

A Healthy Tomorrow Starts Today.

Enrollment Kit

MEDICARE ADVANTAGE | 2023


ESSENCE ADVANTAGE® (HMO)



Serving the Missouri County of Boone



A Healthy Tomorrow Starts Today.



There's no time like the present when it comes to your health. Investments you make in yourself today will benefit your health and well-being into the future. At **Essence Healthcare**, we work hard today—and every day—to help you live your healthiest life so you can continue to pursue the things you love surrounded by the people you love. We start by making sure you have access to **great doctors** who share our commitment to delivering high-quality, **well-coordinated healthcare**. We then provide a complete suite of health benefits, prescription drug coverage and valuable **extra benefits** that protect your health and your pocketbook. And because we all know that healthcare can get complicated sometimes, our dedicated team of experts are there to support you along the way if you need help, guidance or a quick answer.

We hope you find this material informative and helpful as you research your Medicare coverage options. We believe we have a great plan for you to consider and look forward to the opportunity to serve you as a valued Essence member.

–The Essence Healthcare Team



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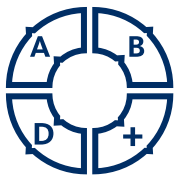
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What Makes Essence Different

One of the key differences between Essence and other health plans is how we work with and support the doctors who care for you. As a Medicare plan founded by doctors, we understand what your doctors need to make sure you are well taken care of. At Essence, it's truly a team approach when it comes to you and your health.

We believe that teamwork results in quite a few things that you'll find important and, frankly, refreshing. Here are just a couple:



More Benefits for Less

There's quite a bit of waste and inefficiency in healthcare—wasted time and money spent on things that don't help you get healthy or stay healthy, and that can drive up costs for everyone. At Essence, by working as a team with your doctors, we eliminate a lot of that waste, which saves money. Those savings get passed on to you in the form of better benefits, a \$0 monthly premium, lower out-of-pocket costs and valuable extra coverage such as dental, vision and other benefits not available with traditional Medicare plans.

A Health Plan Created by Doctors for Patients

Essence Healthcare was founded in 2003 by a group of doctors who wanted to create a new and better Medicare plan for their patients.



A Better Healthcare Experience

If you or a loved one has ever been sick or injured or currently deal with a chronic condition or two, you know how complicated healthcare can get. Communication often breaks down, and you're left in the middle to sort things out and make sure everyone is on the same page. At Essence, we do things differently. It starts with how we work with and support your primary care physician. We work closely with your physician—providing them tools, information and funding that allows them to spend more time to focus on you, help you manage your health and better coordinate your care. As an Essence member, you're not alone. You can rest easy knowing that you have a team of people who are focused on getting you the medical care you need and making sure that nothing slips through the cracks.



"I go to my primary care doctor every four months ... it's great, it's a relief. At this age and at this time in my life, the less stress I need to go through, I feel like the better I am and the happier I am."

—Joan H., Essence Healthcare member



Getting Coverage Is Simple and Easy

It's Seamless

You have many options when it comes to your Medicare coverage. Some people may just enroll in Parts A and B (Original Medicare). Many people may also add a prescription drug plan to their coverage. Others might choose to pay an additional premium for a Medicare supplement to cover some of the costs that Original Medicare doesn't cover. When you add it all up, it can get expensive and complicated. With a plan from Essence Healthcare, things get a lot simpler and much more affordable.

Original Medicare

Includes Medicare Part A (hospital coverage) and Part B (medical coverage)



Hospital Coverage
(Part A)



Medical Coverage
(Part B)

Prescription Drug Coverage

Helps cover the cost of prescription drugs and protects against higher costs

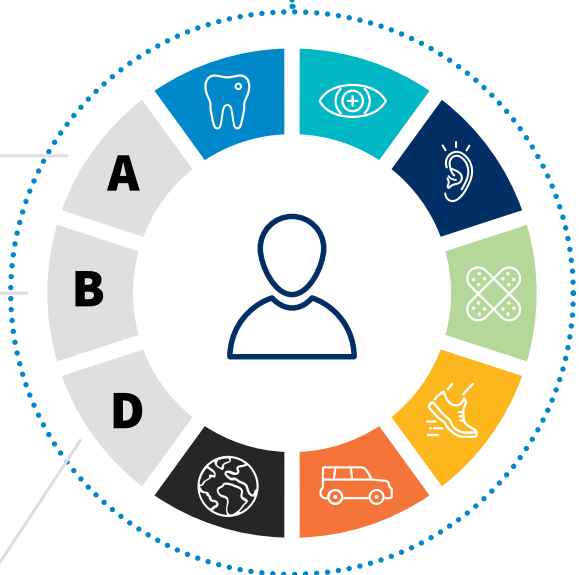


The Complete Protection Package

Essence provides all the coverage you need in one easy-to-use plan. Our plan includes comprehensive coverage for hospital stays, doctor visits and prescription drugs, as well as valuable extra benefits such as dental, vision and more—all for a \$0 monthly premium. We make it easy to budget for your healthcare with low, predictable copays and an out-of-pocket limit that protects you from unexpected medical costs. With Essence, you can have peace of mind knowing that we've got you covered from head to toe.

The Essence Advantage

Everything you want and need in one convenient, affordable plan



Extra Benefits

Money-saving extras designed to make life easier and keep you at the top of your game

Dental Coverage

Vision Coverage

Hearing Coverage

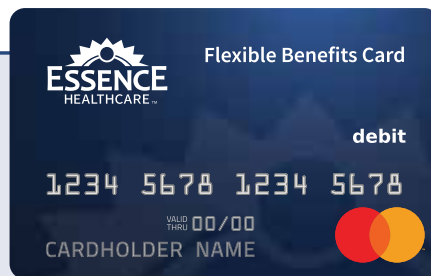
Over-the-Counter Coverage

**Fitness Club Memberships/
SilverSneakers®**

**Transportation Assistance
Coverage when Traveling**

NEW Flexible Benefits Card

Purchase health-related over-the-counter items when and where you want. See page 20 for more information.





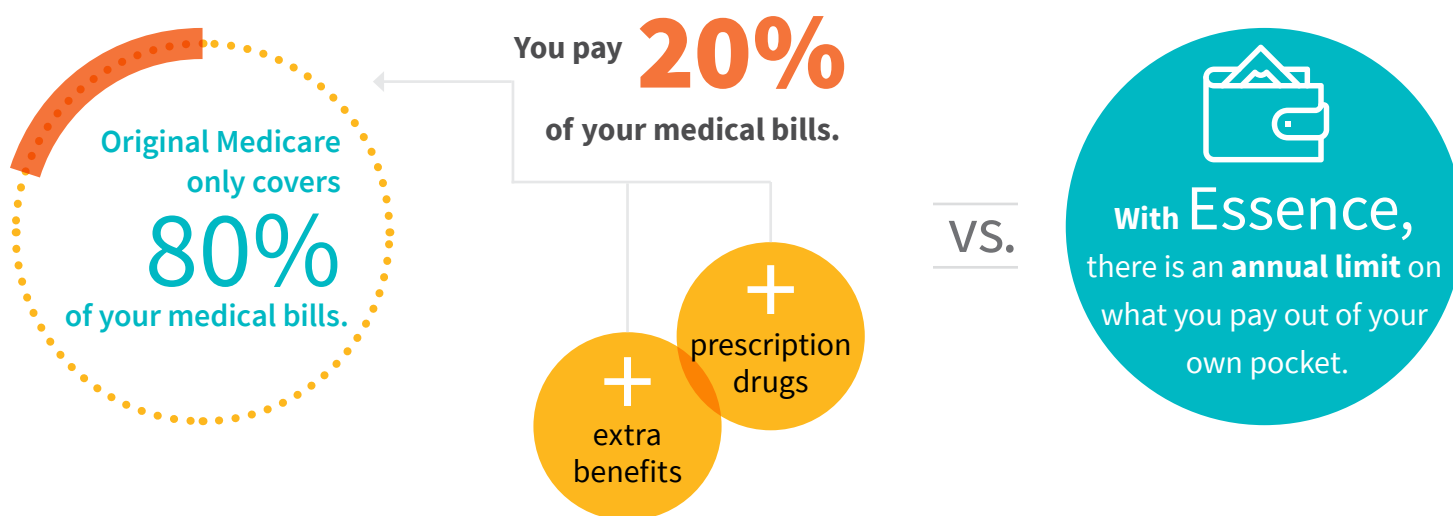
The Essence Benefit: Hospital and Medical Coverage

