virginia Marketplace Coverage Area

Member Services

1-833-230-2099 (TTY: 711)

[CareSource.com/Marketplace](https://www.caresource.com/marketplace)



Coverage area subject to change.

Bronze Plans

Lowest Premiums, Highest Out-of-Pocket Costs

New for 2026: Expanded availability of Low Premium Bronze. Bronze First now known as Bronze.

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.

	Bronze 7500 \$25 Generic Drugs	Low Premium Bronze 10600 \$25 Generic Drugs
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange
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 is 3x the cost of a 30-day script)	\$25	\$25
	\$75	\$75
	\$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, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Silver Plans

Budget-Friendly, Subsidy-Eligible, Targeted Chronic Condition Benefits

	1Silver 6000 \$20 Generic Drugs	1Low Premium Silver 6200 \$3 Generic Drugs	1Low Deductible Silver 5000 \$3 Generic Drugs	1Diabetes Silver 5000 \$0 Chronic Care Drugs & Services	1Healthy Heart Silver 5000 \$0 Chronic Care Drugs & Services
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange
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%*
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order is 3x the cost of a 30-day script)	\$20 \$60 \$60	\$3 \$9 \$9	\$3 \$9 \$9	\$15 \$45 \$45	\$15 \$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, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Gold Plans

Higher Premiums, Lower Out-of-Pocket Cost

	Gold 1600 \$15 Generic Drugs	Diabetes Gold 1100 \$0 Select Drugs & Specialized Services	Healthy Heart Gold 1500 \$0 Select Drugs & Specialized Services
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange
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%*
Generic Prescription Drug Coverage (30-day Retail/ 90-day Retail/90-day Mail) (90-day mail order is 3x the cost of a 30-day script)	\$15 \$45 \$45	\$10 \$30 \$30	\$10 \$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, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Platinum Plan

Richest plan offering targeting members with chronic conditions.

	Platinum Zero \$5 Generic Drugs
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange
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 is 3x the cost of a 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, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Chronic Condition 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 Chronic Care Medical Services:

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

\$0 Chronic Care Self-Management Supplies:

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

\$0 Chronic Care 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), insulin aspart (biosimilar for Novolog)
- **Long-acting insulins** – Basaglar, Rezvoglar and Tresiba
- **Generic oral drugs** – acarbose, alogliptin, alogliptin-metformin, alogliptin-pioglitazone, dapagliflozin* (generic for Farxiga), 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.



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 Chronic Care Medical Services:

- Lipid panel
- Prothrombin test
- Metabolic panel
- EKG

\$0 Chronic Care Medications:

- **Generic drugs** — Amiodarone, Dapagliflozin* (generic for Farxiga), Digoxin, Flecainide, Sotalol, Sotalol AF
- **Brand name drugs** — Jardiance*, Entresto*

\$0 Chronic Care Medical Supplies:

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



*Prior authorization or step therapy required. ^Service Area Restrictions Apply.



HDHP Preventive Silver & Preventive Silver

While anyone can enroll in this plan, it's designed to reduce expenses on preventive care for those diagnosed with chronic conditions such as diabetes, congestive heart failure and coronary artery disease.

HDHP Preventive Silver is HSA eligible!

\$0 Chronic Care Medical Services:

- Retinopathy eye screening
- Hemoglobin A1C Test
- Low density lipoprotein (LDL)

\$0 Preventive Medications:

- **ACE inhibitors** – Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Quinapril, Ramipril, Trandolapril, Benzapril-hctz, Captopril-hctz, Enalapril-hctz, Fosinopril-hctz, Lisinopril-hctz, Quinapril-hctz
- **Beta-blockers** – Acebutolol, Atenolol, Bisoprolol, Metoprolol succinate (ER), Metoprolol tartrate (IR), Nadolol, Propranolol, Sotalol, Sotalol AF, Timolol
- **Statins** – Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, Simvastatin

Anti-diabetics:

- **Generics:** Acarbose, Alogliptin, Alogliptin-metformin, Alogliptin-pioglitazone, Dapagliflozin (generic for Farxiga), Glimepiride, Glipizide, Glipizide-metformin, Glyburide, Glyburide-metformin, Metformin, Miglitol, Nateglinide, Pioglitazone, Pioglitazone-metformin, Pioglitazone-glimepiride, Repaglinide
- **Brand name:** Jardiance*, Synjardy*
- **Insulins:** Basaglar, Rezvoglar, Tresiba, Humulin N, Humulin R, Humulin 70-30, insulin aspart (biosimilar for Novolog), insulin lispro (biosimilar for Humalog), Novolin N, Novolin R, Novolin 70-30

\$0 Chronic Care Self-Management Supplies on Prescription Drug List:

- **Diabetic supplies:** Glucose meter, test strips and urine ketone test strips

*Prior authorization or step therapy required. ^Service Area Restrictions Apply.



