

A Healthy Tomorrow Starts Today.

Enrollment Kit

MEDICARE ADVANTAGE | 2023


ESSENCE ADVANTAGE GOLD (HMO) - ESSENCE ADVANTAGE PLATINUM (HMO)
ESSENCE ADVANTAGE SELECT® (HMO)



Serving the California counties of Alameda, San Mateo and Santa Clara



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 great plans for you to consider and look forward to the opportunity to serve you as a valued Essence member.

-The Essence Healthcare Team



Table of Contents

The Essence Difference

page 6

What We Offer

page 30

Frequently Asked Questions

page 44

Summary of Benefits

page 46

Enrollment Information

page 84

Apps and Forms

page 91

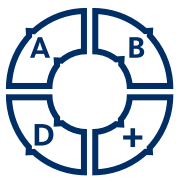
Agent Use

page 110

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 you and 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, low or \$0 premiums, lower out-of-pocket costs and other benefits not available with traditional Medicare plans.

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



(Part D)

All the Benefits You Want in One Plan

Essence provides all the coverage you need in one easy-to-use plan. Our plans include comprehensive coverage for hospital stays, doctor visits and prescription drugs, as well as valuable extra benefits—all for low or no monthly premium. We make it easy to budget for your healthcare with low, predictable copays and out-of-pocket limits that protect 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 Aid Coverage*

Over-the-Counter Coverage*

Fitness Club Memberships/Silver&Fit*

Transportation Assistance

Coverage when Traveling

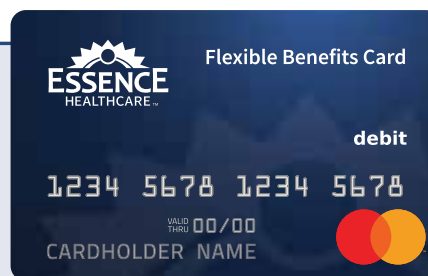
Acupuncture*

Home-Delivered Meals Post-Discharge*

**Benefits differ by plan.*

NEW Flexible Benefits Cards

Use your extra benefits when, how and where you want! See pages 38-41 for more information.





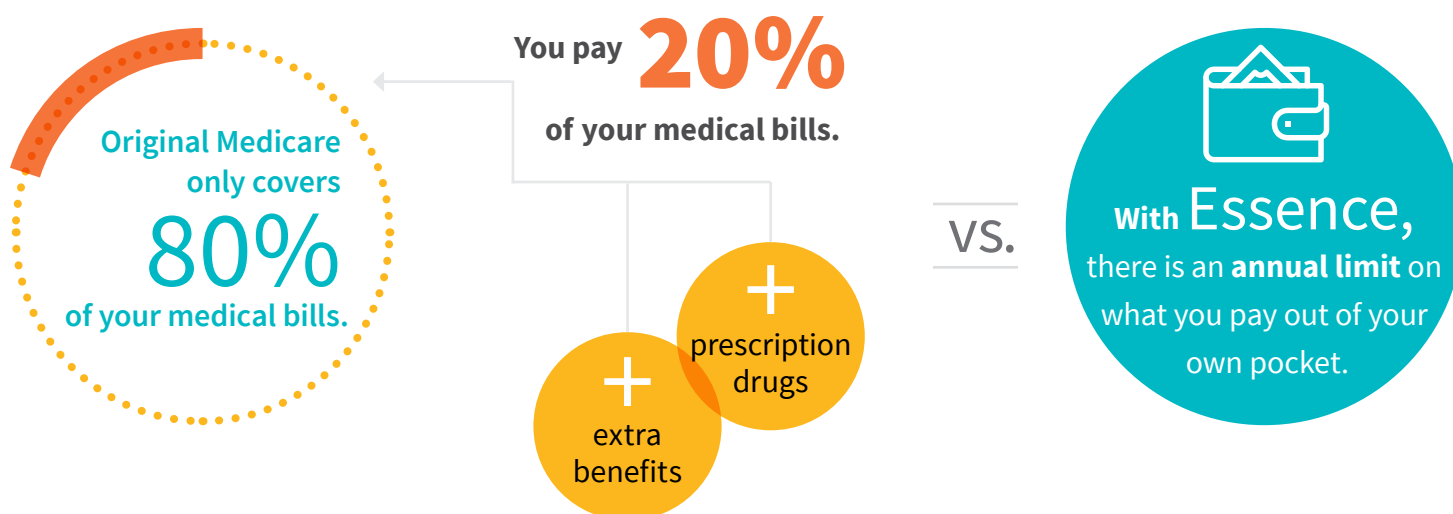
The Essence Benefit: Hospital and Medical Coverage

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 plans, 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 limits 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 may be some services that don't count toward your MOOP limit. 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 every Essence plan includes generous Part D prescription drug coverage for thousands of generic and brand-name medications, and no annual deductible is required.

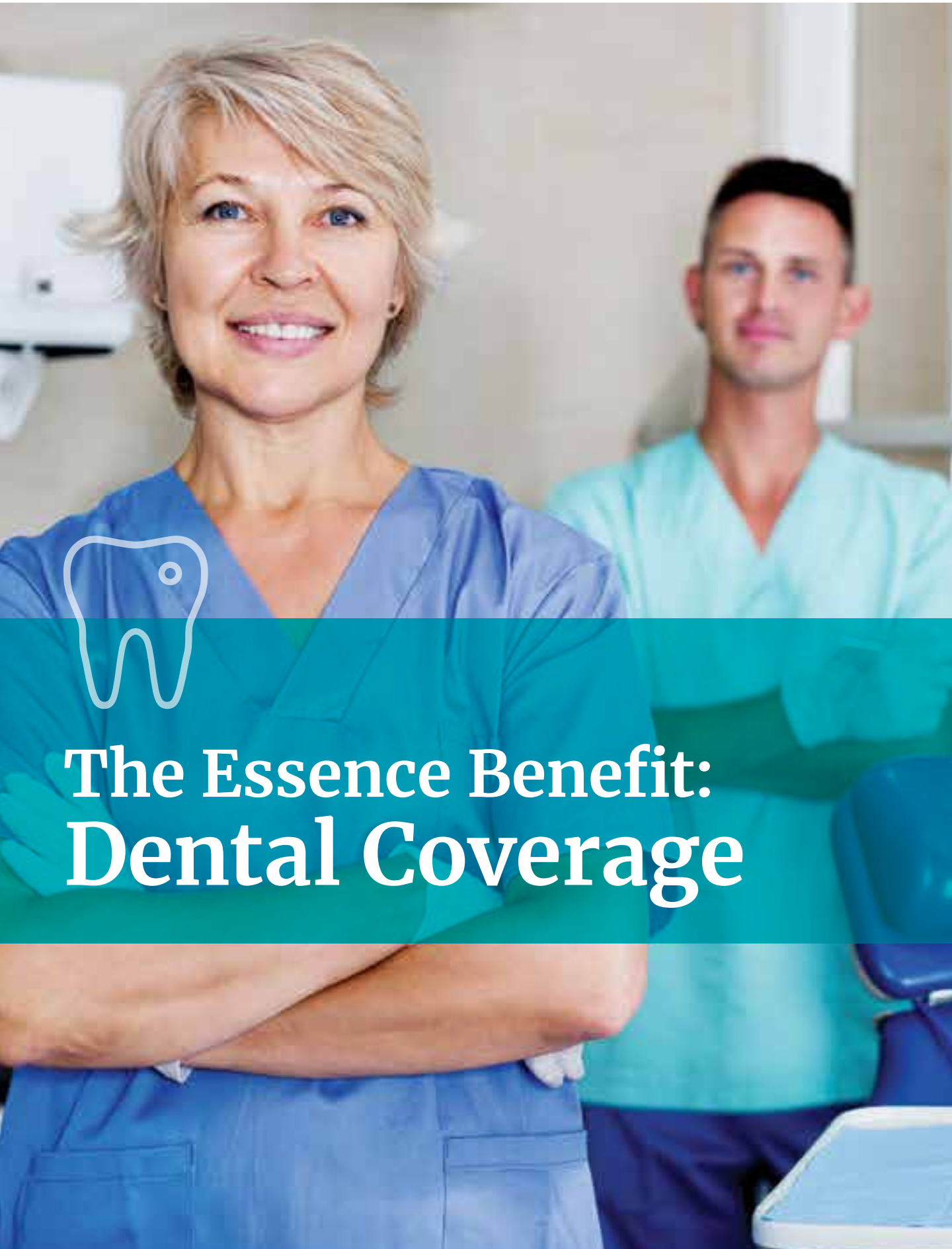
Depending on the plan you choose, you'll be entitled to low or no copays on preferred generic medications and low copays on generic and brand-name medications. We also offer additional ways to save. If you use our mail-order pharmacy, you can save even more on your prescriptions and have them delivered right to your door.



Savings for People with Diabetes

If you have diabetes and take insulin, then you know how costly it can be. That's why all of our plans include low, predictable copays on Select Insulins.*

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



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; that's why our plans offer dental coverage—either through an optional supplemental plan for a low monthly premium or through a Flexible Benefits Card with a preloaded allowance.

Whether you simply need coverage for preventive dental services such as exams, X-rays and fluoride treatments, or you want more comprehensive coverage for things like fillings, extractions, root canals, dentures and more, we have a plan for you.



Flex Card Eligible!

See pages 38-39 to learn how you can get additional coverage for dental services and products.

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 plans offer vision coverage—either through an optional supplemental plan for a low monthly premium or through a preloaded Flexible Benefits Card. Whether you choose to add the optional supplemental plan or choose a plan with a Flex Card, you'll have a generous allowance to use on 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, our optional vision coverage and Essence Advantage Select plan cover routine checkups and visits with vision specialists to make sure your eyes (and the rest of you) are healthy.



Flex Card Eligible!

See pages 38-39 to learn how you can get additional coverage for vision services and eyewear.

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

From Hearing Aids to Exams

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. When you're a member of the Essence Advantage Select plan, you're covered for important routine hearing exams and screenings. You'll also receive a preloaded Flexible Benefits Card to use on additional hearing services and hearing aids. And, as always, all Essence plans include Medicare-covered hearing exams for low or no copay.



Flex Card Eligible!

See pages 38-39 to learn how you can get additional coverage for hearing services and products.

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.

If needed, hearing aids can improve your overall quality of life in addition to reducing brain decline and the risk for developing dementia.