All the Basics—Covered

Essence provides all the Hospital (Part A) and Medical (Part B) coverage you find with Original Medicare, but there are some key differences that we think you'll like.

If you're familiar with Original Medicare, you may know that you're responsible for 20 percent of your costs. The issue with this is that you don't know what your actual out-of-pocket costs will be, and there's no limit to what you may have to pay each year. This makes it hard to budget for healthcare expenses and leaves your savings and retirement at risk in the case of an unexpected illness or injury.

With Original Medicare, there's **no limit** to your expenses.



With Essence, you'll pay a low copay for the majority of your hospital and medical services and, in some instances, no copay at all. We also don't include any annoying deductibles in our plan, which means we start covering you on day one.

Unlike Original Medicare, we put a limit on what you pay out of your own pocket each year for any hospital and medical services.

This limit is referred to as maximum out-of-pocket protection (MOOP). No matter what happens, you'll never pay more than the MOOP limit. At Essence, we like to set our limit low to give you the most financial protection possible.

Did You Know?

Your maximum out-of-pocket limit is different than a deductible. A MOOP limit is the total amount that you could pay annually for covered hospital and medical services. Once you meet this limit, you won't have to pay any more money for covered services during that year. Note that there are some services that don't count toward your MOOP limit, such as certain eyewear or dental work. A deductible is the amount that you must pay out of pocket before a plan starts paying their share of a covered service. With Essence, you won't have a deductible.



The Essence Benefit: Prescription Drug Coverage

Saving You More On Your Prescriptions

Regularly taking medications can be an important part of maintaining your health and wellness. Unfortunately, the cost for those medications can really add up. At Essence, we never want the cost of your medications to get in the way. That's why our plan includes generous Part D prescription drug coverage for thousands of generic and brand-name medications, and no annual deductible is required.

And while you have thousands of pharmacies to choose from nationwide, with Essence you can save even more when you fill your prescriptions at one of our preferred pharmacies, which include **CVS, Walmart and Pharmax**. If you fill your prescription at any of these pharmacies, you're entitled to lower copays, including **\$0 copays** on all generic medications and reduced copays for brand-name medications.

We also offer additional ways to save. If you use our mail-order pharmacy, you can save even more on your prescriptions and have them delivered right to your door.



Savings for People with Diabetes

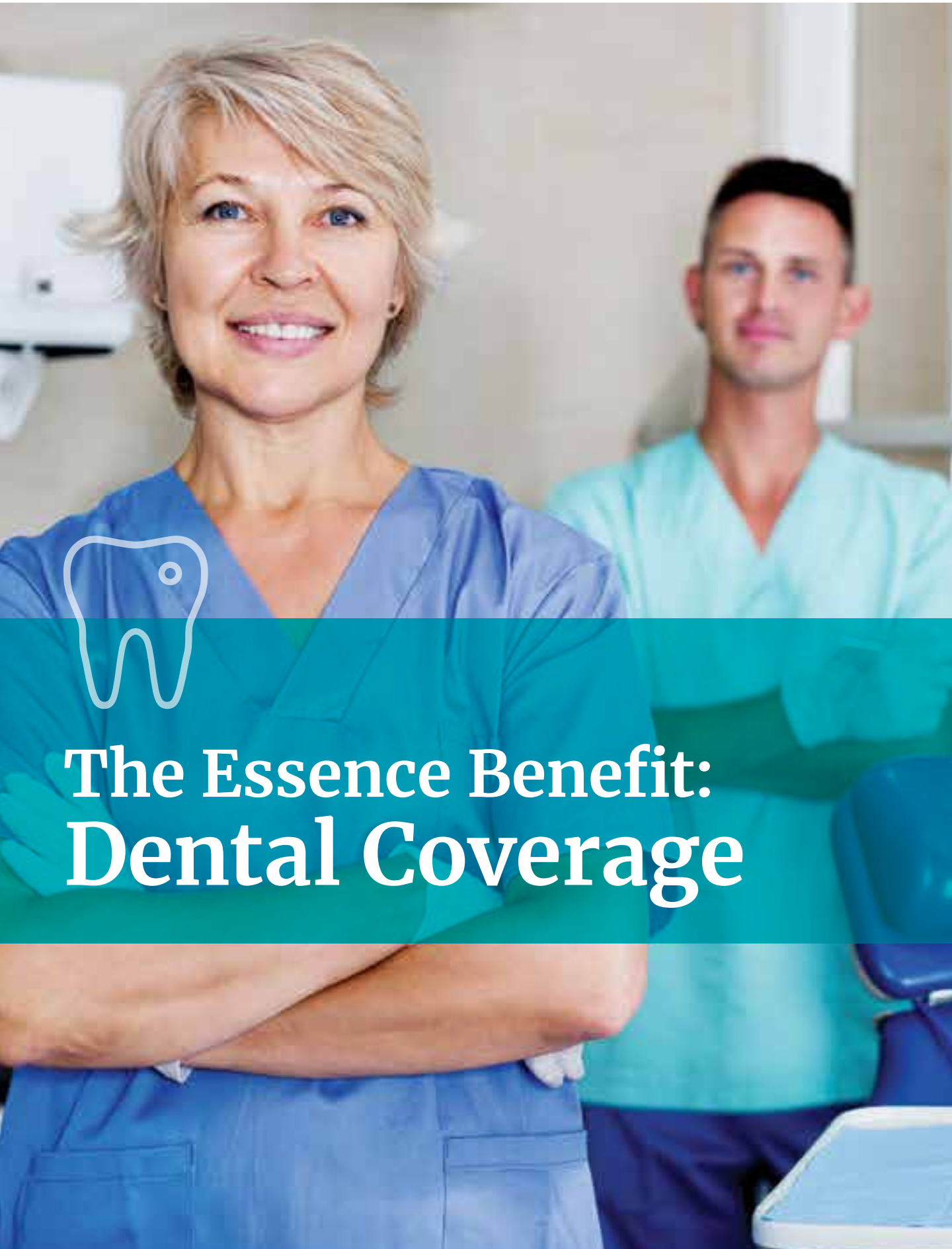
If you have diabetes and take insulin, then you know how costly it can be. With an Essence plan, you can receive your insulins for a \$0 copay.*

*A diagnosis of diabetes is not required for insulin coverage.



