

# BENEFITS GUIDE

West Virginia 2022



As a Health Insurance Marketplace-qualified health plan, CareSource offers individual and family coverage for the essential health benefits required by the Affordable Care Act – including pediatric dental and vision services. Plus, Marketplace plans cover people with pre-existing conditions\* and don't carry any lifetime coverage caps for most benefits. At CareSource, we offer a range of plans to allow you to balance your needs between the premium and cost of your benefits.

| Cost-Sharing Provisions   |  |                         |                        |                        |                        | CSR Level 1 <sup>†</sup> |                        |                        | CSR Level 2 <sup>†</sup> |                        |                          | CSR Level 3 <sup>†</sup> |                         |                       | Gold                    |
|---|--|-------------------------|------------------------|------------------------|------------------------|--------------------------|------------------------|------------------------|--------------------------|------------------------|--------------------------|--------------------------|-------------------------|-----------------------|-------------------------|
|   | Bronze HSA Eligible  | Bronze First            | Low Premium Silver     | Standard Silver        | Low Deductible Silver  | Low Premium Silver       | Standard Silver        | Low Deductible Silver  | Low Premium Silver       | Standard Silver        | Low Deductible Silver    | Low Premium Silver       | Standard Silver         | Low Deductible Silver |                         |
| Individual Deductible   | \$5,400  | \$7,700                 | \$6,500                | \$5,800                | \$5,100                | \$5,700                  | \$5,500                | \$4,800                | \$1,250                  | \$1,200                | \$900                    | \$450                    | \$400                   | \$350                 | \$2,000                 |
| Coinsurance   | 50%  | 50%                     | 30%                    | 25%                    | 20%                    | 20%                      | 20%                    | 20%                    | 10%                      | 10%                    | 10%                      | 5%                       | 5%                      | 5%                    | 20%                     |
| Individual Out-of-Pocket Maximum  | \$7,000  | \$8,700                 | \$8,700                | \$7,900                | \$7,500                | \$6,600                  | \$6,000                | \$6,100                | \$2,800                  | \$2,600                | \$2,500                  | \$900                    | \$750                   | \$700                 | \$6,500                 |
| Primary Care Visit  | 50%*   | \$40                    | \$30                   | \$25                   | \$25                   | \$25                     | \$20                   | \$20                   | \$15                     | \$10                   | \$10                     | \$5                      | \$5                     | \$0                   | \$20                    |
| Specialist Visit  | 50%*   | \$80                    | \$70                   | \$60                   | \$60                   | \$50                     | \$40                   | \$40                   | \$40                     | \$30                   | \$30                     | \$15                     | \$15                    | \$15                  | \$50                    |
| Urgent Care   | 50%*   | \$100*                  | \$75                   | \$75                   | \$75                   | \$75                     | \$75                   | \$75                   | \$75                     | \$75                   | \$75                     | \$75                     | \$25                    | \$25                  | \$75                    |
| Emergency Room Services   | 50%*   | \$500*                  | \$500*                 | \$500*                 | \$400*                 | \$450*                   | \$400*                 | \$375*                 | \$250*                   | \$250*                 | \$200*                   | \$200*                   | \$150*                  | \$150*                | \$400*                  |
| Generic Drugs:<br>30-Day Retail<br>90-Day Retail<br>90-Day Mail         | 50%*   | \$25<br>\$75<br>\$62.50 | \$20<br>\$60<br>\$50   | \$20<br>\$60<br>\$50   | \$20<br>\$60<br>\$50   | \$20<br>\$60<br>\$50     | \$20<br>\$60<br>\$50   | \$20<br>\$60<br>\$50   | \$10<br>\$30<br>\$25     | \$10<br>\$30<br>\$25   | \$10<br>\$30<br>\$25     | \$5<br>\$15<br>\$12.50   | \$5<br>\$15<br>\$12.50  | \$0<br>\$0<br>\$0     | \$15<br>\$45<br>\$37.50 |
| Preferred Brand Drugs:<br>30-Day Retail<br>90-Day Retail<br>90-Day Mail | 50%*   | 50%*                    | \$50<br>\$150<br>\$125 | \$50<br>\$150<br>\$125 | \$50<br>\$150<br>\$125 | \$40<br>\$120<br>\$100   | \$40<br>\$120<br>\$100 | \$40<br>\$120<br>\$100 | \$40<br>\$120<br>\$100   | \$40<br>\$120<br>\$100 | \$35<br>\$105<br>\$87.50 | \$15<br>\$45<br>\$37.50  | \$15<br>\$45<br>\$37.50 | \$10<br>\$30<br>\$25  | \$50<br>\$150<br>\$125  |
| Non-Preferred Brand Drugs   | 50%*   | 50%*                    | 35%*                   | 25%*                   | 20%*                   | 25%*                     | 20%*                   | 20%*                   | 10%*                     | 10%*                   | 10%*                     | 5%*                      | 5%*                     | 5%*                   | 40%*                    |
| Pediatric Vision  | \$0 Exams, \$0 Retinal Imaging, \$0 Glasses/Contacts, multiple lens options – many at no member cost. Low-vision testing & aids, additional discounts on other services & glasses.             |                         |                        |                        |                        |                          |                        |                        |                          |                        |                          |                          |                         |                       |                         |
| Pediatric Dental  | \$0 Preventive/Diagnostic except Bronze HSA Eligible at 50% Coinsurance after deductible, varying cost shares for restorative/basic, major comprehensive and medically-necessary orthodontics. |                         |                        |                        |                        |                          |                        |                        |                          |                        |                          |                          |                         |                       |                         |

\*After deductible.