The Essence Benefit: Over-the-Counter Coverage

Whenever, Wherever You Need It

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 our Platinum or Select plans, you'll get a generous quarterly allowance to use on health-related OTC items. Your allowance is loaded onto a Flexible Benefits Card that you can use in retail stores and 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



Flex Card Eligible!

See page 38-41 for more information.

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: Silver&Fit

Stay Active. Stay Healthy.

Staying active can help you live your life to the fullest. That's why, as part of our Platinum and Select plans, we've partnered with **Silver&Fit** 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 Silver&Fit. If you want structure and guidance, in-person classes are available at participating facilities and include a range of options from classic strength-training workouts to yoga, dance and more.

And if the gym isn't your thing, you can take advantage of live workouts and on-demand options at home. You can also choose from a range of home fitness kits that focus on cardio, chair-based workouts or other types of exercise. Sometimes all it takes to get moving are the right options.

From national gyms to local community centers, there are over 15,500 fitness locations nationwide to choose from. And that's good to know because you can use your Silver&Fit membership at any participating fitness center anywhere in the country—just another perk of being an Essence 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



The Essence Benefit: Acupuncture Coverage

Natural Healing

For certain pains, mental wellness and other issues of the body, prescription drugs aren't always the answer. Sometimes, there are other ways to heal and feel better. Acupuncture is a medication-free method of achieving pain relief, and it's a covered benefit in Essence Platinum plans. This natural healing method can help with many health issues, such as arthritis, respiratory illnesses, cataracts, depression, gingivitis and more. With an Essence plan, acupuncture can prove to be another alternative for improving your health.

Did You Know?

Acupuncture involves inserting tiny needles into specific areas of the body. This increases blood flow and activates the body's natural healing process. There are many studies that prove the effectiveness of acupuncture, and it's normally not associated with any side effects. You can also use acupuncture as a preventive measure. It can help the body deal with stress, boost the immune system and promote healthy circulation.



The Essence Benefit: Home-Delivered Meals

Right When You Need Them Most

Proper nutrition is important to your health—especially after a stay in the hospital. That’s why we offer our Gold and Platinum plan members meal delivery at no cost following surgery or an inpatient hospital stay. We also provide these services to members with chronic conditions, such as diabetes, COPD and some cardiovascular disorders. This benefit is designed so you can spend more time recovering and less time worrying about meal preparation.

Did You Know?

Studies have shown that up to 30 percent of hospitalized patients are malnourished. And the chances for increased malnutrition only go up after a surgery. Getting proper nutrition plays a huge part in how quickly the body recovers and regains strength and energy. It also plays a part in how well your body manages chronic conditions. Malnutrition has been linked to higher rates of infection and other complications. When the body is fully satisfied, your healing ability increases and your chances of being admitted, or readmitted, to the hospital decrease.

Plan Benefit Highlights: Hospital and Medical Coverage

Below are some of the many hospital and medical benefits included in our plans. For more details and benefits, please see the **Summary of Benefits** starting on page 46.

Santa Clara County

	Maximum Out-of-Pocket Limit	Annual Deductible	Preventive Care/ Screenings	Primary Care Physician Visits	Specialist Doctor Visits
Essence Advantage Gold (HMO) \$30 Monthly premium	\$5,500 Per calendar year	\$0 Per calendar year	\$0 Copay	\$5 Copay	\$35 Copay
Essence Advantage Platinum (HMO) \$79 Monthly premium	\$4,500 Per calendar year	\$0 Per calendar year	\$0 Copay	\$0 Copay	\$20 Copay
Essence Advantage Select (HMO) \$0 Monthly premium	\$4,900 Per calendar year	\$0 Per calendar year	\$0 Copay	\$0 Copay	\$25 Copay

Telehealth Visits	Chiropractic Care	Inpatient Hospital Care	Outpatient Surgery at Hospital	Emergency Care	Urgent Care
<p>\$10 Copay for an on-demand Teladoc® visit with a primary care physician</p> <p>\$5-\$35 Copay for a virtual/telehealth visit with your in-network physicians</p>	<p>\$20 Copay for manual manipulation of the spine to correct subluxation</p>	<p>\$275 Per day for days 1-7</p> <p>\$0 Per day for days 8 and beyond</p>	<p>\$250 Copay</p>	<p>\$110 Copay</p>	<p>\$35 Copay</p>
<p>\$10 Copay for an on-demand Teladoc® visit with a primary care physician</p> <p>\$0-\$20 Copay for a virtual/telehealth visit with your in-network physicians</p>	<p>\$20 Copay for manual manipulation of the spine to correct subluxation</p>	<p>\$250 Per day for days 1-7</p> <p>\$0 Per day for days 8 and beyond</p>	<p>\$240 Copay</p>	<p>\$110 Copay</p>	<p>\$35 Copay</p>
<p>\$10 Copay for an on-demand Teladoc® visit with a primary care physician</p> <p>\$0-\$30 Copay for a virtual/telehealth visit with your in-network physicians</p>	<p>\$20 Copay for manual manipulation of the spine to correct subluxation</p>	<p>\$300 Per day for days 1-7</p> <p>\$0 Per day for days 8 and beyond</p>	<p>\$290 Copay</p>	<p>\$110 Copay</p>	<p>\$35 Copay</p>

Plan Benefit Highlights: Hospital and Medical Coverage

Below are some of the many hospital and medical benefits included in our plans. For more details and benefits, please see the **Summary of Benefits** starting on page 46.

Alameda and San Mateo Counties

	Maximum Out-of-Pocket Limit	Annual Deductible	Preventive Care/ Screenings	Primary Care Physician Visits	Specialist Doctor Visits
Essence Advantage Gold (HMO) \$57 Monthly premium	\$5,900 Per calendar year	\$0 Per calendar year	\$0 Copay	\$5 Copay	\$35 Copay
Essence Advantage Platinum (HMO) \$87 Monthly premium	\$4,900 Per calendar year	\$0 Per calendar year	\$0 Copay	\$0 Copay	\$30 Copay

Telehealth Visits	Chiropractic Care	Inpatient Hospital Care	Outpatient Surgery at Hospital	Emergency Care	Urgent Care
<p>\$10 Copay for an on-demand Teladoc® visit with a primary care physician</p> <p>\$5-\$35 Copay for a virtual/telehealth visit with your in-network physicians</p>	<p>\$20 Copay for manual manipulation of the spine to correct subluxation</p>	<p>\$315 Per day for days 1-7</p> <p>\$0 Per day for days 8 and beyond</p>	<p>20% Coinsurance</p>	<p>\$110 Copay</p>	<p>\$35 Copay</p>
<p>\$10 Copay for an on-demand Teladoc® visit with a primary care physician</p> <p>\$0-\$30 Copay for a virtual/telehealth visit with your in-network physicians</p>	<p>\$20 Copay for manual manipulation of the spine to correct subluxation</p>	<p>\$300 Per day for days 1-7</p> <p>\$0 Per day for days 8 and beyond</p>	<p>\$240 Copay</p>	<p>\$110 Copay</p>	<p>\$35 Copay</p>

Plan Benefit Highlights: Part D Drug Coverage

Below are some of the Part D prescription drug benefits included in our plans. For more details and benefits, please see the **Summary of Benefits** starting on page 46.

Santa Clara County

Standard 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 Select Care Drug
Essence Advantage Gold (HMO)	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Coinsurance	\$0 Copay
Essence Advantage Platinum (HMO)	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Coinsurance	\$0 Copay
Essence Advantage Select (HMO)	\$0 Copay	\$10 Copay	\$45 Copay	\$95 Copay	33% Coinsurance	\$0 Copay

Out-of-Network 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 Select Care Drug
\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Coinsurance	\$0 Copay
\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Coinsurance	\$0 Copay
\$0 Copay	\$10 Copay	\$45 Copay	\$95 Copay	33% Coinsurance	\$0 Copay

Plan Benefit Highlights: Part D Drug Coverage

Below are some of the Part D prescription drug benefits included in our plans. For more details and benefits, please see the **Summary of Benefits** starting on page 46.

Alameda and San Mateo Counties

Standard Pharmacy Benefits

30-Day Supply

	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non- Preferred Brand	Tier 5 Speciality Drug	Tier 6 Select Care Drug
Essence Advantage Gold (HMO)	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Coinsurance	\$0 Copay
Essence Advantage Platinum (HMO)	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Coinsurance	\$0 Copay

Out-of-Network Pharmacy Benefits

30-Day Supply

Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Speciality Drug	Tier 6 Select Care Drug
<p style="text-align: center;">\$5 Copay</p>	<p style="text-align: center;">\$15 Copay</p>	<p style="text-align: center;">\$47 Copay</p>	<p style="text-align: center;">\$100 Copay</p>	<p style="text-align: center;">33% Coinsurance</p>	<p style="text-align: center;">\$0 Copay</p>
<p style="text-align: center;">\$5 Copay</p>	<p style="text-align: center;">\$15 Copay</p>	<p style="text-align: center;">\$47 Copay</p>	<p style="text-align: center;">\$100 Copay</p>	<p style="text-align: center;">33% Coinsurance</p>	<p style="text-align: center;">\$0 Copay</p>

Plan Benefit Highlights: Extra Benefit Coverage

Below are the extra benefits included in our plans. For more details and benefits, please see the **Summary of Benefits** starting on page 46.

Santa Clara County

	Hearing	Fitness/Gym Membership	Transportation Assistance
Essence Advantage Gold (HMO)	\$0 Copay for Medicare covered services	No coverage	\$0 Copay for up to 24 one-way trips to approved locations per calendar year*
Essence Advantage Platinum (HMO)	\$0 Copay for Medicare covered services	Silver&Fit included at no additional cost	\$0 Copay for up to 36 one-way trips to approved locations per calendar year*
Essence Advantage Select (HMO)	\$20 Copay for Medicare covered services \$20 Copay for routine hearing exam	Silver&Fit included at no additional cost	\$0 Copay for up to 24 one-way trips to approved locations per calendar year*

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



NEW! Flexible Benefits Cards

Essence Advantage Platinum and Select plans come with a preloaded debit card to use on either OTC items only or across several categories including OTC, dental, vision and hearing. Use your card wherever, whenever you want—including with out-of-network providers—on what’s most important to you. Whether you need the total amount for one category or want to split it among others—it’s up to you!