Additional Plan Details



\$0 Telehealth through Teladoc

- Phone or video access to \$0 medical and behavioral health telehealth visits.*
- Access directly from CareSource's Member Portal, or Teladoc's website or 800#.

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

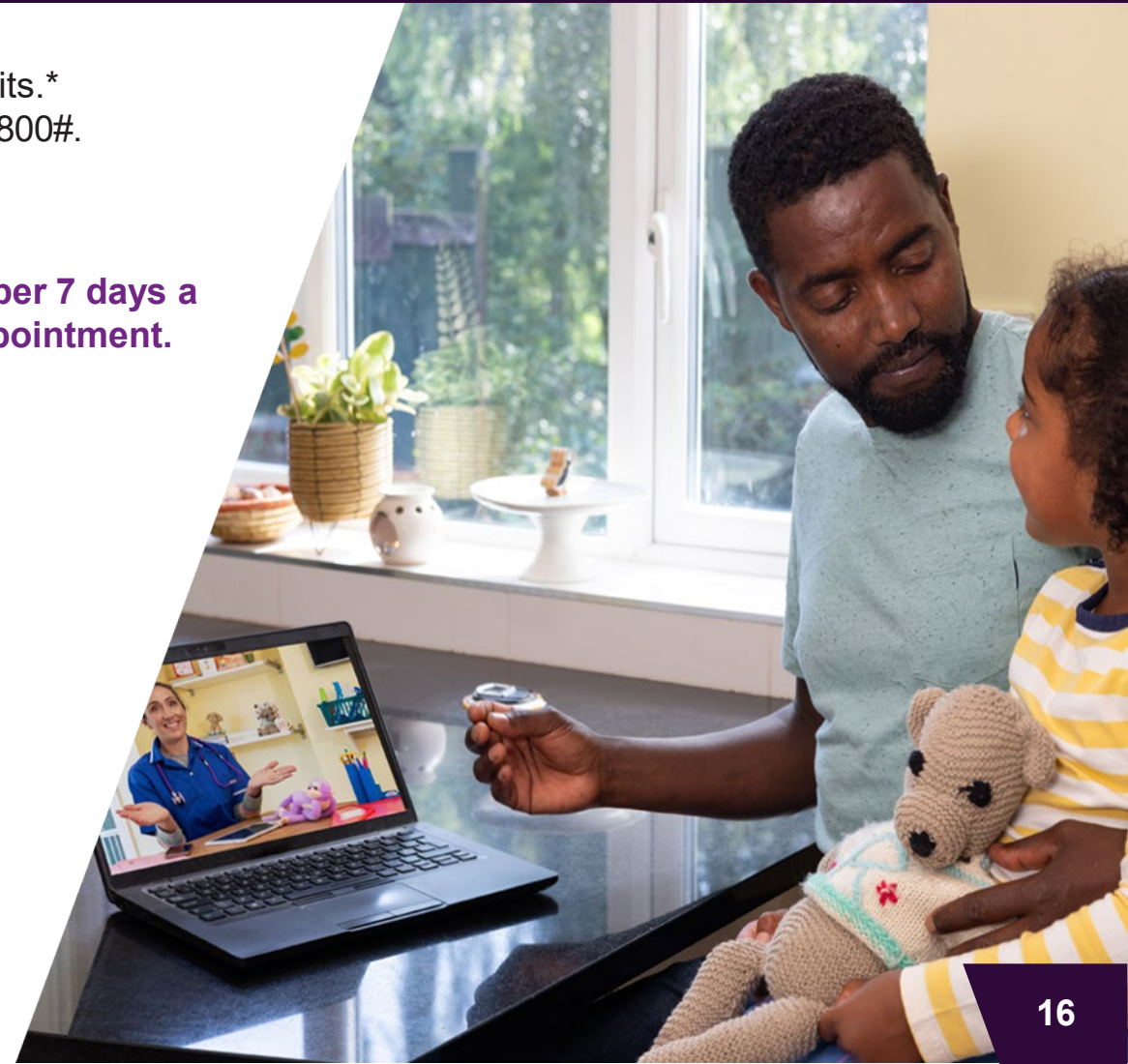
Behavioral Health^

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

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

^Age restrictions apply.

*Services on HDHP qualified plans may be subject to deductible. See the Schedule of Benefits for specifics.