"Most of our medications are free of charge, so that's a big plus."

-Robert G., Essence Healthcare member



The Essence Benefit: Dental Coverage

Another Reason to Smile

It's easy to put on a smile. It's not always easy—or affordable—to make sure your smile is healthy and pain free. At Essence, we want to make sure that anything that affects your health is covered and that also means your teeth. Issues with your teeth can really wear on you both physically and financially, so that's why our plan includes dental coverage for no additional premium.

When you're an Essence member, you won't have to worry about finding the money for routine cleanings or exams; we cover two per calendar year for a **\$0 copay**. And we include other preventive coverage, such as X-rays and fluoride treatment to help find problems and alleviate any pain.

Did You Know?

Your oral health is more important than you might realize. Problems in your mouth can affect the rest of your body. Oral bacteria and the inflammation associated with a severe form of gum disease might play a role in some diseases such as endocarditis, cardiovascular disease and pneumonia. Conditions like diabetes and osteoporosis can affect your oral health. Taking care of your oral health is an investment in your overall health.



The Essence Benefit: Vision Coverage

Seeing Is Believing

The quality of your vision and your eye health are so important to your overall health and well-being. If you need correction for your vision, our plan includes a generous allowance for frames, lenses and contacts, but our vision coverage doesn't end there.

Because an eye exam can tell your doctors so much about your overall health, we also include coverage for routine checkups and visits with vision specialists to make sure your eyes (and the rest of you) are healthy.

In addition to eyewear and routine checkups, we also cover vision services such as eye surgery, diabetic retinopathy screenings and screenings for people at high risk for glaucoma.

Did You Know?

Optometrists can spot many health conditions and vision problems just by taking a glance into your eyes. During an eye exam, doctors can often detect serious medical problems such as high blood pressure, diabetes, some cancers, autoimmune diseases, thyroid issues and high cholesterol.

Also, early treatment is key in preventing some common eye diseases from causing permanent vision loss or blindness.



The Essence Benefit: Hearing Coverage

Let's Hear It

Hearing loss is a lot more common than most people realize. According to the Hearing Health Foundation, nearly one out of every three adults between the ages of 65 and 74 has experienced some level of hearing loss, and that number grows to nearly half of all adults after the age of 75.

All of our senses are important, but being able to hear clearly is especially critical to overall health, happiness, personal safety and the safety of others. Our plan covers important hearing exams and screenings.

Did You Know?

Hearing is one of your most important senses. Hearing loss can be connected to stress, anger, depression, loneliness, memory loss and many other problems. Hearing problems can get worse or become permanent if you ignore them—so get help early.



The Essence Benefit: Over-the-Counter Coverage

Your Doorstep Drugstore

Think of all the money you've spent on things like pain relievers, vitamins, first aid products and other over-the-counter (OTC) supplies. Now imagine your health plan giving you an allowance to help purchase them in the future.

With the Essence Advantage plan, you'll get a \$55 quarterly allowance that is loaded onto a **Flexible Benefits Card**. You can use this preloaded debit card on any eligible health-related OTC items in retail stores or online.



Here's just a small list of the types of eligible items:

- Allergy Relief
- Antacids and Acid Reducers
- Antidiarrheal, Laxatives and Digestive Health Aids
- Cold and Flu Medications
- Dental and Denture Care
- Eye, Ear and Foot Care
- First Aid Items
- Incontinence Supplies
- Pain Relief Aids (creams, heating pads, ice packs, etc.)
- Pain Relievers and Fever Reducers
- Skin and Sun Care Creams
- Sleep Aids
- Supports and Braces
- Vitamins and Minerals

Did You Know?

OTC items can be an expensive part of your healthcare. Also, without these items, it's likely you would seek professional medical treatment for minor ailments. An OTC allowance will help save you money and possibly reduce the number of visits with your medical provider.



The Essence Benefit: SilverSneakers

Stay Active. Stay Healthy.

Staying active can help you live your life to the fullest. That's why we've partnered with **SilverSneakers** to give you free access to participating gyms, health clubs and a host of different classes for any fitness level.

Whether you want to work out at the gym, at home or outside, it's all possible with SilverSneakers. If you want structure and guidance, in-person instructor-led group fitness classes are available and include a range of options from classic strength-training workouts to yoga, swimming, dance and more.

And if the gym isn't your thing, you can take advantage of live workouts and on-demand options at home, or join one of the SilverSneakers small group exercise classes outside of the gym in your community. Sometimes all it takes to get moving are the right options.

From national gyms to local community centers, there are over 15,000 fitness locations nationwide to choose from. And that's good to know because you can use your SilverSneakers membership at any participating fitness center anywhere in the country—just another perk of being an Essence member.



"We've always been active people in one way or another. We're dancers. We're runners. We're walkers. So with the Essence SilverSneakers program, it allows us a way to stay as active as we can."

—Johnnie H., Essence Healthcare member



The Essence Benefit: Transportation and Travel

From Here to There

Seeing your doctor on a regular basis is important, and we never want your ability to get to your appointments to be an issue. That's why we include free transportation services to doctors and authorized medical facilities as part of your plan membership. If you need to go to the pharmacy to pick up a prescription, our transportation service can help with that, too.

Using your transportation benefit is simple and easy. As an Essence member, you'll be given a number to call to schedule your trip. Just provide where and when you want to go, and a driver will be there to take you to your destination. And if you have any special transportation needs, such as a wheelchair, they can help you with that, too.

And Everywhere

Going out of town, visiting friends and family in another state or maybe traveling abroad? Rest easy knowing that if you get sick or injured while away from home, your emergency or urgent-care services are covered.



"Wherever I go, Essence goes with me. It doesn't end on the state boundaries so wherever I go, I know I'm covered."

-Anita K., Essence Healthcare member

Plan Benefit Highlights:

For more details and benefits, please see the **Summary of Benefits** starting on page 30.

Hospital and Medical Coverage

Monthly Premium	\$0
Maximum Out-of-Pocket Limit	\$3,000 Per calendar year
Annual Deductible	\$0 Per calendar year
Preventive Care/Screenings	\$0 Copay
Primary Care Physician Visits	\$10 Copay
Specialist Doctor Visits	\$40 Copay
Telehealth Visits	Same copay as an in-office visit
Chiropractic Care	\$20 Copay for manual manipulation of the spine to correct subluxation
Inpatient Hospital Care	\$310 Days 1-7 \$0 Days 8 and beyond
Outpatient Surgery at Hospital	\$250 Copay
Emergency Care	\$125 Copay
Urgent Care	\$30 Copay

Part D Drug Coverage

Preferred Pharmacy Benefits

30-Day Supply

Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non- Preferred Brand	Tier 5 Specialty Drug	Tier 6 Insulin
\$0 Copay	\$0 Copay	\$42 Copay	\$85 Copay	33% Coinsurance	\$0 Copay

Non-Preferred Pharmacy Benefits

30-Day Supply

Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non- Preferred Brand	Tier 5 Specialty Drug	Tier 6 Insulin
\$7 Copay	\$12 Copay	\$47 Copay	\$95 Copay	33% Coinsurance	\$0 Copay

Extra Benefit Coverage

Dental	\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more
Hearing	\$20 Copay for routine hearing exam. Hearing aids are not covered.
Vision	\$0 Copay for routine eye exam \$0 Copay for eyewear (eyeglass frames and lenses or contact lenses), \$200 allowance for frames or contacts every 2 calendar years
OTC Allowance/Flexible Benefits Card	\$55 Allowance per quarter on a preloaded Flex Card
Fitness/Gym Membership	SilverSneakers included at no additional cost
Transportation Assistance	\$0 Copay for up to 20 one-way trips to approved locations per calendar year*

*Health-related locations, including provider offices, adult day care, rehabilitation clinics, dental offices, pharmacies and more

Frequently Asked Questions

Part of making sure you're getting the best coverage for your unique needs is having no unanswered questions. Listed below are some of the most common questions we hear from Medicare shoppers. If you have additional questions, one of our customer service team members is ready and waiting to help; just give us a call at 1-866-947-5816 (TTY: 711).