Acupuncture	Meal Services	Flexible Benefits Card
<p>\$35 Copay for Medicare-covered services (chronic low back pain), up to 20 visits per calendar year</p>	<p>Post-discharge meal delivery at no cost following surgery or an inpatient stay or for those with chronic conditions</p>	<p>No coverage</p>
<p>\$20 Copay for Medicare-covered services (chronic low back pain), up to 20 visits per calendar year</p> <p>\$10 Copay for supplemental services, up to 15 visits per calendar year</p>	<p>Post-discharge meal delivery at no cost following surgery or an inpatient stay or for those with chronic conditions</p>	<p>\$300 Annual allowance for OTC items</p> <p>Applied quarterly in \$75 increments</p>
<p>\$25 Copay for Medicare-covered services (chronic low back pain), up to 20 visits per calendar year</p>	<p>No coverage</p>	<p>\$1,000 Annual allowance for OTC items, dental, vision and hearing</p> <p>Applied quarterly in \$250 increments</p>

and more.

Plan Benefit Highlights: Extra Benefit Coverage

Below are the extra benefits included in our plans. For more details and benefits, please see the **Summary of Benefits** starting on page 46.

Alameda and San Mateo Counties

	Hearing	Fitness/Gym Membership	Transportation Assistance
Essence Advantage Gold (HMO)	<p>\$0 Copay for Medicare covered services</p>	<p>No coverage</p>	<p>\$0 Copay for up to 24 one-way trips to approved locations per calendar year*</p>
Essence Advantage Platinum (HMO)	<p>\$0 Copay for Medicare covered services</p>	<p>Silver&Fit included at no additional cost</p>	<p>\$0 Copay for up to 24 one-way trips to approved locations per calendar year*</p>

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



NEW! Flexible Benefits Cards

Essence Advantage Platinum plans come with a preloaded debit card to use on health-related OTC items. Use your card wherever, whenever you want on items that are important for your health.

Acupuncture	Meal Services	Flexible Benefits Card
<p style="text-align: center;">\$35</p> <p>Copay for Medicare-covered services (chronic low back pain), up to 20 visits per calendar year</p>	<p>Post-discharge meal delivery at no cost following surgery or an inpatient stay or for those with chronic conditions</p>	<p style="text-align: center;">No coverage</p>
<p style="text-align: center;">\$30</p> <p>Copay for Medicare-covered services (chronic low back pain), up to 20 visits per calendar year</p> <p style="text-align: center;">\$10</p> <p>Copay for supplemental services, up to 15 visits per calendar year</p>	<p>Post-discharge meal delivery at no cost following surgery or an inpatient stay or for those with chronic conditions</p>	<p style="text-align: center;">\$200</p> <p>Annual allowance for OTC items</p> <p>Applied quarterly in \$50 increments</p>

and more.

Plan Benefit Highlights: Included Dental and Vision Coverage

All Essence plans include Medicare-covered dental and vision services for a low copay. If you're a member of the **Select plan**, you'll also be **covered for routine dental and vision exams as well as** the following preventive dental services: **cleanings, X-rays and fluoride treatments**. See the **Summary of Benefits** starting on page 46 for dental and vision cost-sharing details.

Optional Dental and Vision Coverage

Below are the optional supplemental benefits available with Essence **Gold** and **Platinum** plans. For more details and benefits, please see the **Summary of Benefits**.

	Yearly Deductible	Preventive Dental
<p>Optional Supplemental Benefits (DHMO)*</p> <p>\$20 Additional monthly premium</p>	<p>\$0</p>	<p>\$0</p> <p>Copay for routine oral exams, teeth cleanings, fluoride treatments and X-rays as part of a general exam</p>

*Some limitations and exclusions apply. Copays and coinsurance may vary based on type of service. See Evidence

Comprehensive Dental	Vision	Eyewear
<p>\$0-\$125 Copay for non-routine services (such as cleaning and inspection of removeable denture or home bleaching tray and gel) and diagnostic services (such as radiographic images and post-operative re-evaluation visit)</p> <p>\$5-\$445 Copay for restorative services (such as fillings and crowns), endodontics (such as pulp caps and mandibular partial dentures), periodontics (such as scaling for severe gingival inflammation and osseous surgery), extractions (such as extraction of an erupted tooth and coronectomy), prosthodontics and other services (such as adjusting complete or partial dentures and 3/4 cast high noble metal retainer crown)</p>	<p>\$25 Copay for routine eye exam</p>	<p>\$25 Copay for frames, lenses or contacts (\$150 allowance for frames or contacts every other year)</p> <p>\$60 Maximum copay for contact lens fitting exam</p>

of Coverage booklet for details.

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 1-844-205-8422 (TTY: 711).



“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**

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 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 aren’t 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 all-in-one plans that include hospital, medical and Part D prescription drug coverage as well as valuable extras like dental and vision benefits for as low as a \$0 monthly premium.

How does the Flex Card work?

If you’re an Essence Advantage Platinum member, you can use your preloaded Flex Card on OTC items only. If you’re a member of the Essence Advantage Select plan, you can use your card on items or services in the following categories: dental, vision, hearing or OTC. You can use up to your whole allowance in any of the allowed categories—with both in-network or out-of-network providers. Your total annual allowance is divided into equal amounts that are loaded on the card at the beginning of each quarter. Any unused money will roll over into the next quarter but expires at the end of the year.



“Whenever I call Essence, I always get someone nice and knowledgeable about my plan who seems eager to help.”

–James P., Essence Healthcare member



Summary of Benefits

Santa Clara County	49
Alameda and San Mateo Counties	69

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](https://www.essencehealthcare.com).

This Summary of Benefits booklet gives you a summary of what **Essence Advantage Gold (HMO)**, **Essence Advantage Platinum (HMO)** and **Essence Advantage Select (HMO)** cover and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on [Medicare.gov](https://www.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](https://www.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 Gold**, **Essence Advantage Platinum** and **Essence Advantage Select**
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Optional Supplemental 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 1-844-205-8422 (TTY: 711) to speak with a customer service representative.

Things to Know About Essence Advantage Gold, Essence Advantage Platinum and Essence Advantage Select

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 Gold/Essence Advantage Platinum/Essence Advantage Select Phone Number and Website

- If you have questions, call 1-844-205-8422 (TTY: 711) to speak with a customer service representative.
- Our website: EssenceHealthcare.com

Who can join?

To join **Essence Advantage Gold**, **Essence Advantage Platinum** or **Essence Advantage Select**, 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 California: Santa Clara.

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 Gold, **Essence Advantage Platinum** and **Essence Advantage Select** have 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. You can see our plans' 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 plans group 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 Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Monthly Plan Premium	\$30 Per month You must continue to pay your Medicare Part B premium.	\$79 Per month You must continue to pay your Medicare Part B premium.	\$0 Per month You must continue to pay your Medicare Part B premium.
Deductibles	All Plans These plans do 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"> • \$5,500 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>	<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"> • \$4,500 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>	<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"> • \$4,900 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 Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Inpatient Hospital Coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$275 Copay per day, per stay: days 1–7</p> <p>\$0 Copay per day, per stay: day 8 and beyond</p> <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$250 Copay per day, per stay: days 1–7</p> <p>\$0 Copay per day, per stay: day 8 and beyond</p> <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$300 Copay per day, per stay: days 1–7</p> <p>\$0 Copay per day, per stay: day 8 and beyond</p> <p>Prior authorization is required.</p>
Outpatient Hospital Coverage	<p>\$250 Copay</p> <p>Prior authorization may be required.</p>	<p>\$240 Copay</p> <p>Prior authorization may be required.</p>	<p>\$290 Copay</p> <p>Prior authorization may be required.</p>
Ambulatory Surgical Center (ASC)	<p>\$250 Copay</p> <p>Prior authorization may be required.</p>	<p>\$240 Copay</p> <p>Prior authorization may be required.</p>	<p>\$250 Copay</p> <p>Prior authorization may be required.</p>
Doctor Visits <i>(primary care providers and specialists)</i>	<p>Primary care physician (PCP) visit: \$5 copay</p> <p>Specialist visit: \$35 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>	<p>Primary care physician (PCP) visit: \$0 copay</p> <p>Specialist visit: \$20 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>	<p>Primary care physician (PCP) visit: \$0 copay</p> <p>Specialist visit: \$25 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>
Preventive Care	<p><u>All Plans</u></p> <p>You pay nothing.</p> <p>Our plans cover many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement 		

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Preventive Care (continued)	<p>All Plans</p> <ul style="list-style-type: none"> • 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) <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>		
Emergency Care	<p>All Plans</p> <p>\$110 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>All Plans</p> <p>\$35 Copay within the United States</p> <p>\$110 Copay outside of the United States</p> <p>We provide worldwide coverage.</p>		

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Diagnostic Services/Labs/Imaging <i>(Costs for these services may vary based on place of service.)</i>	Lab services: \$10 copay Diagnostic procedures and tests: \$45 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance X-rays: \$45 copay Prior authorization may be required.	Lab services: \$10 copay Diagnostic procedures and tests: \$25 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance X-rays: \$25 copay Prior authorization may be required.	Lab services: \$5 copay Diagnostic procedures and tests: 20% coinsurance Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): 20% coinsurance Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance X-rays: \$45 copay Prior authorization may be required.
Hearing Services	Both Plans Medicare-covered exam to diagnose and treat hearing and balance issues: \$0 copay A referral is required for Medicare-covered hearing services.		Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay A referral is required for Medicare-covered hearing services. Routine hearing exam: \$20 copay For details on an additional shared allowance that can be used on hearing services and hearing aids, see the Flexible Benefits Card section on page 62.
Dental Services	Medicare-covered comprehensive dental services: \$35 copay A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.	Medicare-covered comprehensive dental services: \$20 copay A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.	Medicare-covered comprehensive dental services: \$25 copay A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Dental Services (continued)	See page 58 for information on optional supplemental dental coverage that can be purchased separately.	See page 58 for information on optional supplemental dental coverage that can be purchased separately.	Preventive dental services: \$0 copay Preventive services include: <ul style="list-style-type: none"> • Periodic oral evaluation (2 every calendar year) • Comprehensive oral exam (2 every calendar year) • Routine cleaning (2 every calendar year) • Fluoride treatment (1 every calendar year) • Horizontal bitewing X-ray(s) (up to 4, once every calendar year) For details on an additional shared allowance that can be used on dental services and products, see the Flexible Benefits Card section on page 62.
Vision Services	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered eye exam: \$35 copay A referral is required. Medicare-covered eye exam if performed by a primary care physician: \$5 copay	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered eye exam: \$20 copay A referral is required. Medicare-covered eye exam if performed by a primary care physician: \$0 copay	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered eye exam: \$25 copay A referral is required. Medicare-covered eye exam if performed by a primary care physician: \$0 copay Diabetic eye exams performed by a contracted specialist: \$0 copay 1 pair of Medicare-covered eyeglasses (standard plastic single, bifocal, trifocal or lenticular lenses) or contact lenses after each cataract surgery. Our plan pays up to \$150 for eyeglass frames or contact lenses after each cataract surgery: \$0 copay 1 Routine eye exam every calendar year: \$0 copay
	Both Plans See page 58 for information on optional supplemental vision coverage that can be purchased separately.		