<sup>†</sup>Silver 1, 2, and 3 are based upon eligibility for Cost-Sharing Reductions (CSR) as determined by the Exchange.

\*Per WV Code of State Rules, a pre-existing condition is a condition (whether physical or mental and regardless of its cause) for which medical advice, diagnosis, care or treatment was recommended by or received from a medical care provider prior to the enrollment date of the individual covered under the policy.

In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum and Annual Limits) and amounts using a (%) sign refer to coinsurance. This is not a complete list of benefits. Visit [caresource.com/plans/marketplace/benefits-services](https://caresource.com/plans/marketplace/benefits-services) for more details.



## Optional Adult Dental, Vision and Fitness Benefits

CareSource recognizes that a member's whole health involves more than just the essential health benefits. CareSource offers plans that include all the health and medical benefits of our core plans, *plus* dental, vision and fitness benefit coverage for adults. The benefits below are not available for the Bronze HSA Eligible Plan.



| Cost-Sharing Provisions      |   |                    |                 |                       | CSR Level 1 <sup>†</sup> |                 |                       | CSR Level 2 <sup>†</sup> |                 |                       | CSR Level 3 <sup>†</sup> |                 |                       | Gold    |
|------------------------------|---|--------------------|-----------------|-----------------------|--------------------------|-----------------|-----------------------|--------------------------|-----------------|-----------------------|--------------------------|-----------------|-----------------------|---------|
|                              | Bronze First  | Low Premium Silver | Standard Silver | Low Deductible Silver | Low Premium Silver       | Standard Silver | Low Deductible Silver | Low Premium Silver       | Standard Silver | Low Deductible Silver | Low Premium Silver       | Standard Silver | Low Deductible Silver |         |
| Dental Preventive/Diagnostic | \$0   | \$0                | \$0             | \$0                   | \$0                      | \$0             | \$0                   | \$0                      | \$0             | \$0                   | \$0                      | \$0             | \$0                   | \$0     |
| Dental Restorative/Basic     | 40%   | 30%                | 25%             | 20%                   | 30%                      | 25%             | 20%                   | 25%                      | 20%             | 15%                   | 20%                      | 15%             | 10%                   | 15%     |
| Dental Major/Comprehensive   | 50%   | 50%                | 45%             | 40%                   | 50%                      | 45%             | 40%                   | 45%                      | 40%             | 40%                   | 40%                      | 40%             | 35%                   | 40%     |
| Dental Annual Allowance      | \$1,000   | \$1,000            | \$1,000         | \$1,000               | \$1,000                  | \$1,000         | \$1,000               | \$1,000                  | \$1,000         | \$1,000               | \$1,000                  | \$1,000         | \$1,000               | \$1,000 |
| Eye Exam                     | 40%   | \$40               | \$50            | \$65                  | \$35                     | \$45            | \$65                  | \$30                     | \$45            | \$25                  | \$25                     | \$0             | \$10                  | \$50    |
| Glasses/Contacts             | No member cost share up to a \$250 annual allowance and discounts on contacts, frames, lenses and options beyond \$250 allowance.   |                    |                 |                       |                          |                 |                       |                          |                 |                       |                          |                 |                       |         |
| Additional Vision Services   | No cost retinal imaging annually. Low-vision supplemental testing and aids. Discounts on laser vision correction services. Discounts on additional eyewear (eyeglasses and contacts) of up to 40% off.  |                    |                 |                       |                          |                 |                       |                          |                 |                       |                          |                 |                       |         |
| Fitness Benefit              | The Fitness Benefit provides 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. |                    |                 |                       |                          |                 |                       |                          |                 |                       |                          |                 |                       |         |

<sup>†</sup>Silver 1, 2, and 3 are based upon eligibility for Cost-Sharing Reductions as determined by the Exchange.

In the charts above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum and Annual Limits). This is not a complete list of benefits. Visit [caresource.com/plans/marketplace/benefits-services](https://caresource.com/plans/marketplace/benefits-services) for more details.

## READY TO ENROLL?

It's easy! Just head to **enroll.CareSource.com!**

***Need a little more help? Call us at 1-844-539-1733 (TTY: 711).***

All programs and services are not available in all areas. All covered health care services must be received by in-network providers, except as otherwise required by applicable law and provided in applicable CareSource Marketplace Evidence of Coverage. CareSource plans have exclusions, limitations, reductions and terms under which the policy may be continued in force or discontinued. Benefits and costs may vary based upon plan selection. For costs and complete details of coverage, please review the CareSource Marketplace Evidence of Coverage and Schedule of Benefits documents at [caresource.com/marketplace](https://caresource.com/marketplace).

CareSource is a Qualified Health Plan issuer in the Health Insurance Marketplace