

# West Virginia - Medicare Advantage 2026

## MARKET HIGHLIGHTS



- NEW Wellpoint Market
- 43 of the 55 counties
- Full and Partial D-SNP plans with Everyday Options Allowance for OTC, Assistive Devices, Healthy Foods and Utilities plus Rx Tiers 1 and 6 at \$0
- Lead \$0 HMO-POS with \$0 PCP plus Supplemental Dental, Vision and Hearing coverage
- Network includes key provider partners, such as Vandalia Health which includes CAMC Health System, Davis Health System and Mon Health System as well as Marietta Memorial Health System (Ohio) which includes Westbrook Health Services and St. Joseph Recovery Center

## SERVICE AREA

Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Jackson, Kanawha, Lewis, Lincoln, Logan, Mc Dowell, Marshall, Mason, Mongo, Monroe, Morgan, Nicholas, Ohio, Pendelton, Pheasants, Pocahontas, Preston, Putnam, Ritchie, Roane, Summers, Tucker, Tyler, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming

# West Virginia 2026 Plan Highlights

NEW

## Wellpoint Dual Advantage (HMO) H1212-002

NEW



## Wellpoint Full Dual Advantage (HMO) H1212-001

MEDICAID STATUS	Partial Dual	SLMB, QDWI, QI	Full Dual	FBDE, QMB, QMB+, SLMB+
PREMIUM		\$0 - \$32.70		\$0
PART B GIVEBACK		\$0		\$0
MEDICAL DEDUCTIBLE		\$0		\$0
MAX OUT-OF-POCKET		\$5,400		\$9,250
PCP		\$0 copay		\$0 copay
SPECIALIST		\$25 copay		\$0 copay
INPATIENT HOSPITAL		\$295 copay (days 1 – 7)		\$0 copay
SKILLED NURSING FACILITY		\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)		\$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 - T5)		\$0 - \$615 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay for a one-month supply of select insulin		\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Jackson, Kanawha, Lewis, Lincoln, Logan, Marshall, Mason, Mc Dowell, Mingo, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Ritchie, Roane, Summers, Tucker, Tyler, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming		Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Jackson, Kanawha, Lewis, Lincoln, Logan, Marshall, Mason, Mc Dowell, Mingo, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Ritchie, Roane, Summers, Tucker, Tyler, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming

\*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



# West Virginia 2026 Plan Highlights

NEW

**Wellpoint Dual Advantage  
(HMO)**  
H1212-002

NEW



**Wellpoint Full Dual Advantage  
(HMO)**  
H1212-001

	Partial Dual	SLMB, QDWI, QI	Full Dual	FBDE, QMB, QMB+, SLMB+
MEDICAID STATUS				
ESSENTIAL EXTRAS		N/A		N/A
DENTAL		\$1,500 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year		\$2,500 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year
VISION		\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year		\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,500 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year		\$0 copay – 1 hearing exam, 1 fitting & 1 evaluation per year; \$3,000 maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$55 per month OTC, Assistive Devices, Healthy Foods and Utilities		\$180 per month OTC, Assistive Devices, Healthy Foods and Utilities
FITNESS		\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®
TRANSPORTATION		\$0 copay – 18 one-way trips per year		\$0 copay – 42 one-way trips per year
PERS		N/A		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge		42 post discharge
CHIROPRACTIC		N/A		\$0 copay – 48 visits per year



# West Virginia 2026 Plan Highlights

NEW

## Wellpoint Medicare Advantage (HMO-POS) H1212-003

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$7,500
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$415 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$275 (T3 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 29% / N/A \$0 copay – T1, T2 and T6 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Jackson, Kanawha, Lewis, Lincoln, Logan, Marshall, Mason, Mc Dowell, Mingo, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Ritchie, Roane, Summers, Tucker, Tyler, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming



# West Virginia 2026 Plan Highlights

**NEW**

## Wellpoint Medicare Advantage (HMO-POS) H1212-003

ESSENTIAL EXTRAS	N/A
DENTAL	<p>\$1,000 allowance for preventive and comprehensive services per year;                  In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year;                  25% comprehensive services per year;                  Out of Network: 20% for preventive and 50% for comprehensive services per year</p>
VISION	<p>\$45 copay – 1 routine eye exam per year;                  \$100 allowance – eyeglasses or contact lenses per year</p>
HEARING	<p>\$0 copay – 1 hearing exam, fitting &amp; evaluation per year;                  \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</p>
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	N/A
OVER THE COUNTER + HEALTHY FOODS	N/A
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	N/A
HEALTHY MEALS	14 post discharge