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Vision Services <i>(continued)</i>			<p>Eye refractions and dilation are covered during a routine exam performed by a contracted routine vision provider.</p> <p>For details on an additional shared allowance that can be used on vision services and eyewear, see the Flexible Benefits Card section on page 62.</p>
Mental Health Services	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. \$270 Copay per day, per stay: days 1–6 \$0 Copay per day, per stay: day 7 and beyond</p> <p>Outpatient individual visit: \$30 copay</p> <p>Outpatient group visit: \$20 copay</p> <p>Prior authorization may be required.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. \$270 Copay per day, per stay: days 1–6 \$0 Copay per day, per stay: day 7 and beyond</p> <p>Outpatient individual visit: \$20 copay</p> <p>Outpatient group visit: \$10 copay</p> <p>Prior authorization may be required.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. \$270 Copay per day, per stay: days 1–6 \$0 Copay per day, per stay: day 7 and beyond</p> <p>Outpatient individual visit: \$15 copay</p> <p>Outpatient group visit: \$10 copay</p> <p>Prior authorization may be required.</p>
Skilled Nursing Facility (SNF)	<p>The plans cover up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 Copay per day, per stay: days 1–20 • \$150 Copay per day, per stay: days 21–100 <p>Prior authorization is required.</p>	<p>The plans cover up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 Copay per day, per stay: days 1–20 • \$100 Copay per day, per stay: days 21–100 <p>Prior authorization is required.</p>	<p>The plans cover up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 Copay per day, per stay: days 1–20 • \$150 Copay per day, per stay: days 21–100 <p>Prior authorization is required.</p>

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Skilled Nursing Facility (SNF) <i>(continued)</i>	Admission to a new or different SNF facility within the same benefit period may start a new stay for copay administration purposes.	Admission to a new or different SNF facility within the same benefit period may start a new stay for copay administration purposes.	Admission to a new or different SNF facility within the same benefit period may start a new stay for copay administration purposes.
Physical Therapy	\$30 Copay A referral is required.	\$20 Copay A referral is required.	\$30 Copay A referral is required.
Ambulance	\$210 Copay This copay applies to each one-way trip. Prior authorization may be required for non-emergent transportation by ambulance.	\$200 Copay This copay applies to each one-way trip. Prior authorization may be required for non-emergent transportation by ambulance.	\$210 Copay This copay applies to each one-way trip. Prior authorization may be required for non-emergent transportation by ambulance.
Transportation	\$0 Copay Limited to 24 one-way trips to plan-approved health-related locations every year.	\$0 Copay Limited to 36 one-way trips to plan-approved health-related locations every year.	\$0 Copay Limited to 24 one-way trips to plan-approved health-related locations every year.
Medicare Part B Drugs	<p>All Plans</p> <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 is 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>		

Optional Supplemental Benefits

Essence Advantage Gold and Platinum members can purchase supplemental dental and vision coverage for an additional premium. The optional supplemental benefits package is not available for Essence Advantage Select plan members.

OSB Package (Dental (DHMO) and Vision)	
Monthly Plan Premium	An additional \$20 per month
Deductibles	This plan does not have a deductible.
Dental Services	<p>Preventive dental services: \$0 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> • Periodic oral evaluation (2 every calendar year) • Routine cleaning (2 every calendar year) • Fluoride treatment (2 every calendar year) • Horizontal bitewing X-ray(s) (1 series, once every 6 months) • Intraoral complete series of radiographic images (1 series, once every 2 calendar years) <p>Comprehensive services include (but are not limited to*):</p> <p>Non-routine services (non-routine cleaning, inspection of removable denture and home bleaching tray and gel): \$0–\$125 copay</p> <p>Diagnostic services (radiographic images and post-operative re-evaluation visit): \$0–\$5 copay</p> <p>Restorative services (amalgam fillings and titanium crowns): \$8–\$395 copay</p> <p>Endodontics (pulp cap and mandibular partial dentures): \$5–\$395 copay</p> <p>Periodontics (scaling for severe gingival inflammation and osseous surgery): \$5–\$385 copay</p> <p>Extractions (extraction of an erupted tooth and coronectomy): \$14–\$140 copay</p> <p>Prosthodontics, other oral/maxillofacial surgery and other services (adjusting complete or partial dentures and 3/4 cast high noble metal retainer crown): \$18–\$445 copay</p> <p>*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.</p>
Vision Services	<p>1 Routine eye exam every calendar year: \$25 copay</p> <p>Eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every 2 calendar years: \$25 copay</p> <p>\$150 Allowance for eyeglass frames or contact lenses every 2 calendar years: \$25 copay</p> <p>Upgrades may be available at an additional cost.</p>

Part D Prescription Drug Benefits

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)			
Deductible	All Plans These plans do not have a deductible.					
Initial Coverage	All Plans You pay the amounts listed in the following tables until your total yearly drug costs reach \$4,660. For insulins, 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. 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.					
Insulin Coverage	All Plans You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing tier, the coverage phase, your Extra Help status or whether the insulin product is considered a Select Insulin under the plan's Prescription Drug Formulary.*					
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$5 Copay	\$10 Copay	\$15 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$15 Copay	\$30 Copay	\$45 Copay	\$10 Copay	\$20 Copay	\$30 Copay
Select Insulins*	\$15 Copay	\$30 Copay	\$45 Copay	\$10 Copay	\$20 Copay	\$30 Copay
Tier 3 (Preferred Brand)	\$47 Copay	\$94 Copay	\$141 Copay	\$45 Copay	\$90 Copay	\$135 Copay
Select Insulins*	\$35 Copay	\$70 Copay	\$105 Copay	\$35 Copay	\$70 Copay	\$105 Copay
Tier 4 (Non-Preferred Brand)	\$100 Copay	\$200 Copay	\$300 Copay	\$95 Copay	\$190 Copay	\$285 Copay
Tier 5 (Specialty Drug)	33% Coinsurance	Not offered		33% Coinsurance	Not offered	
Tier 6 (Select Care Drugs)**	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

Standard Mail-Order Cost-Sharing	Essence Advantage Gold (HMO)		Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)		
	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	Not offered		\$10 Copay	Not offered	Not offered	\$0 Copay
Tier 2 (Generic)	Not offered		\$30 Copay	Not offered	Not offered	\$20 Copay
Select Insulins*	Not offered		\$30 Copay	Not offered	Not offered	\$20 Copay
Tier 3 (Preferred Brand)	Not offered		\$94 Copay	Not offered	Not offered	\$90 Copay
Select Insulins*	Not offered		\$94 Copay	Not offered	Not offered	\$90 Copay
Tier 4 (Non-Preferred Brand)	Not offered		\$200 Copay	Not offered	Not offered	\$190 Copay
Tier 5 (Specialty Drug)	Not offered			Not offered		
Tier 6 (Select Care Drugs)**	Not offered		\$0 Copay	Not offered		\$0 Copay
Coverage Gap	<p>All Plans</p> <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>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> <p>During the coverage gap, your costs for tier 1 and tier 6 drugs (shown in the following table) will remain the same as during the initial coverage phase of your prescription drug benefit. You will need to use your formulary to locate your drug’s tier.</p> <p>Important—You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if the insulin product is not considered a Select Insulin under the plan’s Prescription Drug Formulary or you’re not eligible for the Insulin Savings Program.</p> <p>If you’re eligible for the Insulin Savings Program, your cost-share for Select Insulins won’t increase during the coverage gap.</p>					

*Select Insulins are those that are part of the Insulin Savings Program and incur low, consistent copays through the coverage gap. Insulins administered via a durable medical equipment insulin pump are not included in the program. For information regarding which insulins are Select Insulins under the plan’s benefit, refer to the plan’s Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information. The program doesn’t apply during the catastrophic coverage stage or if you receive Extra Help.

**Select care drugs are all tier 6 drugs and are used for treatment of diabetes, high cholesterol and high blood pressure.