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 pair discount*

20% off non-prescription sunglasses*

20% off any remaining frame balance*

*These discounts are offered at in-network providers only. Discounts are not funded by CareSource.

†Extra discounts may be available for those that qualify for a CSR.

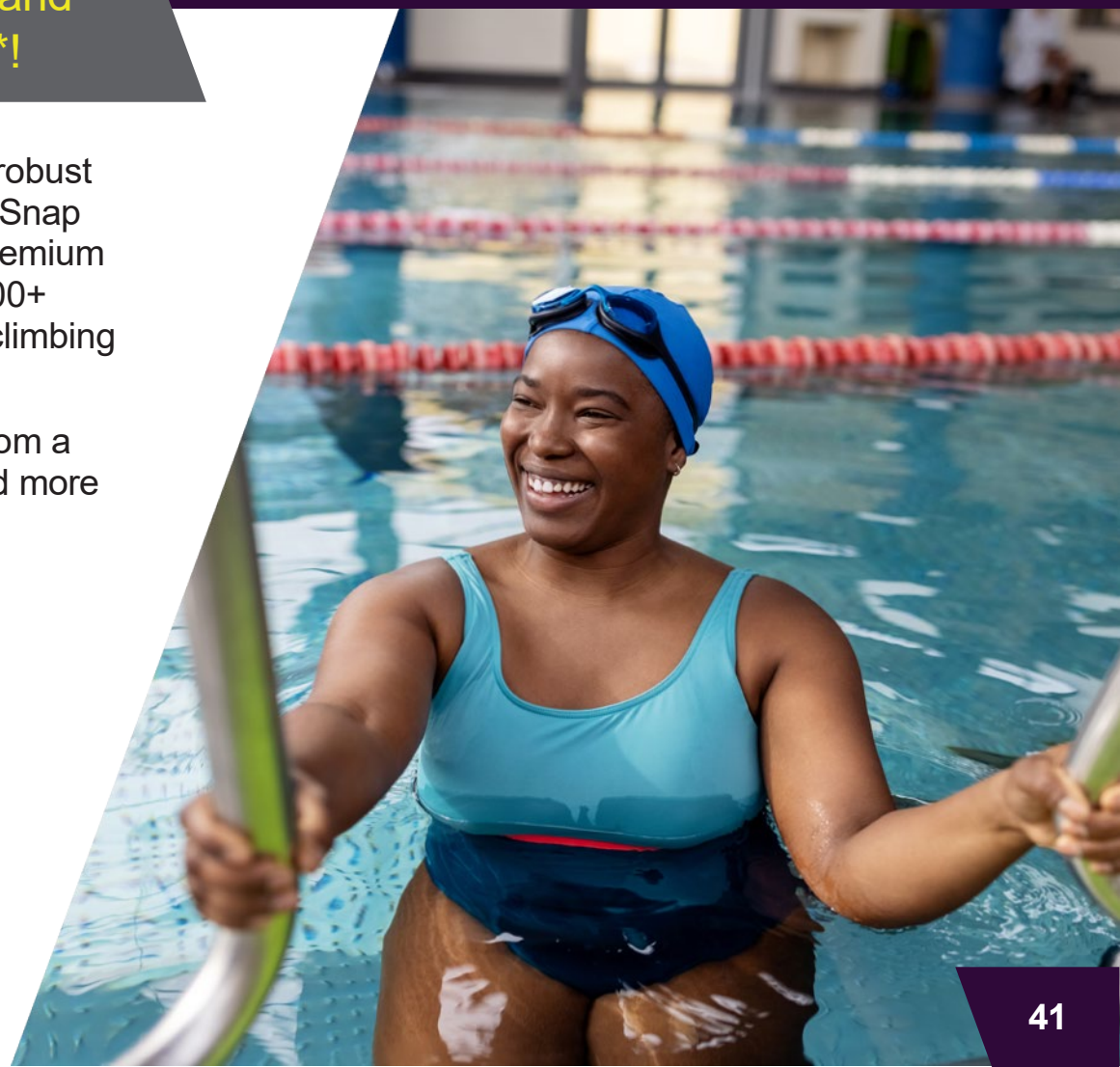


Fitness Benefits

All below fitness benefits are included with your Vision and Fitness benefits. No monthly fee, no contracts, no cost*!

