

KYNECTING YOU TO THE TRUTH: MYTH-BUSTING QUALIFIED HEALTH PLANS

During Open Enrollment, Individuals may come across misinformation when shopping for and enrolling in [Qualified Health Plans \(QHPs\)](#). Below is a list of common QHP myths along with the facts.

| PLAN YEAR 2025 QHP ISSUERS * | CONTACT DETAILS |
|---|-----------------|
| Ambetter by Wellcare of Kentucky | 1-833-705-2175 |
| Anthem Blue Cross and Blue Shield | 1-855-738-6671 |
| CareSource | 1-844-539-1733 |
| Passport Health Plan by Molina Healthcare | 1-833-644-1621 |

* The four (4) Issuers listed above are the only QHP Issuers offered through kynect.

- 1 Myth:** QHPs do not cover pre-existing conditions.
Fact: Under the Affordable Care Act (ACA), all QHPs are required to cover pre-existing conditions without charging higher premiums based on health status.
- 2 Myth:** Preventative services are not covered under QHPs.
Fact: QHPs must cover a set of preventative services, such as screenings, immunizations, and wellness visits, without charging a copayment or coinsurance, even if you have not met your yearly deductible.
- 3 Myth:** QHPs do not cover prescription drugs.
Fact: All QHPs are required to cover prescription drugs. Each plan has a formulary, or list of covered drugs, which can vary, so it is important to check if your medications are covered under the plan you choose.
- 4 Myth:** You can only visit the doctor a limited number of times with a QHP.
Fact: QHPs do not limit the number of times you can visit a doctor. However, the costs associated with visits, such as copayments or coinsurance, may vary depending on the plan. Preventative services are covered without cost-sharing, but other visits may require you to pay a portion of the cost until you reach your maximum out-of-pocket limit.
- 5 Myth:** Once you reach your maximum out-of-pocket limit, you still have to pay for doctor visits.
Fact: Once you reach your maximum out-of-pocket limit, your QHP will cover 100% of the costs for covered services, including doctor visits, for the remainder of the plan year. This means you will not have to pay any additional copayments, coinsurance, or other costs for covered services.
- 6 Myth:** QHPs do not cover enough doctor visits for people with chronic conditions.
Fact: QHPs are required to cover [essential health benefits](#), which include chronic disease management. This means that Individuals with chronic conditions can receive the necessary care and doctor visits as part of their coverage. The specific coverage details and costs may vary by plan, so it is important to review the plan's benefits and network.



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