	Essence Advantage Gold (HMO)		Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)		
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$5 Copay	\$10 Copay	\$15 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 6 (Select Care Drugs)**	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Standard Mail-Order Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	Not offered		\$10 Copay	Not offered		\$0 Copay
Tier 6 (Select Care Drugs)**	Not offered		\$0 Copay	Not offered		\$0 Copay
Catastrophic Coverage	<p>All Plans</p> <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 Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Acupuncture	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$35 copay per visit	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$20 copay per visit Supplemental services, up to 15 visits per calendar year: \$10 copay per visit Supplemental services must be received through a contracted provider.	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$25 copay per visit

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Additional Smoking and Tobacco Cessation Counseling	<p>All Plans</p> <p>In addition to the 8 visits covered under Original Medicare, all of our plans include coverage for up to an additional 8 group visits at no cost to you.</p>		
Chiropractic Care	<p>All Plans</p> <p>Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p>A referral is required.</p>		
Diabetes Supplies and Services	<p>All Plans</p> <p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): \$0 copay</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: \$0 copay</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p>		
Durable Medical Equipment (wheelchairs, oxygen, etc.)	<p>All Plans</p> <p>20% Coinsurance</p> <p>Prior authorization may be required.</p>		
Flexible Benefits Card	Not offered	<p>\$75 Credit per quarter, supplied in the form of a debit card, provided by WEX, to use on health-related over-the-counter products</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>	<p>\$250 Shared credit per quarter, supplied in the form of a debit card, provided by WEX, to use on non-Medicare-covered dental, vision and hearing services and products as well as health-related over-the-counter items</p> <p>There are no restrictions on how much of the allowance can be spent in each category. Flex Card may be used with both in-network and out-of-network providers.</p> <p>Any unused balance carries 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>

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Foot Care <i>(podiatry services)</i>	\$35 Copay A referral is required.	\$20 Copay A referral is required.	\$25 Copay A referral is required.
Home Healthcare	All Plans \$0 Copay A referral is required.		
Hospice	All Plans 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.		
Meal Benefit	Both Plans Immediately following surgery or inpatient hospital stay: \$0 copay for up to 28 days, maximum of 56 meals per calendar year Limited to 1 occurrence per calendar year If you have a chronic condition, including, but not limited to, some cardiovascular disorders, COPD or diabetes: \$0 Copay for up to 14 days, maximum of 28 meals per calendar year Limited to 1 occurrence per calendar year		Not Covered
Nurse Hotline	Both Plans 24-Hour nursing hotline available at no additional cost (1-844-546-8773, TTY: 711)		Not covered
Outpatient Rehabilitation Services	Cardiac rehabilitation services: \$20 copay per day Occupational, speech and language therapy visits: \$30 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.	Cardiac rehabilitation services: \$20 copay per day Occupational, speech and language therapy visits: \$20 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.	Cardiac rehabilitation services: \$20 copay per day Occupational, speech and language therapy visits: \$30 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)	Essence Advantage Select (HMO)
Outpatient Substance Abuse	Individual visit: \$30 copay Group visit: \$20 copay Prior authorization may be required.	Individual visit: \$20 copay Group visit: \$10 copay Prior authorization may be required.	Individual visit: \$15 copay Group visit: \$10 copay Prior authorization may be required.
Over-the Counter (OTC) Coverage	Not offered	\$75 Credit per quarter, supplied in the form of a debit card (Flexible Benefits Card), provided by WEX, to use on health-related OTC items For more information, see Flexible Benefits Card section on page 62.	\$250 Shared credit per quarter, supplied in the form of a debit card (Flexible Benefits Card) provided by WEX. Allowance is shared between health-related OTC items, dental, vision and hearing. For more information, see Flexible Benefits Card section on page 62.
Prosthetic Devices	<p>All Plans</p> <p>Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance Prior authorization may be required.</p>		
Virtual/ Telehealth Visits	\$5–\$35 Copay You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider’s office. A referral or authorization may be required.	\$0–\$20 Copay You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider’s office. A referral or authorization may be required.	\$0–\$30 Copay You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider’s office. A referral or authorization may be required.
	<p>All Plans</p> <p>Primary care physician telehealth visits (through Teladoc®): \$10 copay Services offered through Teladoc app on your iPhone or Android smartphone, via Teladoc.com or by calling toll-free at 1-800-Teladoc (1-800-835-2362)</p>		
Wellness Programs	Not offered	Health club membership/fitness classes through Silver&Fit®: \$0 copay	Health club membership/fitness classes through Silver&Fit®: \$0 copay

Index

Acupuncture.....	61
Additional Smoking and Tobacco Cessation Counseling.....	62
Ambulance.....	57
Ambulatory Surgical Center (ASC).....	52
Chiropractic Care.....	62
Deductibles.....	51
Dental Services.....	54
Diabetes Supplies and Services.....	62
Diagnostic Services/Labs/Imaging.....	54
Doctor Visits.....	52
Durable Medical Equipment.....	62
Emergency Care.....	53
Flexible Benefits Card.....	62
Foot Care.....	63
Hearing Services.....	54
Home Healthcare.....	63
Hospice.....	63
Inpatient Hospital Coverage.....	52
Maximum Out-of-Pocket Responsibility.....	51
Meal Benefit.....	63
Medicare Part B Drugs.....	57
Optional Supplemental Benefits.....	58
Mental Health Services.....	56
Monthly Plan Premium.....	51
Nurse Hotline.....	63
Outpatient Hospital Coverage.....	52
Outpatient Rehabilitation Services.....	63
Outpatient Substance Abuse.....	64
Over-the Counter (OTC) Coverage.....	64
Part D Prescription Drug Benefits.....	59
Deductible.....	59
Initial Coverage.....	59
Insulin Coverage.....	59
Coverage Gap.....	60
Catastrophic Coverage.....	61
Physical Therapy.....	57
Preventive Care.....	52
Prosthetic Devices.....	64
Skilled Nursing Facility (SNF).....	56
Transportation.....	57
Urgently Needed Services.....	53
Virtual/Telehealth Visits.....	64
Vision Services.....	55
Wellness Programs.....	64

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 1-844-205-8422 (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 1-844-205-8422 (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

- In addition to your monthly plan premium, 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).

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 Gold (HMO)** and **Essence Advantage Platinum (HMO)** cover and what you pay.

- If you want to compare our plans 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 Gold** and **Essence Advantage Platinum**
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Optional Supplemental 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 1-844-205-8422 (TTY: 711) to speak with a customer service representative.

Things to Know About Essence Advantage Gold and Essence Advantage Platinum

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 Gold/Essence Advantage Platinum Phone Number and Website

- If you have questions, call 1-844-205-8422 (TTY: 711) to speak with a customer service representative.
- Our website: EssenceHealthcare.com

Who can join?

To join **Essence Advantage Gold** or **Essence Advantage Platinum**, 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 counties in California: Alameda and San Mateo.

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 Gold and **Essence Advantage Platinum** have 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. You can see our plans' 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 plans group 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 Gold (HMO)	Essence Advantage Platinum (HMO)
Monthly Plan Premium	\$57 Per month You must continue to pay your Medicare Part B premium.	\$87 Per month You must continue to pay your Medicare Part B premium.
Deductibles	<u>Both Plans</u> These plans do 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"> • \$5,900 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>	<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"> • \$4,900 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 Gold (HMO)	Essence Advantage Platinum (HMO)
Inpatient Hospital Coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$315 Copay per day, per stay: days 1–7</p> <p>\$0 Copay per day, per stay: day 8 and beyond</p> <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$300 Copay per day, per stay: days 1–7</p> <p>\$0 Copay per day, per stay: day 8 and beyond</p> <p>Prior authorization is required.</p>
Outpatient Hospital Coverage	<p>20% Coinsurance</p> <p>Prior authorization may be required.</p>	<p>\$240 Copay</p> <p>Prior authorization may be required.</p>
Ambulatory Surgical Center (ASC)	<p>20% Coinsurance</p> <p>Prior authorization may be required.</p>	<p>\$240 Copay</p> <p>Prior authorization may be required.</p>

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)
Doctor Visits <i>(primary care providers and specialists)</i>	<p>Primary care physician (PCP) visit: \$5 copay Specialist visit: \$35 copay A referral is required for specialist visits. Certain Medicare-covered services provided by a physician may require a prior authorization.</p>	<p>Primary care physician (PCP) visit: \$0 copay Specialist visit: \$30 copay A referral is required for specialist visits. Certain Medicare-covered services provided by a physician may require a prior authorization.</p>
Preventive Care	<p><u>Both Plans</u></p> <p>You pay nothing.</p> <p>Our plans cover many preventive services, including:</p> <ul style="list-style-type: none"> • 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) <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)
Emergency Care	<p>Both Plans</p> <p>\$110 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>Both Plans</p> <p>\$35 Copay within the United States</p> <p>\$110 Copay outside of the United States</p> <p>We provide worldwide coverage.</p>	
<p>Diagnostic Services/Labs/Imaging</p> <p><i>(Costs for these services may vary based on place of service.)</i></p>	<p>Lab services: \$10 copay</p> <p>Diagnostic procedures and tests: \$45 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance</p> <p>X-rays: \$45 copay</p> <p>Prior authorization may be required.</p>	<p>Lab services: \$10 copay</p> <p>Diagnostic procedures and tests: \$25 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance</p> <p>X-rays: \$25 copay</p> <p>Prior authorization may be required.</p>
Hearing Services	<p>Both Plans</p> <p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$0 copay</p> <p>A referral is required for Medicare-covered hearing services.</p>	
Dental Services	<p>Medicare-covered comprehensive dental services: \$35 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> <p>See page 75 for information on optional supplemental dental coverage that can be purchased separately.</p>	<p>Medicare-covered comprehensive dental services: \$30 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> <p>See page 75 for information on optional supplemental dental coverage that can be purchased separately.</p>

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)
Vision Services	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered eye exam: \$35 copay</p> <p>Medicare-covered eye exam if performed by a primary care physician: \$5 copay</p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered eye exam: \$30 copay</p> <p>Medicare-covered eye exam if performed by a primary care physician: \$0 copay</p>
<p>Both Plans</p> <p>A referral is required for Medicare-covered eye exams.</p> <p>1 pair of Medicare-covered eyeglasses (standard plastic single, bifocal, trifocal or lenticular lenses) or contact lenses after each cataract surgery: \$0 copay</p> <p>See page 75 for information on optional supplemental vision coverage that can be purchased separately.</p>		
Mental Health Services	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$270 Copay per day, per stay: days 1–6</p> <p>\$0 Copay per day, per stay: day 7 and beyond</p> <p>Outpatient individual visit: \$30 copay</p> <p>Outpatient group visit: \$20 copay</p> <p>Prior authorization may be required.</p>	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$270 Copay per day, per stay: days 1–6</p> <p>\$0 Copay per day, per stay: day 7 and beyond</p> <p>Outpatient individual visit: \$20 copay</p> <p>Outpatient group visit: \$10 copay</p> <p>Prior authorization may be required.</p>
Skilled Nursing Facility (SNF)	<p>The plans cover up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 Copay per day, per stay: days 1–20 • \$150 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>	<p>The plans cover up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 Copay per day, per stay: days 1–20 • \$100 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>
Physical Therapy	<p>\$30 Copay</p> <p>A referral is required.</p>	<p>\$20 Copay</p> <p>A referral is required.</p>
Ambulance	<p>\$210 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>	<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>

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)
Transportation	<p><u>Both Plans</u> \$0 Copay Limited to 24 one-way trips to plan-approved health-related locations every year.</p>	
Medicare Part B Drugs	<p><u>Both Plans</u> For Part B drugs such as chemotherapy drugs: 20% coinsurance Other Part B drugs, including insulin administered via a durable medical equipment insulin pump: 20% coinsurance Prior authorization is required. 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>	

Optional Supplemental Benefits

Essence Advantage Gold and Platinum members can purchase supplemental dental and vision coverage for an additional premium.