"There's no monthly premiums, but I still get the same coverage I had when I was working and when you're retired, that's very important."

**-Mike V., Essence
Healthcare member**

How can you offer a plan for a \$0 premium?

Medicare pays private insurance companies, like Essence Healthcare, to manage Medicare Advantage plans and better serve people with Medicare. By working cooperatively with doctors and hospitals, eliminating waste and focusing on helping our members stay healthy, we are able to save money. We then pass those savings on to our members in the form of generous benefits, lower copays and a \$0 monthly plan premium.

Does your plan come with a deductible?

As an Essence member, you won't have to meet medical or pharmacy deductibles. Your coverage begins with the first dollar you spend. Typically, Original Medicare's Part B does come with a deductible, but when you sign up for an Essence plan, we cover that deductible for you so that you can start enjoying the many benefits we offer as soon as you join our plan.

What is the maximum out-of-pocket limit?

Sometimes, people think that maximum out-of-pocket protection, often referred to as MOOP, is the same thing as a deductible. The MOOP amount puts a limit on what you have to pay out of your own pocket each year for covered medical expenses. Once you reach your MOOP limit in a given

year, you'll no longer have to pay copays or coinsurance for medical or hospital-related services. This is a great feature that protects your savings and makes it easy to budget for your healthcare costs—because you know you'll never pay more than the maximum out-of-pocket limit for covered medical expenses.

If I join Essence, will I lose my Original Medicare coverage?

No. When you join Essence, you're still participating in Medicare and still have all the rights and protections you're entitled to as a Medicare beneficiary.

Is this a Medicare supplement?

No. We are not a Medicare supplement. A Medicare supplement is a private company that charges up-front monthly premiums to help cover what Original Medicare does not. It's important to note that supplements do not include Part D prescription drug coverage or extra benefits like dental and vision. Essence Healthcare is a Medicare Advantage (MA) plan. Medicare pays companies like Essence to manage MA plans. Because of this, we're able to offer an all-in-one plan that includes hospital, medical and Part D prescription drug coverage as well as valuable extras like dental and vision benefits for a \$0 monthly premium.

How does the Flex Card work?

You'll receive a \$55 quarterly allowance to spend on health-related over-the-counter items. This allowance is loaded onto a Flexible Benefits Card that you can use in retail stores and online. If an item isn't eligible, your purchase will be declined. Some online retailers label their products as FSA/HSA eligible, which can help you determine if an item qualifies for Flex Card usage. See page 21 for a list of some of the types of eligible items. Your allowance does not roll over from quarter to quarter.



"Essence provides so much more benefits and at such a low cost. I've never seen anybody come close to that before. And the attitude of the people that you deal with is terrific. It's warm."

–Robert G., Essence Healthcare member





Summary of Benefits

Summary of Benefits

January 1, 2023 – December 31, 2023

This booklet gives you a summary of what we cover and what you pay. It doesn't list every limitation, exclusion or covered service. To get a complete list of services we cover, call us and ask for the Evidence of Coverage, or you can view it on EssenceHealthcare.com.

This Summary of Benefits booklet gives you a summary of what **Essence Advantage (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on Medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at Medicare.gov, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Sections in This Booklet

- Things to Know About **Essence Advantage**
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call 1-866-947-5816 (TTY: 711) to speak with a customer service representative.

Things to Know About Essence Advantage

Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

Essence Advantage Phone Number and Website

- If you have questions, call 1-866-947-5816 (TTY: 711).
- Our website: EssenceHealthcare.com

Who can join?

To join **Essence Advantage**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be a United States citizen or are lawfully present in the United States and live in our service area. Our service area includes the following county in Missouri: Boone.

What is an HMO?

An HMO, or Health Maintenance Organization, is a type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage.

Which doctors, hospitals and pharmacies can I use?

Essence Advantage has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's Provider Directory on EssenceHealthcare.com or call us, and we will send you a copy.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and *more*.

- **Our plan members get all of the benefits covered by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get *more* than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on EssenceHealthcare.com or call us, and we will send you a copy.

How will I determine my drug costs?

Our plan groups each medication into one of six tiers. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: initial coverage, coverage gap and catastrophic coverage. If you have questions about the different benefit stages, please contact the plan for more information or access the Evidence of Coverage on our website.

Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services

Essence Advantage (HMO)	
Monthly Plan Premium	\$0 Per month. You must continue to pay your Medicare Part B premium.
Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility <i>(does not include Part D prescription drugs)</i>	<p>The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$3,000 for covered hospital and medical services you receive from in-network providers <p>If you reach the limit on out-of-pocket costs, hospital and medical services are still covered, and we pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

Covered Medical and Hospital Benefits

Essence Advantage (HMO)	
Inpatient Hospital Coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> \$310 Copay per day, per stay: days 1–7 \$0 Copay per day, per stay: day 8 and beyond <p>Prior authorization is required.</p>
Outpatient Hospital Coverage	<p>\$250 Copay or 20% coinsurance, depending on the service or visit</p> <p>Prior authorization may be required.</p>
Ambulatory Surgical Center (ASC)	<p>\$175 Copay</p> <p>Prior authorization may be required.</p>
Doctor Visits <i>(primary care providers and specialists)</i>	<p>Primary care physician (PCP) visit: \$10 copay</p> <p>Specialist visit: \$40 copay</p> <p>A referral is required for specialist visits.</p> <p>Certain Medicare-covered services provided by a physician may require a prior authorization.</p>

Essence Advantage (HMO)

Preventive Care

You pay nothing.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease testing
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diabetes self-management training and diabetic services
- Health and wellness education programs
- HIV screening
- Immunizations (pneumonia, hepatitis B, COVID-19 and influenza)
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy to promote sustained weight loss
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for lung cancer with low-dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Vision care
- “Welcome to Medicare” preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.

