

BENEFITS GUIDE

West Virginia 2025



As a Health Insurance Marketplace-qualified health plan, CareSource offers individual and family coverage for all 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 out-of-pocket cost of health care.

Covered Services	Bronze First 7500 \$25 Generic Drugs	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	Gold 1500 \$15 Generic Drugs	Diabetes Gold 1100 \$0 Select Drugs & Specialized Services	Healthy Heart Gold 1500 \$0 Select Drugs & Specialized Services	Platinum Zero \$5 Generic Drugs
Individual Deductible	\$7,500	\$6,000	\$5,000	\$4,500	\$4,000	\$4,500	\$1,500	\$1,100	\$1,500	\$0
Coinsurance	50%	40%	40%	40%	50%	50%	25%	30%	30%	0%
Individual Out-of-Pocket Maximum	\$9,200	\$9,000	\$8,000	\$8,200	\$8,800	\$8,800	\$7,800	\$7,500	\$7,500	\$4,300
Primary Care Visit & Retail Clinics	\$50	\$35	\$40	\$30	\$30	\$30	\$30	\$10	\$10	\$10
Specialist Visit	\$100	\$75	\$80	\$70	\$50	\$50	\$60	\$40	\$40	\$20
Urgent Care	\$75	\$70	\$60	\$60	\$70	\$70	\$45	\$30	\$30	\$15
Emergency Room Services	50%*	\$500*	40%*	\$500*	\$600*	50%*	25%*	\$500*	\$0*	\$100
Lab Outpatient & Professional Services	50%*	\$40	40%*	\$50	\$75	\$60	25%*	\$30	\$20	\$30
\$0 Select Services, Drugs, & Supplies					\$0 copay for select medications, self-management supplies, select medical services, screenings and tests, and more included as part of our enhanced chronic health condition plans.			\$0 copay for select medications, self-management supplies, select medical services, screenings and tests, and more included as part of our enhanced chronic health condition plans.		
Generic Drugs: 30-Day Retail 90-Day Retail 90-Day Mail	\$25 \$75 \$75	\$3 \$9 \$9	\$20 \$60 \$60	\$3 \$9 \$9	\$3 \$9 \$9	\$3 \$9 \$9	\$15 \$45 \$45	\$2 \$6 \$6	\$2 \$6 \$6	\$5 \$15 \$15
Preferred Brand Name Drugs: 30-Day Retail 90-Day Mail	\$50* \$150*	\$75 \$225	\$40 \$120	\$70 \$210	\$70 \$210	\$70 \$210	\$30 \$90	\$60 \$180	\$60 \$180	\$10 \$30
^Zero Cost Telehealth Partner	\$0 copay telehealth office visits through our preferred partner with 24/7 access to U.S.-licensed physicians who can consult, diagnose and prescribe medications by phone or video for short-term illnesses.									
^Pediatric Vision	\$0 exams, \$0 retinal imaging, \$0 glasses/contacts, multiple lens options – many at no member cost — low-vision testing & aides, additional discounts on other services & glasses.									

*After deductible. ^CareSource has partnered with EyeMed® and Teladoc®.

∞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://www.caresource.com/plans/marketplace/benefits-services) for more details.





The chart below represents the Cost Share Reduced (CSR) variations of our core plan designs. *Silver 1, 2 and 3 are based upon eligibility for CSR as determined by the Marketplace.