	OSB Package (Dental (DHMO) and Vision)
Monthly Plan Premium	An additional \$20 per month
Deductibles	This plan does not have a deductible.
Dental Services	<p>Preventive dental services: \$0 copay <u>Preventive services include:</u></p> <ul style="list-style-type: none"> • Periodic oral evaluation (2 every calendar year) • Routine cleaning (2 every calendar year) • Fluoride treatment (2 every calendar year) • Horizontal bitewing X-ray(s) (1 series, once every 6 months) • Intraoral complete series of radiographic images (1 series, once every 2 calendar years) <p><u>Comprehensive services include (but are not limited to*):</u> Non-routine services (non-routine cleaning, inspection of removable denture and home bleaching tray and gel): \$0–\$125 copay Diagnostic services (radiographic images and post-operative re-evaluation visit): \$0–\$5 copay</p>

OSB Package (Dental (DHMO) and Vision)

Dental Services <i>(continued)</i>	<p>Restorative services (amalgam fillings and titanium crowns): \$8–\$395 copay</p> <p>Endodontics (pulp cap and mandibular partial dentures): \$5–\$395 copay</p> <p>Periodontics (scaling for severe gingival inflammation and osseous surgery): \$5–\$385 copay</p> <p>Extractions (extraction of an erupted tooth and coronectomy): \$14–\$140 copay</p> <p>Prosthodontics, other oral/maxillofacial surgery and other services (adjusting complete or partial dentures and 3/4 cast high noble metal retainer crown): \$18–\$445 copay</p> <p>*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.</p>
Vision Services	<p>1 Routine eye exam every calendar year: \$25 copay</p> <p>Eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every 2 calendar years: \$25 copay</p> <p>\$150 Allowance for eyeglass frames or contact lenses every 2 calendar years: \$25 copay</p> <p>Upgrades may be available at an additional cost.</p>

Part D Prescription Drug Benefits

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)
Deductible	<p><u>Both Plans</u></p> <p>These plans do not have a deductible.</p>	
Initial Coverage	<p><u>Both Plans</u></p> <p>You pay the amounts listed in the following tables until your total yearly drug costs reach \$4,660. For insulins, 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. Total yearly drug costs are the total drug costs paid by both you and your Part D plan.</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>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>	
Insulin Coverage	<p><u>Both Plans</u></p> <p>You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing tier, the coverage phase, your Extra Help status or whether the insulin product is considered a Select Insulin under the plan's Prescription Drug Formulary.*</p>	

	Essence Advantage Gold (HMO)		Essence Advantage Platinum (HMO)	
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply		90-Day Supply
Tier 1 (Preferred Generic)	\$5 Copay	\$10 Copay		\$15 Copay
Tier 2 (Generic)	\$15 Copay	\$30 Copay		\$45 Copay
Select Insulins*	\$15 Copay	\$30 Copay		\$45 Copay
Tier 3 (Preferred Brand)	\$47 Copay	\$94 Copay		\$141 Copay
Select Insulins*	\$35 Copay	\$70 Copay		\$105 Copay
Tier 4 (Non-Preferred Brand)	\$100 Copay	\$200 Copay		\$300 Copay
Tier 5 (Specialty Drug)	33% Coinsurance	Not offered		
Tier 6 (Select Care Drugs)**	\$0 Copay	\$0 Copay		\$0 Copay
Standard Mail-Order Cost-Sharing	30-Day Supply	60-Day Supply		90-Day Supply
Tier 1 (Preferred Generic)	Not offered			\$10 Copay
Tier 2 (Generic)	Not offered			\$30 Copay
Select Insulins*	Not offered			\$30 Copay
Tier 3 (Preferred Brand)	Not offered			\$94 Copay
Select Insulins*	Not offered			\$94 Copay
Tier 4 (Non-Preferred Brand)	Not offered			\$200 Copay
Tier 5 (Specialty Drug)	Not offered			
Tier 6 (Select Care Drugs)**	Not offered			\$0 Copay

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)	
Coverage Gap	<p>Both Plans</p> <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>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> <p>During the coverage gap, your costs for tier 1 and tier 6 drugs (shown in the following table) will remain the same as during the initial coverage phase of your prescription drug benefit. You will need to use your formulary to locate your drug’s tier.</p> <p>Important—You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if the insulin product is not considered a Select Insulin under the plan’s Prescription Drug Formulary or you’re not eligible for the Insulin Savings Program.</p> <p>If you’re eligible for the Insulin Savings Program, your cost-share for Select Insulins won’t increase during the coverage gap.</p>		
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$5 Copay	\$10 Copay	\$15 Copay
Tier 6 (Select Care Drugs)**	\$0 Copay	\$0 Copay	\$0 Copay
Standard Mail-Order Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	Not offered		\$10 Copay
Tier 6 (Select Care Drugs)**	Not offered		\$0 Copay
Catastrophic Coverage	<p>Both Plans</p> <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>		

*Select Insulins are those that are part of the Insulin Savings Program and incur low, consistent copays through the coverage gap. Insulins administered via a durable medical equipment insulin pump are not included in the program. For information regarding which insulins are Select Insulins under the plan’s benefit, refer to the plan’s Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information. The program doesn’t apply during the catastrophic coverage stage or if you receive Extra Help.

**Select care drugs are all tier 6 drugs and are used for treatment of diabetes, high cholesterol and high blood pressure. Cost-sharing may change depending on the pharmacy you choose.

Other Covered Benefits

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)
Acupuncture	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$35 copay per visit	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$30 copay per visit Supplemental services, up to 15 visits per calendar year: \$10 copay per visit Supplemental services must be received through a contracted provider.
Additional Smoking and Tobacco Cessation Counseling	Both Plans In addition to the 8 visits covered under Original Medicare, all of our plans include coverage for up to an additional 8 group visits at no cost to you.	
Chiropractic Care	Both Plans Manual manipulation of the spine to correct subluxation: \$20 copay A referral is required.	
Diabetes Supplies and Services	Both Plans Diabetes self-management training: \$0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): \$0 copay When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott products. Diabetic therapeutic custom-molded shoes or inserts: \$0 copay 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 (wheelchairs, oxygen, etc.)	Both Plans 20% Coinsurance Prior authorization may be required.	

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)
Flexible Benefits Card	Not offered	\$50 Credit per quarter, supplied in the form of a debit card, provided by WEX, to use on health-related over-the-counter products Any unused balance will not carry over from quarter to quarter and will expire at the end of the calendar year. For more information, please see the Evidence of Coverage.
Foot Care <i>(podiatry services)</i>	\$35 Copay A referral is required.	\$30 Copay A referral is required.
Home Healthcare	<u>Both Plans</u> \$0 Copay A referral is required.	
Hospice	<u>Both Plans</u> 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.	
Meal Benefit	<u>Both Plans</u> Immediately following surgery or inpatient hospital stay: \$0 copay for up to 28 days, maximum of 56 meals per calendar year Limited to 1 occurrence per calendar year If you have a chronic condition, including, but not limited to, some cardiovascular disorders, COPD or diabetes: \$0 Copay for up to 14 days, maximum of 28 meals per calendar year Limited to 1 occurrence per calendar year	
Nurse Hotline	<u>Both Plans</u> 24-Hour nursing hotline available at no additional cost (1-844-546-8773, TTY: 711)	
Outpatient Rehabilitation Services	Cardiac rehabilitation services: \$20 copay per day Occupational, speech and language therapy visits: \$30 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.	Cardiac rehabilitation services: \$20 copay per day Occupational, speech and language therapy visits: \$20 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.

	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)
Outpatient Substance Abuse	Individual visit: \$30 copay Group visit: \$20 copay Prior authorization may be required.	Individual visit: \$20 copay Group visit: \$10 copay Prior authorization may be required.
Over-the Counter (OTC) Coverage	Not offered	\$50 Credit per quarter, supplied in the form of a debit card (Flexible Benefits Card), provided by WEX, to use on health-related OTC items For more information, see Flexible Benefits Card section on page 80.
Prosthetic Devices	Both Plans Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance Prior authorization may be required.	
Virtual/ Telehealth Visits	\$5-\$35 Copay You will pay the same copay for the virtual/ telehealth visit as if the services were received in the provider's office. A referral or authorization may be required.	\$0-\$30 Copay You will pay the same copay for the virtual/ telehealth visit as if the services were received in the provider's office. A referral or authorization may be required.
	Both Plans Primary care physician telehealth visits (through Teladoc®): \$10 copay Services offered through Teladoc app on your iPhone or Android smartphone, via Teladoc.com or by calling toll-free at 1-800-Teladoc (1-800-835-2362)	
Wellness Programs	Not offered	Health club membership/fitness classes through Silver&Fit®: \$0 copay

Index

Acupuncture.....	79
Additional Smoking and Tobacco Cessation Counseling.....	79
Ambulance.....	74
Ambulatory Surgical Center (ASC).....	71
Chiropractic Care.....	79
Deductibles.....	71
Dental Services.....	73
Diabetes Supplies and Services.....	79
Diagnostic Services/Labs/Imaging.....	73
Doctor Visits.....	72
Durable Medical Equipment.....	79
Emergency Care.....	73
Flexible Benefits Card.....	80
Foot Care.....	80
Hearing Services.....	73
Home Healthcare.....	80
Hospice.....	80
Inpatient Hospital Coverage.....	71
Maximum Out-of-Pocket Responsibility.....	71
Meal Benefit.....	80
Medicare Part B Drugs.....	75
Optional Supplemental Benefits.....	75
Mental Health Services.....	74
Monthly Plan Premium.....	71
Nurse Hotline.....	80
Outpatient Hospital Coverage.....	71
Outpatient Rehabilitation Services.....	80
Outpatient Substance Abuse.....	81
Over-the Counter (OTC) Coverage.....	81
Part D Prescription Drug Benefits.....	76
Deductible.....	76
Initial Coverage.....	76
Insulin Coverage.....	76
Coverage Gap.....	78
Catastrophic Coverage.....	78
Physical Therapy.....	74
Preventive Care.....	72
Prosthetic Devices.....	81
Skilled Nursing Facility (SNF).....	74
Transportation.....	75
Urgently Needed Services.....	73
Virtual/Telehealth Visits.....	81
Vision Services.....	74
Wellness Programs.....	81

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 1-844-205-8422 (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 1-844-205-8422 (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

- In addition to your monthly plan premium, 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).