Essence Advantage (HMO)	
Emergency Care	<p>\$125 Copay</p> <p>If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>We provide worldwide coverage.</p>
Urgently Needed Services	<p>\$30 Copay within the United States</p> <p>\$125 Copay outside of the United States</p> <p>We provide worldwide coverage.</p>
Diagnostic Services/ Labs/Imaging <i>(Costs for these services may vary based on place of service.)</i>	<p>Lab services: \$20 copay</p> <p>Diagnostic procedures and tests: 20% coinsurance</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Diagnostic radiology services (such as MRI, CT and PET scans): 20% coinsurance</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance</p> <p>X-rays: \$20 copay</p> <p>Prior authorization may be required.</p>
Hearing Services	<p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay</p> <p>Routine hearing exam: \$20 copay</p> <p>A referral is required for Medicare-covered hearing services.</p> <p>Hearing aids are not covered.</p>
Dental Services	<p>Preventive dental services: \$0 copay</p> <p><u>Preventive services include:</u></p> <ul style="list-style-type: none"> • Periodic oral evaluation (2 every calendar year) • Comprehensive oral exam (1 every 3 calendar years) • Routine cleaning (2 every calendar year) • Fluoride treatment (1 every calendar year) • Horizontal bitewing X-ray(s) (up to 4, once every calendar year) <p>Medicare-covered comprehensive dental services: \$40 copay</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.</p>

Essence Advantage (HMO)

<p>Vision Services</p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$40 copay</p> <p>Diabetic eye exams performed by a contracted specialist: \$0 copay</p> <p>A referral is required for Medicare-covered eye exams.</p> <p>1 Pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay</p> <p>1 Pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery. Our plan pays up to \$200 for eyeglass frames or contact lenses after each cataract surgery: \$0 copay</p> <p>1 Routine eye exam every calendar year: \$0 copay</p> <p>Refraction covered as part of exam</p> <p>1 Pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every 2 calendar years: \$0 copay</p> <p>Our plan pays up to \$200 for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs), every 2 calendar years: \$0 copay</p> <p>Upgrades may be available at an additional cost.</p>
<p>Mental Health Services</p>	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$295 Copay per day, per stay: days 1–6 • \$0 Copay per day, per stay: day 7 and beyond <p>Outpatient individual visit: \$15 copay</p> <p>Outpatient group visit: \$10 copay</p> <p>Prior authorization may be required.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>The plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$20 Copay per day, per stay: days 1–20 • \$125 Copay per day, per stay: days 21–100 <p>Prior authorization is required.</p> <p>Admission to a new or different SNF facility within the same benefit period may start a new stay for copay administration purposes.</p>

Essence Advantage (HMO)	
Physical Therapy	<p>\$40 Copay</p> <p>A referral is required.</p>
Ambulance	<p>\$200 Copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>
Transportation	<p>\$0 Copay</p> <p>Limited to 20 one-way trips to plan-approved health-related locations every year.</p>
Medicare Part B Drugs	<p>For Part B drugs such as chemotherapy drugs: 20% coinsurance</p> <p>Other Part B drugs, including insulin administered via a durable medical equipment insulin pump: 20% coinsurance</p> <p>Prior authorization may be required.</p> <p>Amounts you pay for Part B drugs count toward your maximum out-of-pocket amount; they do not count toward your Part D initial coverage limit or true out-of-pocket cost of \$7,400.</p>

Part D Prescription Drug Benefits

		Essence Advantage (HMO)		
Deductible	This plan does not have a deductible.			
Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and your Part D plan. If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out of network.</p>			
Preferred Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay	\$0 Copay	
Tier 2 (Generic)	\$0 Copay	\$0 Copay	\$0 Copay	
Tier 3 (Preferred Brand)	\$42 Copay	\$84 Copay	\$126 Copay	
Tier 4 (Non-Preferred Brand)	\$85 Copay	\$170 Copay	\$255 Copay	
Tier 5 (Specialty Drug)	33% Coinsurance	Not offered	Not offered	
Tier 6 (Insulins)	\$0 Copay	\$0 Copay	\$0 Copay	
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	
Tier 1 (Preferred Generic)	\$7 Copay	\$14 Copay	\$21 Copay	
Tier 2 (Generic)	\$12 Copay	\$24 Copay	\$36 Copay	
Tier 3 (Preferred Brand)	\$47 Copay	\$94 Copay	\$141 Copay	
Tier 4 (Non-Preferred Brand)	\$95 Copay	\$190 Copay	\$285 Copay	
Tier 5 (Specialty Drug)	33% Coinsurance	Not offered	Not offered	
Tier 6 (Insulins)	\$0 Copay	\$0 Copay	\$0 Copay	

Essence Advantage (HMO)			
Standard Mail-Order Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	Not offered	Not offered	\$0 Copay
Tier 2 (Generic)	Not offered	Not offered	\$0 Copay
Tier 3 (Preferred Brand)	Not offered	Not offered	\$105 Copay
Tier 4 (Non-Preferred Brand)	Not offered	Not offered	\$212.50 Copay
Tier 5 (Specialty Drug)	33% Coinsurance	Not offered	Not offered
Tier 6 (Insulins)	Not offered	Not offered	\$0 Copay
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you have paid) reaches \$4,660.</p> <p>Important—You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan for all cost-sharing tiers.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs and 25% of the plan’s cost for covered generic drugs until your out-of-pocket costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% Coinsurance or • \$4.15 Copay for generic (including brand-name drugs treated as generic) or a \$10.35 copay for other drugs (one-month supply) <p>Important—You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan for all cost-sharing tiers.</p>		

Cost-sharing may change depending on the pharmacy you choose.

Other Covered Benefits

	Essence Advantage (HMO)
Acupuncture	Medicare-covered services (chronic low back pain): \$40 copay
Chiropractic Care	Manual manipulation of the spine to correct subluxation: \$20 copay A referral is required.
Diabetes Supplies and Services	Diabetes self-management training: \$0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 0% coinsurance When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products. Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). *See Evidence of Coverage for a complete listing.
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i>	20% Coinsurance Prior authorization may be required.
Foot Care <i>(podiatry services)</i>	\$40 Copay A referral is required.
Home Healthcare	\$0 Copay A referral is required.
Hospice	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not Essence Healthcare.

Essence Advantage (HMO)

Outpatient Rehabilitation Services	<p>Cardiac rehabilitation services: \$20 copay per day</p> <p>Occupational, speech and language therapy visits: \$40 copay</p> <p>A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p> <p>A referral is required.</p>
Outpatient Substance Abuse	<p>Individual visit: \$15 copay</p> <p>Group visit: \$10 copay</p> <p>Prior authorization may be required.</p>
Over-the-Counter (OTC) Coverage/ Flexible Benefits Card	<p>\$55 Credit per quarter, supplied in the form of a debit card (Flexible Benefits Card), provided by WEX, to use on health-related OTC items</p> <p>Any unused balance will not carry over from quarter to quarter and will expire at the end of the calendar year.</p> <p>For more information, please see the Evidence of Coverage.</p>
Prosthetic Devices	<p>Prosthetic devices: 20% coinsurance</p> <p>Related medical supplies: 20% coinsurance</p> <p>Prior authorization may be required.</p>
Virtual/ Telehealth Visits	<p>\$10–\$40 Copay</p> <p>You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider’s office.</p> <p>A referral or authorization may be required.</p>
Wellness Programs	<p>Health club membership/fitness classes through SilverSneakers®: \$0 copay</p>

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-947-5816 (TTY: 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit [EssenceHealthcare.com](https://www.essencehealthcare.com) or call 1-866-947-5816 (TTY: 711) to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the Provider Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2024.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).