- **Fitness Center Membership:** Join participating fitness centers in our robust national network of 13,000+ locations*, including select LA Fitness®, Snap Fitness™, Anytime Fitness®, Planet Fitness® and more. Access the premium fitness network with a buy up price, which includes an additional 7,000+ fitness center and studio choices, and unique experiences like rock climbing gyms and rowing centers.
- **Home Fitness Kits:** Choose one home fitness kit each benefit year from a variety of fitness categories like yoga, Pilates, total body workout and more with some kits including a wearable device (e.g., Fitbit® or Garmin®).
- **On-demand Workout Videos:** 8,000+ selections in the digital library, for all fitness levels.
- **Healthy Living Coaching:** Over-the-phone lifestyle coaching with a health coach trained in areas such as fitness, nutrition, stress and sleep.
- **Quarterly newsletters, Get Started! Program and other online tools and education at www.ActiveandFit.com.**

*Limitations and exclusions apply to the Program. Full details are available in the applicable 2026 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.



Regulatory Influences

Market Integrity & Affordability Rule:

PAPI/MOOP and AV changes:

What is it? New rules increased the maximum out-of-pocket limitation and allowed for lower plan actuarial values.

What does it mean? Plans may be less rich than they have in the past, offsetting some premium pressure but increasing out of pocket costs.

Prohibition on Coverage of Sex-Trait Modification as EHBs:

What is it? The rule has defined specific services that are not allowed to be considered EHB. This allows for issuers to cover them, but not for them to be subsidized by APTC.

What does it mean? Issuer coverage for these services may vary based on market. CareSource will follow the base EHB definition to preserve the ability for fully subsidized plan options, with several markets confirming that they do not see this as a mandated EHB.

Budget Reconciliation:

All Bronze and Catastrophic treated as HSA Qualified HDHPs:

What is it? Starting in PY 2026, any Bronze or Catastrophic plan will automatically be able to be paired with an HSA.

What does it mean? Any member on a Bronze or Catastrophic plan has the ability to reap the tax advantaged benefits of an HSA while still gaining access to first dollar coverage or not being constrained to MOOP/Deductible amounts as previously defined. CareSource Bronze and Catastrophic plans will be displayed as HSA Eligible.

Pre-deductible HDHP coverage for Telehealth:

What is it? Effective back to 12/31/2024, rules have been permanently adjusted to allow telehealth services prior to the deductible satisfaction.

What does it mean? This makes permanent COVID 19 allowances enabling consumers on HDHP qualified plans to access telehealth services prior to the deductible. CareSource will be adopting this starting PY 2027 as this information came out too late to adopt for PY 2026.



Health Savings Accounts (HSAs) are a tax advantaged health care account that you own. HSA contributions are subject to limits established by the Internal Revenue Service (IRS). The funds you contribute, but do not use, roll over year to year. Please consult your tax advisor for guidance and review IRS Publication 969 at www.irs.gov.

IMPORTANT REMINDER FOR HDHP HSA PLANS:

Your coverage includes a preventive drug benefit. This means that preventive drugs (medications to help prevent chronic conditions and illnesses) are covered outside of your plan's deductible.

These drugs can, at times be prescribed for treatment purposes. As a result, the listing of a drug does not mean that it will be covered by your benefit plan before your HDHP deductible is satisfied. If your doctor has prescribed a listed drug for treatment purposes (and not preventive purposes) then your plan does not provide coverage for that drug before your HDHP deductible is satisfied. Please be reminded that Health Savings Accounts (HSAs) have tax and legal ramifications. CareSource cannot guarantee or provide any legal advice on the way these products are prescribed for preventive purposes or that the IRS would agree that all satisfy the definition under §223 NOTICE 2019-45.

As everyone's medical circumstances are different, and because proper classification is necessary for you to ensure you are complying with applicable HDHP tax regulations, it is important for you to confirm the purpose of the prescription with your doctor. Please call the number on your member ID card when your doctor confirms for you that they prescribed one of the listed drugs for treatment purposes so your claims can be processed correctly. Unless you provide us with this information, claims for the drugs listed in the will be processed as "preventive," and you or your doctor may be asked by us to provide medical records showing that the drug you're taking is being used for prevention. Remember, if you improperly classify the drug, it may result in adverse tax consequences so please be sure to take the confirming step to properly classify your claim.

Please follow these steps to make sure you are properly classifying the purpose of your prescription:

1. Find your drug on the list.
2. Talk to your doctor about whether your drug is in fact being prescribed for preventive purposes (and not treatment purposes).
3. If prescribed for treatment purposes, call the number on your member ID card to let us know.
4. If prescribed for preventive purposes, there is no need to call.

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**.

For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company.

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 <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: 711) to request a copy.

CareSource is a Qualified Health Plan Issuer in the Health Insurance Marketplace.