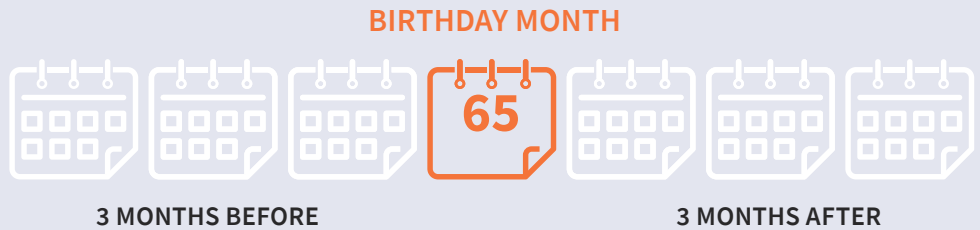
Enrollment Information

Medicare Enrollment Periods	86
How to Enroll	87
Enrollment Application Checklist	88
What to Expect After Enrollment	89
Star Ratings Explained	90

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.

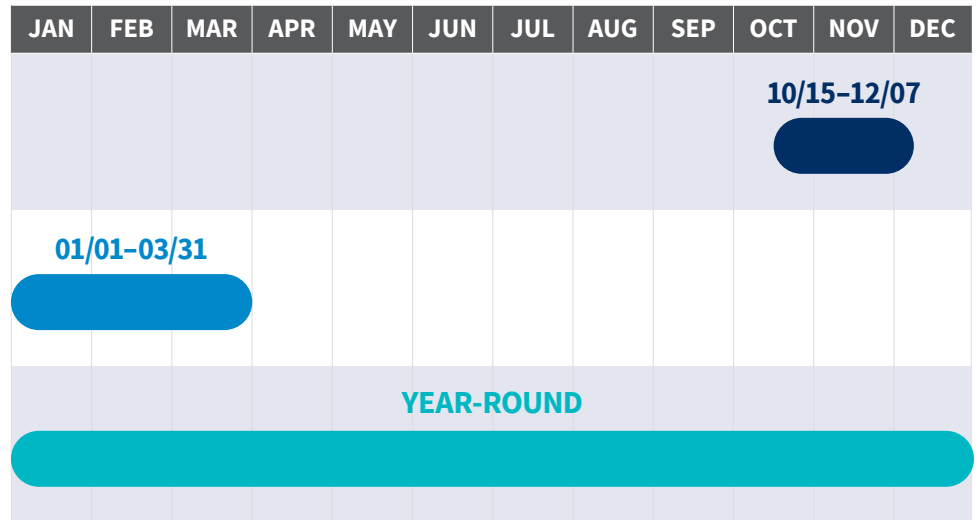
Initial Enrollment Period (IEP)
Sign up for Medicare for the first time.



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.**



*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: 1-844-205-8422 (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. Be sure to choose only one plan name. Indicate if you want to add optional supplemental benefits.

2. Fill in your:
 Name Birth date Sex Phone number Address
 Mailing address (if different than your permanent residence address)
 Email address (optional)

3. Fill in your Medicare number.

4. Answer the Yes/No question in Section 1. If you answer "Yes", please fill out the additional information necessary.

5. Read the bulleted section labeled IMPORTANT for an explanation on enrollment periods and your rights under this plan.

6. Sign the enrollment application. You or your authorized representative must sign and date the form.

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.)

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.

9. Select a payment option if you chose a plan with a premium. If the plan you selected does not have a premium, skip to the next item.

10. Mail your application to the address listed on the enrollment application.

[†]If you're 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 105).

Have questions about the enrollment application?

We'd be happy to help. Just give us a call toll-free at 1-844-205-8422 (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 an 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 Medicare premiums and other healthcare costs.



Essence Advantage Gold and Platinum Members Only: Premium Charge

If you enrolled in the Essence Advantage Gold or Platinum plan, you'll receive a bill for your premium.

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	★



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.*

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.

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



Apps and Forms

Essence Enrollment Applications	93
Attestation of Eligibility Forms	105



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 cannot 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 1-844-205-8422. 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 1-844-205-8422 (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.



Please contact Essence Healthcare Sales at 1-844-205-8422 if you need assistance completing this form. TTY users 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 Platinum* (HMO) H2986-001 (Santa Clara County) – \$79 per month
- Essence *Advantage Gold* (HMO) H2986-002 (Santa Clara County) – \$30 per month
- Essence *Advantage Select* (HMO) H2986-008 (Santa Clara County) – \$0 per month
- Essence *Advantage Platinum* (HMO) H2986-004 (Alameda and San Mateo Counties) – \$87 per month
- Essence *Advantage Gold* (HMO) H2986-007 (Alameda and San Mateo Counties) – \$57 per month

Optional Supplemental Benefits*:

You can add optional supplemental benefits (dental and vision services) for an additional premium per month. The monthly premium for your optional supplemental benefits will be in addition to your monthly plan premium and/or Late Enrollment Penalty.

- Yes No Dental (DHMO) and Vision – \$20 per month

*Not available for the Essence *Advantage Select* (HMO) plan

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 (Don't 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 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.

Optional Supplemental Benefits Conditions of Enrollment: If you checked "Yes" to add the optional supplemental benefits on page 1, please read the information below. By completing this enrollment application:

- I agree to adding the optional supplemental benefits, which includes dental and vision, for the monthly premium amount identified above in my selection. This amount is in addition to my Medicare premium, Essence Healthcare plan premiums, and any applicable Late Enrollment Penalty (LEP) that may apply.
- I understand the optional supplemental benefits are only available to members enrolled in an Essence Healthcare plan and that disenrollment from an Essence Healthcare plan will result in automatic disenrollment from the optional supplemental benefits.
- By enrolling in the Dental (DHMO) and Vision optional supplemental benefit, I understand that I must get covered care from in-network providers, except for emergency or urgently needed services. If I receive services from an out-of-network provider, I will be responsible for all costs associated with those services.
- I understand that if I disenroll from the optional supplemental benefits, I will not be eligible to enroll again until the next Essence Healthcare valid optional supplemental benefits enrollment period.
- I understand that if I fail to pay the monthly premium for the optional supplemental benefits, I will lose the optional supplemental benefits but will remain enrolled in Essence Healthcare.

Signature:	Today's Date:
-------------------	----------------------

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

Name:	Relationship to Enrollee:
Address:	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.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Puerto Rican
- Yes, another Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Cuban
- 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 1-844-205-8422 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" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></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 and/or OSB 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 do not 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.

If you choose to have the funds taken directly out of your checking account, this is referred to as Electronic Funds Transfer (EFT). If you elect this method of payment, you will receive a letter from the plan requesting a Voided Check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 60 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 2nd day of the month for the current month's coverage. If you select this payment option, you will not receive a monthly invoice.

- Direct Pay

A monthly invoice will be mailed to you and you can choose whether to pay by check, money order, or online.

Please return completed application to:

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

Please call 1-844-205-8422 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 is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare Part B premium.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

FOR OFFICE USE ONLY								
Confirmation # (Quick Entry or Phone Enroll):			Application Log #:					
Plan ID #:			Effective Date of Coverage:					
Election Periods:	<input type="checkbox"/> ICEP (I)	<input type="checkbox"/> IEP (E)	<input type="checkbox"/> 2 nd IEP (F)	<input type="checkbox"/> AEP (A)	<input type="checkbox"/> OEP (M)	<input type="checkbox"/> OEPI (T)		
Special Election Periods (Must check all that apply): <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> SEP (S) <ul style="list-style-type: none"> <input type="checkbox"/> SPAP (38) <input type="checkbox"/> Loss of SNP (35) <input type="checkbox"/> Retro Entitlement (32) <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22) <input type="checkbox"/> Contract/Plan Non-Renewal (12) <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate (11) <input type="checkbox"/> Contract Term – MAO (12) <input type="checkbox"/> Contract Term – CMS (11) <input type="checkbox"/> CMS Sanction (23) <input type="checkbox"/> FEMA/Disaster (01) <input type="checkbox"/> Plan Placed in Receivership (39) <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) <input type="checkbox"/> Accessible Format Delay (21) <input type="checkbox"/> Inv. Dis. – Loss of Part B (25) <input type="checkbox"/> PACE Transition (27) <input type="checkbox"/> Cost Plan Non-Renewal (28) <input type="checkbox"/> Drop Medigap in Trial Period (29) <input type="checkbox"/> Additional Part D IEP Eligibility (31) <input type="checkbox"/> Part B General Enrollment (34) <input type="checkbox"/> Lawfully Present (37) <input type="checkbox"/> COVID-19 Disaster (02) </td> <td style="vertical-align: top; width: 50%;"> SEP (V) <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Move SEP (W) <ul style="list-style-type: none"> <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <ul style="list-style-type: none"> <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <ul style="list-style-type: none"> <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status <input type="checkbox"/> Gain/Loss/Change of Medicaid <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS SEP (R) <ul style="list-style-type: none"> <input type="checkbox"/> 5-Star SEP </td> </tr> </table>							SEP (S) <ul style="list-style-type: none"> <input type="checkbox"/> SPAP (38) <input type="checkbox"/> Loss of SNP (35) <input type="checkbox"/> Retro Entitlement (32) <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22) <input type="checkbox"/> Contract/Plan Non-Renewal (12) <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate (11) <input type="checkbox"/> Contract Term – MAO (12) <input type="checkbox"/> Contract Term – CMS (11) <input type="checkbox"/> CMS Sanction (23) <input type="checkbox"/> FEMA/Disaster (01) <input type="checkbox"/> Plan Placed in Receivership (39) <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) <input type="checkbox"/> Accessible Format Delay (21) <input type="checkbox"/> Inv. Dis. – Loss of Part B (25) <input type="checkbox"/> PACE Transition (27) <input type="checkbox"/> Cost Plan Non-Renewal (28) <input type="checkbox"/> Drop Medigap in Trial Period (29) <input type="checkbox"/> Additional Part D IEP Eligibility (31) <input type="checkbox"/> Part B General Enrollment (34) <input type="checkbox"/> Lawfully Present (37) <input type="checkbox"/> COVID-19 Disaster (02) 	SEP (V) <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Move SEP (W) <ul style="list-style-type: none"> <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <ul style="list-style-type: none"> <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <ul style="list-style-type: none"> <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status <input type="checkbox"/> Gain/Loss/Change of Medicaid <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS SEP (R) <ul style="list-style-type: none"> <input type="checkbox"/> 5-Star SEP
SEP (S) <ul style="list-style-type: none"> <input type="checkbox"/> SPAP (38) <input type="checkbox"/> Loss of SNP (35) <input type="checkbox"/> Retro Entitlement (32) <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22) <input type="checkbox"/> Contract/Plan Non-Renewal (12) <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate (11) <input type="checkbox"/> Contract Term – MAO (12) <input type="checkbox"/> Contract Term – CMS (11) <input type="checkbox"/> CMS Sanction (23) <input type="checkbox"/> FEMA/Disaster (01) <input type="checkbox"/> Plan Placed in Receivership (39) <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) <input type="checkbox"/> Accessible Format Delay (21) <input type="checkbox"/> Inv. Dis. – Loss of Part B (25) <input type="checkbox"/> PACE Transition (27) <input type="checkbox"/> Cost Plan Non-Renewal (28) <input type="checkbox"/> Drop Medigap in Trial Period (29) <input type="checkbox"/> Additional Part D IEP Eligibility (31) <input type="checkbox"/> Part B General Enrollment (34) <input type="checkbox"/> Lawfully Present (37) <input type="checkbox"/> COVID-19 Disaster (02) 	SEP (V) <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Move SEP (W) <ul style="list-style-type: none"> <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <ul style="list-style-type: none"> <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <ul style="list-style-type: none"> <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status <input type="checkbox"/> Gain/Loss/Change of Medicaid <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS SEP (R) <ul style="list-style-type: none"> <input type="checkbox"/> 5-Star SEP 							
Producer Name:			Producer NPN:		Application Receipt Date:			