Enrollment Information

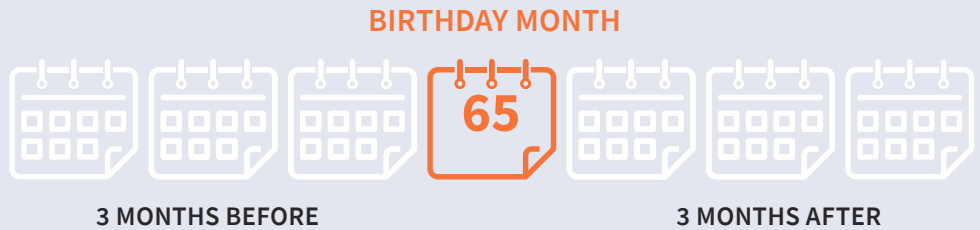
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Medicare Enrollment Periods

Medicare has different enrollment periods for Medicare beneficiaries. The chart below explains the enrollment periods, their time frames and requirements for enrolling during that time.

Initial Enrollment Period (IEP)

Sign up for Medicare for the first time.



Annual Enrollment Period (AEP)

Switch, drop or join a different Medicare plan.

Open Enrollment Period (OEP)

Make a one-time election to change your Medicare Advantage plan.*

Special Enrollment Period (SEP)

Enroll in a Medicare plan if you qualify.**

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
									10/15-12/07		
01/01-03/31											
YEAR-ROUND											

*You can also switch to Original Medicare as well as add or drop Part D coverage.

**Examples of when you'd qualify include a recent move that made new Medicare options available to you or leaving employer or union coverage.

How to Enroll

Below are ways you can enroll in an Essence plan.



Enroll with your licensed Essence agent or insurance broker.

Your agent or broker can help you choose the best plan for you and help you complete the enrollment application.



Enroll over the phone.

Simply give us a call and an Essence representative will be happy to enroll you over the phone. Call toll-free: 1-866-947-5816 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.



Enroll online.

Go to *EssenceHealthcare.com* and click “Enroll Now.”



Enroll by mail.

Complete the enrollment application located in the back of this kit and mail it in using the postage-paid envelope included.

Enrollment Application Checklist

To get started, you'll need an enrollment application (located in the back of this booklet), your Medicare ID card and a pen.[†] Use the Enrollment Application Checklist below to help ensure all parts of the application are filled out.

Enrollment Application Checklist

1. Select a plan.	<input type="radio"/>
Fill in your: 2. <input type="radio"/> Name <input type="radio"/> Birth date <input type="radio"/> Sex <input type="radio"/> Phone number <input type="radio"/> Address <input type="radio"/> Mailing address (if different than your permanent residence address) <input type="radio"/> Email address (optional)	<input type="radio"/>
3. Fill in your Medicare number.	<input type="radio"/>
4. Answer the Yes/No question in Section 1. If you answer "Yes," please fill out the additional information necessary.	<input type="radio"/>
5. Sign the enrollment application. You or your authorized representative must sign and date the form.	<input type="radio"/>
6. Read the bulleted section labeled IMPORTANT for an explanation on enrollment periods and your rights under this plan.	<input type="radio"/>
7. Answer the questions in Section 2. (Please note, all fields are optional and you can't be denied coverage if you decide not to fill them out.)	<input type="radio"/>
8. Fill in your primary care physician ID number and name. You can find it in the Provider Directory online or by calling the number listed below.	<input type="radio"/>
9. Mail your application to the address listed on the enrollment application.	<input type="radio"/>

[†]If you are enrolling in Medicare for the first time or changing your Medicare coverage outside of the AEP, fill out the Attestation of Eligibility form (located on page 67).

Have questions about the Enrollment Application?

We would be happy to help. Just give us a call toll-free at 1-866-947-5816 (TTY: 711). Our telephone lines are open seven days a week from 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

What to Expect After Enrollment

Enrolling in your Essence plan is the beginning of many things: benefits designed to get and keep you healthy during any stage of life, having a healthcare team who works hard for you from the minute you sign up and it's the start of a plan that eliminates roadblocks and increases financial security so you can focus on your health. We hope you're as excited as we are for this new journey. Here's a list of items to expect after you enroll.



Receipt of Your Completed Enrollment Application

This confirms you submitted the enrollment application. You'll receive either a copy of the receipt or confirmation number depending on how you enroll. Please note, beneficiaries who apply via paper enrollment form will not receive a receipt or confirmation number. Instead, they will be sent an enrollment verification letter.



Enrollment Verification Letter

This letter is sent to confirm your intent to enroll in an Essence plan and summarizes the conditions and terms of becoming an Essence member.



Member ID Card

You'll receive two member ID cards in the mail. Be sure to bring your new member ID card every time you visit the doctor, hospital, pharmacy or dentist. It's a good idea to keep your ID card in your wallet so it's always there when you need it.



Welcome Kit

This kit includes important plan information such as the Enrollment Letter, Evidence of Coverage, New Member Guide and more.



Financial Assistance Letter

If you qualify, you may receive a letter on how to get extra help with your prescription drug copays and other healthcare costs.

Star Ratings Explained

Each year, the Centers for Medicare & Medicaid Services (CMS), the government agency that oversees Medicare, rates how well Medicare Advantage plans perform in many different categories. Ratings are based on surveys of existing health plan members, information collected from doctors, information submitted by the various health plans and results from CMS monitoring.

The Star Ratings Scale

Excellent	★★★★★
Above Average	★★★★
Average	★★★
Below Average	★★
Poor	★

Why Are Star Ratings Important?

Star ratings give you an unbiased view of a health plan by offering a single summary score that makes it easy for you to compare different plans based on quality and performance. They're a lot like Consumer Reports® but specific to Medicare plans. It's important to note that Star ratings are assessed every year and can change from one year to the next. New ratings come each October. You can always find the latest Star ratings for all the different plans at Medicare.gov.



Where Does Essence Rank?

For our latest Star rating, please see the insert in the back of this kit. You can also visit Medicare.gov to see how our Star rating compares to other plans in the area.*

*Every year, Medicare evaluates plans based on a 5-star rating system.



Apps and Forms

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2023 Enrollment Request Form

Use this form to enroll in an Essence Healthcare plan.

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare Card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the

plan must get your completed form by December 7.

- Your plan will send you a monthly invoice for the plan's premium and any applicable Late Enrollment Penalty. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Essence Healthcare
P.O. Box 12487
St. Louis, MO 63132

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Essence Healthcare at 1-866-947-5816. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Essence Healthcare al 1-866-947-5816 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Y0027_23-065_C
H6200_23-066_C



Please contact Essence Healthcare Sales at 1-866-947-5816 if you need assistance completing this form.
TTY users can call the national relay service toll-free at 711.

Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join:

- Essence Advantage® (HMO) H2610-005 (St. Louis Area*) – \$0 per month
- Essence Advantage Plus® (HMO) H2610-006 (St. Louis Area*) – \$60 per month
- Essence Advantage Select® (HMO) H2610-016 (St. Louis Area*) – \$0 per month
- Essence Advantage Choice (PPO) H6200-001 (St. Louis Area*) – \$0 per month
- Essence Advantage Choice Plus (PPO) H6200-002 (St. Louis Area*) – \$27 per month
- Essence Advantage® (HMO) H2610-011 (Boone County) – \$0 per month

*Includes St. Louis City and the Missouri counties of Crawford, Franklin, Jefferson, Lincoln, St. Charles, St. Louis and Warren, and the Illinois counties of Madison, Monroe and St. Clair

FIRST Name: _____ LAST Name: _____ Middle Initial (Optional): _____

Birth Date: (___ / ___ / ___) (M M / D D / Y Y Y Y)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number (select primary phone number): <input type="checkbox"/> Mobile: () <input type="checkbox"/> Home: ()
---	--	--

Permanent Residence Street Address (Do not enter a PO Box): _____ County (Optional): _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different from your permanent address (PO Box allowed):
 Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address (Optional): _____

Your Medicare Information

Medicare Number: _____ - _____ - _____

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Essence Healthcare?
 Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____

IMPORTANT: Read and Sign Below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Essence Healthcare.
- By joining this Medicare Advantage plan, I acknowledge that Essence Healthcare will share my information with Medicare, who may use it to track my enrollment, and with other plans to make payments, and for other purposes allowed by Federal Law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Essence Healthcare coverage begins, I must get all of my medical and prescription drug benefits from Essence Healthcare. Benefits and services provided by Essence Healthcare and contained in my Essence Healthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Essence Healthcare will pay for benefits or services that are not covered. I will read the Evidence of Coverage document from Essence Healthcare when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.
- Once I am a member of Essence Healthcare, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that I can be enrolled in only one MA or Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:**Today's Date:**

If you are the authorized representative, sign above and fill out these fields:

Name:

Address:

Relationship to Enrollee:

Phone Number:

Section 2 - All fields on this section are optional**Answering these questions is your choice. You cannot be denied coverage because you do not fill them out.****Are you of Hispanic, Latino/a, or Spanish origin? Select all that apply.**

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> I choose not to answer. |

What is your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> I choose not to answer. |

Communication Preference Options:**Select one if your preferred spoken language is a language other than English.**

- | | | |
|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |

Select one if you want us to send you information in a language other than English.

- | | | |
|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |

Select one if you want us to send you information in an accessible format.

- Braille Large Print

Please contact Essence Healthcare at 1-866-947-5816 if you need information in an accessible format or language other than what is listed above or if your preferred spoken language is a language other than those listed above. Our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. TTY users can call 711.

I'd like to opt-in and receive materials that are available electronically. Yes

*Note: Materials include but are not limited to member newsletters, educational materials, notifications of annual plan document availability online by text or email.

List your primary care physician (PCP), clinic or health center:

Primary Care Physician (PCP): Dr. _____ (First Name) (Last Name)	PCP # from Provider Directory: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Is this your current physician? <input type="checkbox"/> Yes <input type="checkbox"/> No



PLEASE READ THIS IMPORTANT INFORMATION



If you currently have health coverage from an employer or union, joining Essence Healthcare could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Essence Healthcare. Read the communications your employer or union sends you. If you have questions, visit their website or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Paying your plan premiums

Whether you are enrolled in a premium or non-premium plan, you may pay your plan premium and any applicable Late Enrollment Penalty that you have or may owe **by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check.** You may also choose to pay by Electronic Funds Transfer (EFT) from your bank, Credit card, Debit card, or check via mail each month.

If you have to pay a Part-D Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security Benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Essence Healthcare the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

Please select a premium payment option:

- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ___ Social Security ___ RRB

It can take up to 90 days to receive SSA/RRB withhold acceptance. SSA/RRB will begin deducting on the date of acceptance. Members will receive an invoice for any months prior to the withhold acceptance date by SSA/RRB, which will be their responsibility to pay. In limited circumstances, Medicare may not allow for the SSA/RRB deduction option and may instruct the plan to directly bill the member. If this occurs, you will be notified in writing. If you select this payment option, you will not receive a monthly invoice.

- Electronic Funds Transfer (EFT) from your bank account each month.

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2023 Enrollment Request Form

Use this form to enroll in an Essence Healthcare plan.

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare Card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the

plan must get your completed form by December 7.

- Your plan will send you a monthly invoice for the plan's premium and any applicable Late Enrollment Penalty. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Essence Healthcare
P.O. Box 12487
St. Louis, MO 63132

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Essence Healthcare at 1-866-947-5816. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Essence Healthcare al 1-866-947-5816 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

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H6200_23-066_C



Please contact Essence Healthcare Sales at 1-866-947-5816 if you need assistance completing this form.
TTY users can call the national relay service toll-free at 711.

Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join:

- Essence Advantage® (HMO) H2610-005 (St. Louis Area*) – \$0 per month
- Essence Advantage Plus® (HMO) H2610-006 (St. Louis Area*) – \$60 per month
- Essence Advantage Select® (HMO) H2610-016 (St. Louis Area*) – \$0 per month
- Essence Advantage Choice (PPO) H6200-001 (St. Louis Area*) – \$0 per month
- Essence Advantage Choice Plus (PPO) H6200-002 (St. Louis Area*) – \$27 per month
- Essence Advantage® (HMO) H2610-011 (Boone County) – \$0 per month

*Includes St. Louis City and the Missouri counties of Crawford, Franklin, Jefferson, Lincoln, St. Charles, St. Louis and Warren, and the Illinois counties of Madison, Monroe and St. Clair

FIRST Name: _____ LAST Name: _____ Middle Initial (Optional): _____

Birth Date: (___ / ___ / ___) (M M / D D / Y Y Y Y)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number (select primary phone number): <input type="checkbox"/> Mobile: () <input type="checkbox"/> Home: ()
---	--	--

Permanent Residence Street Address (Do not enter a PO Box): _____ County (Optional): _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different from your permanent address (PO Box allowed):
 Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address (Optional): _____

Your Medicare Information

Medicare Number: _____ - _____ - _____

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Essence Healthcare?
 Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____

IMPORTANT: Read and Sign Below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Essence Healthcare.
- By joining this Medicare Advantage plan, I acknowledge that Essence Healthcare will share my information with Medicare, who may use it to track my enrollment, and with other plans to make payments, and for other purposes allowed by Federal Law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Essence Healthcare coverage begins, I must get all of my medical and prescription drug benefits from Essence Healthcare. Benefits and services provided by Essence Healthcare and contained in my Essence Healthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Essence Healthcare will pay for benefits or services that are not covered. I will read the Evidence of Coverage document from Essence Healthcare when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan.
- Once I am a member of Essence Healthcare, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that I can be enrolled in only one MA or Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:**Today's Date:**

If you are the authorized representative, sign above and fill out these fields:

Name:

Address:

Relationship to Enrollee:

Phone Number:

Section 2 - All fields on this section are optional**Answering these questions is your choice. You cannot be denied coverage because you do not fill them out.****Are you of Hispanic, Latino/a, or Spanish origin? Select all that apply.**

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> I choose not to answer. |

What is your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> I choose not to answer. |

Communication Preference Options:**Select one if your preferred spoken language is a language other than English.**

- | | | |
|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French |
| <input type="checkbox"/> French Creole | <input type="checkbox"/> German | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |

Select one if you want us to send you information in a language other than English.

- | | | |
|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French |
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Select one if you want us to send you information in an accessible format.

- Braille Large Print

Please contact Essence Healthcare at 1-866-947-5816 if you need information in an accessible format or language other than what is listed above or if your preferred spoken language is a language other than those listed above. Our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. TTY users can call 711.

I'd like to opt-in and receive materials that are available electronically. Yes

*Note: Materials include but are not limited to member newsletters, educational materials, notifications of annual plan document availability online by text or email.

