

MARKETPLACE

# WE GOT YOU.

2026 Wisconsin



  
*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. Advance Premium Tax Credit (APTC) and Cost-Sharing Reduction (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**. 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<sup>#</sup>.

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 since the Marketplace opened in 2013, and we never quit. We are here when you need us.

# 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.



**CareSource Marketplace plans are available in 13 counties in Wisconsin**





# 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.

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. All plans will be displayed on the Exchange under the CareSource (Common Ground Healthcare) name.

	Bronze \$9,600 (\$45 PCP Copay)	Bronze Standard \$7,500	Bronze \$0 Ded / \$2,500 Rx Ded
Deductible	\$9,600	\$7,500	\$0
Out-of-Pocket Maximum	\$9,600	\$10,000	\$9,500
Coinsurance	0%	50%	50%
Primary Care	\$45	\$50	\$55
Specialist Visit	\$0*	\$100	\$130
Urgent Care Visit	\$0*	\$75	\$200
Emergency Room Visit	\$0*	50%*	\$1,850
Generic Prescription Drug Coverage (30-day Retail/90-day Mail) (90-day mail order for 2 times the cost of 30-day)‡	\$0*	\$25	\$35
	\$0*	\$75	\$105
	\$0*	\$50	\$70
Pediatric Vision Services	One annual exam and one pair of eyeglasses or a year supply of contacts per year.		

\*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.

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 Cost Share Reduction (CSR), your out-of-pocket costs may be reduced by up to 94%. See our Benefits Guide for more detail. All plans will be displayed on the Exchange under the CareSource (Common Ground Healthcare) name.

	† Silver Standard \$6,000	† Silver \$5,000 Ded / \$6,000 Rx Ded0	† Silver \$4,700 Ded / \$5,000 Rx Ded
Deductible	\$6,000	\$5,000	\$4,700
Out-of-Pocket Maximum	\$8,900	\$10,600	\$10,600
Coinsurance	40%	30%	30%
Primary Care	\$40	\$35	\$55
Specialist Visit	\$80	\$75	\$120
Urgent Care Visit	\$60	30%*	30%*
Emergency Room Visit	40%*	30%*	\$300
Generic Prescription Drug Coverage (30-day Retail/90-day Mail) (90-day mail order for 2 times the cost of 30-day)‡	\$20 \$60 \$40	\$10 \$30 \$20	\$10 \$30 \$20
Pediatric Vision Services	One annual exam and one pair of eyeglasses or annual supply of contacts per year.		

\*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 CSR 73%, CSR 87% and CSR 94% 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). 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. All plans will be displayed on the Exchange under the CareSource (Common Ground Healthcare) name.

	Gold \$3,300	Gold Standard \$2,000	Gold \$0 Ded
Deductible	\$3,300	\$2,000	\$0
Out-of-Pocket Maximum	\$8,500	\$8,200	\$9,000
Coinsurance	15%	25%	20%
Primary Care	\$20	\$30	\$35
Specialist Visit	\$50	\$60	\$100
Urgent Care Visit	\$75	\$45	\$75
Emergency Room Visit	\$300	25%*	\$600
Generic Prescription Drug Coverage (30-day Retail/90-day Mail) (90-day mail order for 2 times the cost of 30-day)‡	\$2 \$6 \$4	\$15 \$45 \$30	\$2 \$6 \$4
Pediatric Vision Services	One annual exam and one pair of eyeglasses per year.		

\*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.

‡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.

Plans administered by Common Ground Healthcare Cooperative

Common Ground Healthcare Cooperative (CGHC) is a nonprofit, member-centered health plan and one of the largest and most tenured individual and family health insurers in Wisconsin. As an affiliate of CareSource, a nationally recognized nonprofit managed care organization with over 2 million members across multiple states, CGHC serves individuals and families in 24 Wisconsin counties. CGHC is dedicated to delivering a world-class experience for its members as well as the agents and brokers who assist them. 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 Certificate 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