Covered Services	CSR Level 1					CSR Level 2					CSR Level 3				
	Low Premium Silver 6000 \$3 Generic Drugs	Silver 3000 \$20 Generic Drugs	Low Deductible Silver 3950 \$3 Generic Drugs	Diabetes Silver 3500 \$0 Select Drugs & Specialized Services	Healthy Heart Silver 4000 \$0 Select Drugs & Specialized Services	Low Premium Silver 1000 \$2 Generic Drugs	Silver 500 \$10 Generic Drugs	Low Deductible Silver 800 \$3 Generic Drugs	Diabetes Silver 800 \$0 Select Drugs & Specialized Services	Healthy Heart Silver 800 \$0 Select Drugs & Specialized Services	Low Premium Silver 500 \$0 Generic Drugs	Silver Zero \$0 Generic Drugs	Low Deductible Silver 250 \$0 Generic Drugs	Diabetes Silver 250 \$0 Select Drugs & Specialized Services	Healthy Heart Silver 250 \$0 Select Drugs & Specialized Services
Individual Deductible	\$6,000	\$3,000	\$3,950	\$3,500	\$4,000	\$1,000	\$500	\$800	\$800	\$800	\$500	\$0	\$250	\$250	\$250
Coinsurance	30%	40%	40%	50%	50%	20%	30%	20%	20%	20%	15%	25%	10%	15%	15%
Individual Out-of-Pocket Maximum	\$7,250	\$6,400	\$7,000	\$7,350	\$7,350	\$3,050	\$3,000	\$3,000	\$3,000	\$3,000	\$1,000	\$2,000	\$1,000	\$800	\$1,000
Primary Care Visit & Retail Clinics	\$30	\$40	\$30	\$30	\$25	\$10	\$20	\$10	\$5	\$10	\$0	\$0	\$0	\$0	\$0
Specialist Visit	\$70	\$80	\$60	\$50	\$50	\$40	\$40	\$30	\$20	\$20	\$15	\$10	\$15	\$10	\$10
Urgent Care	\$50	\$60	\$60	\$70	\$70	\$25	\$30	\$25	\$20	\$20	\$25	\$5	\$15	\$15	\$15
Emergency Room Services	\$450*	40%*	\$500*	\$600*	50%*	\$350*	30%*	\$300*	\$250*	20%*	\$300*	25%	\$250*	\$150*	15%*
Lab Outpatient & Professional Services	\$40	40%*	\$50	\$75	\$60	\$15	30%*	\$15	\$40	\$30	\$10	25%	\$10	\$30	\$10
\$0 Select Services, Drugs, & Supplies				\$0 copay for select medications, self-management supplies, select medical services, screenings and tests, and more included as part of our enhanced chronic health condition plans.					\$0 copay for select medications, self-management supplies, select medical services, screenings and tests, and more included as part of our enhanced chronic health condition plans.					\$0 copay for select medications, self-management supplies, select medical services, screenings and tests, and more included as part of our enhanced chronic health condition plans.	
Generic Drugs: 30-Day Retail 90-Day Retail 90-Day Mail	\$3 \$9 \$9	\$20 \$60 \$60	\$3 \$9 \$9	\$3 \$9 \$9	\$3 \$9 \$9	\$2 \$6 \$6	\$10 \$30 \$30	\$3 \$9 \$9	\$2 \$6 \$6	\$2 \$6 \$6	\$0	\$0	\$0	\$0	\$0
Preferred Brand Name Drugs: 30-Day Retail 90-Day Mail	\$75 \$225	\$40 \$120	\$70 \$210	\$70 \$210	\$70 \$210	\$40 \$120	\$20 \$60	\$35 \$105	\$30 \$90	\$30 \$90	\$25 \$75	\$15 \$45	\$20 \$60	\$25 \$75	\$25 \$75
^Zero Cost Telehealth Partner	\$0 copay telehealth office visits through our preferred partner with 24/7 access to U.S.-licensed physicians who can consult, diagnose and prescribe medications by phone or video for short-term illnesses.														
^Pediatric Vision	\$0 exams, \$0 retinal imaging, \$0 glasses/contacts, multiple lens options – many at no member cost — low-vision testing & aides, additional discounts on other services & glasses.														

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 (EOC). 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 EOC and Schedule of Benefits documents at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

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: 711) to request a copy.

*After deductible. ^CareSource has partnered with EyeMed® and Teladoc®.
 ∞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://www.caresource.com/plans/marketplace/benefits-services) for more details.

Optional Vision and Fitness available! Our Adult Vision and Fitness Plans are available for as little as \$4 per month. Adults on the plan get eye care through EyeMed®. EyeMed offers \$250 annual allowance for eyewear, low-cost exams and extra discounts through EyeMed, one of the nation's largest eye care providers. The Fitness Program benefits are administered by American Specialty Health® through their Active&Fit® program and include an annual fitness center membership, home fitness kits, access to on-demand workout videos, healthy living coaching and more!

Ready to enroll? It's easy! Contact your insurance agent/agency, or head to [Enroll.CareSource.com](https://www.enroll.caresource.com)!
Need a little more help? Call us at 1-844-539-1733 (TTY: 711).

Other Ways to Enroll:
 • Contact your insurance agent or agency.
 • Visit [HealthCare.gov](https://www.healthcare.gov) or contact the Marketplace at 1-800-318-2596.