List your primary care physician (PCP), clinic or health center:

Primary Care Physician (PCP): Dr. _____ (First Name) (Last Name)	PCP # from Provider Directory: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Is this your current physician? <input type="checkbox"/> Yes <input type="checkbox"/> No



PLEASE READ THIS IMPORTANT INFORMATION



If you currently have health coverage from an employer or union, joining Essence Healthcare could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Essence Healthcare. Read the communications your employer or union sends you. If you have questions, visit their website or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

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Producer Name:			Producer NPN:		Application Receipt Date:			



Please return completed application to:

Essence Healthcare
 P.O. Box 12487
 St. Louis, MO 63132

Please call 1-866-947-5816 for more information, including free language translation services, regarding your Essence Healthcare plan. TTY users call the national relay service toll free at 711. Our telephone lines are open 7 days a week from 8:00 a.m. to 8:00 p.m. You may receive a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare Part B premium.

Attestation of Eligibility for an Enrollment Period

Name

Address

City, State, ZIP

Phone

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the circle if the statement applies to you. By checking any of the following circles, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare./I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage plan.
- I had Medicare prior to now, but I am now turning 65.
- I am new to Medicare and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified of getting Medicare on (insert date) _____.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date): ___/___/_____.
- I recently was released from incarceration. I was released on (insert date): ___/___/_____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date): ___/___/_____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date): ___/___/_____.
- I recently had a change in my Medicaid (recently got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date): ___/___/_____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date): ___/___/_____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

- I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or assisted-living facility). I moved/will move into/out of the facility on (insert date): ____/____/_____.
- I recently left a PACE program on (insert date): ____/____/_____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date): ____/____/_____.
- I am leaving employer or union coverage on (insert date): ____/____/_____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date): ____/____/_____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date): ____/____/_____.
- I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- I am enrolled in a Medicare Advantage plan offered by a Medicare Advantage organization that was sanctioned by Medicare and the matter that gave rise to the sanction affected me.
- I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
- I want to enroll in a Medicare Advantage plan offered by a Medicare Advantage organization with an overall performance rating of five stars.
- I was adversely affected by having requested, but not received, notices or information in an accessible format to make an enrollment decision within applicable time frames.
- I am in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- I am in a plan that has had a Star rating of less than three stars for the last three years. I want to join a plan with a Star rating of three stars or higher.

If none of these statements applies to you or you're not sure, please contact Essence Healthcare at 1-866-947-5816 (TTY users should call 711) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

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Agent Checklist



Date: / / Agent:

Scope of Appointment YES NO

Person(s) Visited:

Do you currently have a Power of Attorney (POA) or a Legal Representative authorized to make decisions on your behalf? (Person 1) YES NO
 (Person 2) YES NO

If YES, please provide the following information for this individual in the section below (please print):

(Person 1) First Name	M.I.	Last Name	Telephone Number	Relationship
(Person 2) First Name	M.I.	Last Name	Telephone Number	Relationship

Getting Started

- Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal.
- Members must continue to pay their Medicare Part B premium.
- Members must reside within our service area.
- Members must have both Medicare Part A and Part B to enroll.
- Members can enroll only during specific times of the year.
- Penalties apply for late enrollment in Parts B and D.

Medical Summary of Benefits

- PCP Copays
- Specialist Copays
- Hospital Copays
- Other Copays
- Referrals to Specialists
- Use of Network Providers

I understand Essence HMO members must use plan (network) providers for care and that specialty care requires a referral from a network primary care physician.

Other Benefits

- SilverSneakers®
- Preventive Dental
- Vision
- Transportation
- Hearing/Hearing Aid Allowance
- Flexible Benefits Card

Part D Pharmacy

- Formulary Tiers
- Pharmacy Copays
- Initial Coverage Limit
- Gap Coverage
- TrOOP
- Use of Network Pharmacies
- Extra Help Eligibility

(Person 1) Initial: _____

(Person 2) Initial: _____

The person that is discussing plan options with you is either employed by or contracted with Essence Healthcare and may be compensated based on your enrollment in a plan. Your enrollment may be facilitated with an electronic mechanism. By signing this form, you acknowledge and attest that the information listed above has been adequately explained to you.

Beneficiary Signature (Person 1)	Date	Beneficiary Telephone Number
POA/Legal Representative Signature	Date	
Beneficiary Signature (Person 2)	Date	Beneficiary Telephone Number
POA/Legal Representative Signature	Date	Agent Signature
		Date

Scope of Appointment

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or their authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

(Refer to the following page for product type descriptions)

- Stand-Alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C) and Cost Plans
- Dental/Vision/Hearing Products
- Hospital Indemnity Products
- Medicare Supplement (Medigap) Products

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who'll discuss the products is either employed or contracted by a Medicare plan. They don't work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form **DOESN'T** obligate you to enroll in a plan, affect your current or future Medicare enrollment status or automatically enroll you in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:	Date:
------------	-------

If you're the authorized representative, please sign above and print below.

Representative's Name:	Your Relationship to the Beneficiary:
------------------------	---------------------------------------

To Be Completed by Agent:

Agent Name:	Agent Phone Number:
Beneficiary Name:	Beneficiary Phone Number:

Beneficiary Address:

Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)

Agent's Signature:

Plan(s) the Agent Represented During This Meeting:	Date Appointment Completed:
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Scope of Appointment documentation is subject to CMS record retention requirements.

Stand-Alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans and Medicare Medical Savings Account Plans.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergent or urgent situations).

Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan: A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you; not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who've agreed to always treat plan members. You'll usually pay more to see out-of-network providers.

Medicare Point of Service (POS) Plan: A type of Medicare Advantage Plan available in a local or regional area, which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary healthcare provider. You can use doctors, hospitals and providers outside of the network for an additional cost.

Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan: MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan: In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you'll be responsible for Medicare coinsurance and deductibles.

Medicare-Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual-eligible Medicare beneficiaries.

Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans aren't affiliated or connected to Medicare.

Hospital Indemnity Products

Plans offering additional benefits that are payable to consumers based upon their medical utilization; they're sometimes used to defray copays/coinsurance. These plans aren't affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products

Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services and sometimes covers items and services that aren't covered by Medicare, such as care outside of the country. These plans aren't affiliated or connected to Medicare.

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Receipt of Application



Use this form to record the receipt of your signed and completed Essence Healthcare application form. Make sure to keep this document for your files.

Online Enrollment

Confirmation Code

Paper Enrollment

Agent Name

Date

Agent Phone Number

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-597-9560 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-597-9560 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费^的翻译服务, 帮助您解答关于健康或药物保险^的任何疑问。如果您需要此翻译服务, 请致电 1-866-597-9560 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-866-597-9560 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-597-9560 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-597-9560 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-597-9560 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-597-9560 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-597-9560 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-597-9560 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (711) 1-866-597-9560. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-597-9560 (TTY:711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-597-9560 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-597-9560 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-597-9560 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-597-9560 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-597-9560 (TTY:711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Notes

Essence Healthcare includes HMO, HMO-POS and PPO plans with Medicare contracts. Essence Healthcare also includes an HMO D-SNP plan with a contract with Medicare and the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal. All Essence plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the plan service area.

You must continue to pay your Medicare Part B premium. Please note that enrollment is limited to specific times of the year.

Members must use plan providers except in emergency or urgent care situations. If a member obtains care from an out-of-network provider without prior approval from Essence, neither Medicare nor Essence will be responsible for the costs.

Essence Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Toll free: 1-866-947-5816 (TTY: 711)

8 a.m. to 8 p.m., seven days a week

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.



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