Please return completed application to:
 Essence Healthcare
 P.O. Box 12487
 St. Louis, MO 63132

Please call 1-844-205-8422 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 is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare Part B premium.



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 cannot 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 1-844-205-8422. 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 1-844-205-8422 (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.



Please contact Essence Healthcare Sales at 1-844-205-8422 if you need assistance completing this form. TTY users 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 Platinum* (HMO) H2986-001 (Santa Clara County) – \$79 per month
- Essence *Advantage Gold* (HMO) H2986-002 (Santa Clara County) – \$30 per month
- Essence *Advantage Select* (HMO) H2986-008 (Santa Clara County) – \$0 per month
- Essence *Advantage Platinum* (HMO) H2986-004 (Alameda and San Mateo Counties) – \$87 per month
- Essence *Advantage Gold* (HMO) H2986-007 (Alameda and San Mateo Counties) – \$57 per month

Optional Supplemental Benefits*:

You can add optional supplemental benefits (dental and vision services) for an additional premium per month. The monthly premium for your optional supplemental benefits will be in addition to your monthly plan premium and/or Late Enrollment Penalty.

- Yes No Dental (DHMO) and Vision – \$20 per month

*Not available for the Essence *Advantage Select* (HMO) plan

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 (Don't 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.

Optional Supplemental Benefits Conditions of Enrollment: If you checked "Yes" to add the optional supplemental benefits on page 1, please read the information below. By completing this enrollment application:

- I agree to adding the optional supplemental benefits, which includes dental and vision, for the monthly premium amount identified above in my selection. This amount is in addition to my Medicare premium, Essence Healthcare plan premiums, and any applicable Late Enrollment Penalty (LEP) that may apply.
- I understand the optional supplemental benefits are only available to members enrolled in an Essence Healthcare plan and that disenrollment from an Essence Healthcare plan will result in automatic disenrollment from the optional supplemental benefits.
- By enrolling in the Dental (DHMO) and Vision optional supplemental benefit, I understand that I must get covered care from in-network providers, except for emergency or urgently needed services. If I receive services from an out-of-network provider, I will be responsible for all costs associated with those services.
- I understand that if I disenroll from the optional supplemental benefits, I will not be eligible to enroll again until the next Essence Healthcare valid optional supplemental benefits enrollment period.
- I understand that if I fail to pay the monthly premium for the optional supplemental benefits, I will lose the optional supplemental benefits but will remain enrolled in Essence Healthcare.

Signature:	Today's Date:
-------------------	----------------------

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

Name:	Relationship to Enrollee:
Address:	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.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Puerto Rican
- Yes, another Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Cuban
- 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 1-844-205-8422 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" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></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 and/or OSB 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 do not 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.

If you choose to have the funds taken directly out of your checking account, this is referred to as Electronic Funds Transfer (EFT). If you elect this method of payment, you will receive a letter from the plan requesting a Voided Check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 60 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 2nd day of the month for the current month's coverage. If you select this payment option, you will not receive a monthly invoice.

- Direct Pay

A monthly invoice will be mailed to you and you can choose whether to pay by check, money order, or online.

Please return completed application to:

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

Please call 1-844-205-8422 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 is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare Part B premium.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

FOR OFFICE USE ONLY								
Confirmation # (Quick Entry or Phone Enroll):			Application Log #:					
Plan ID #:			Effective Date of Coverage:					
Election Periods:	<input type="checkbox"/> ICEP (I)	<input type="checkbox"/> IEP (E)	<input type="checkbox"/> 2 nd IEP (F)	<input type="checkbox"/> AEP (A)	<input type="checkbox"/> OEP (M)	<input type="checkbox"/> OEPI (T)		
Special Election Periods (Must check all that apply): <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> SEP (S) <ul style="list-style-type: none"> <input type="checkbox"/> SPAP (38) <input type="checkbox"/> Loss of SNP (35) <input type="checkbox"/> Retro Entitlement (32) <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22) <input type="checkbox"/> Contract/Plan Non-Renewal (12) <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate (11) <input type="checkbox"/> Contract Term – MAO (12) <input type="checkbox"/> Contract Term – CMS (11) <input type="checkbox"/> CMS Sanction (23) <input type="checkbox"/> FEMA/Disaster (01) <input type="checkbox"/> Plan Placed in Receivership (39) <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) <input type="checkbox"/> Accessible Format Delay (21) <input type="checkbox"/> Inv. Dis. – Loss of Part B (25) <input type="checkbox"/> PACE Transition (27) <input type="checkbox"/> Cost Plan Non-Renewal (28) <input type="checkbox"/> Drop Medigap in Trial Period (29) <input type="checkbox"/> Additional Part D IEP Eligibility (31) <input type="checkbox"/> Part B General Enrollment (34) <input type="checkbox"/> Lawfully Present (37) <input type="checkbox"/> COVID-19 Disaster (02) </td> <td style="vertical-align: top; width: 50%;"> SEP (V) <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Move SEP (W) <ul style="list-style-type: none"> <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <ul style="list-style-type: none"> <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <ul style="list-style-type: none"> <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status <input type="checkbox"/> Gain/Loss/Change of Medicaid <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS SEP (R) <ul style="list-style-type: none"> <input type="checkbox"/> 5-Star SEP </td> </tr> </table>							SEP (S) <ul style="list-style-type: none"> <input type="checkbox"/> SPAP (38) <input type="checkbox"/> Loss of SNP (35) <input type="checkbox"/> Retro Entitlement (32) <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22) <input type="checkbox"/> Contract/Plan Non-Renewal (12) <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate (11) <input type="checkbox"/> Contract Term – MAO (12) <input type="checkbox"/> Contract Term – CMS (11) <input type="checkbox"/> CMS Sanction (23) <input type="checkbox"/> FEMA/Disaster (01) <input type="checkbox"/> Plan Placed in Receivership (39) <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) <input type="checkbox"/> Accessible Format Delay (21) <input type="checkbox"/> Inv. Dis. – Loss of Part B (25) <input type="checkbox"/> PACE Transition (27) <input type="checkbox"/> Cost Plan Non-Renewal (28) <input type="checkbox"/> Drop Medigap in Trial Period (29) <input type="checkbox"/> Additional Part D IEP Eligibility (31) <input type="checkbox"/> Part B General Enrollment (34) <input type="checkbox"/> Lawfully Present (37) <input type="checkbox"/> COVID-19 Disaster (02) 	SEP (V) <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Move SEP (W) <ul style="list-style-type: none"> <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <ul style="list-style-type: none"> <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <ul style="list-style-type: none"> <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status <input type="checkbox"/> Gain/Loss/Change of Medicaid <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS SEP (R) <ul style="list-style-type: none"> <input type="checkbox"/> 5-Star SEP
SEP (S) <ul style="list-style-type: none"> <input type="checkbox"/> SPAP (38) <input type="checkbox"/> Loss of SNP (35) <input type="checkbox"/> Retro Entitlement (32) <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22) <input type="checkbox"/> Contract/Plan Non-Renewal (12) <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate (11) <input type="checkbox"/> Contract Term – MAO (12) <input type="checkbox"/> Contract Term – CMS (11) <input type="checkbox"/> CMS Sanction (23) <input type="checkbox"/> FEMA/Disaster (01) <input type="checkbox"/> Plan Placed in Receivership (39) <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) <input type="checkbox"/> Accessible Format Delay (21) <input type="checkbox"/> Inv. Dis. – Loss of Part B (25) <input type="checkbox"/> PACE Transition (27) <input type="checkbox"/> Cost Plan Non-Renewal (28) <input type="checkbox"/> Drop Medigap in Trial Period (29) <input type="checkbox"/> Additional Part D IEP Eligibility (31) <input type="checkbox"/> Part B General Enrollment (34) <input type="checkbox"/> Lawfully Present (37) <input type="checkbox"/> COVID-19 Disaster (02) 	SEP (V) <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Move SEP (W) <ul style="list-style-type: none"> <input type="checkbox"/> Gain or Loss of Employer Coverage SEP (L) Allowed once per Quarter <ul style="list-style-type: none"> <input type="checkbox"/> Dual Eligible/Has Medicaid <input type="checkbox"/> Has Non-Dual with LIS SEP (U) <ul style="list-style-type: none"> <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status <input type="checkbox"/> Gain/Loss/Change of Medicaid <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS SEP (R) <ul style="list-style-type: none"> <input type="checkbox"/> 5-Star SEP 							
Producer Name:		Producer NPN:		Application Receipt Date:				



Please return completed application to:
 Essence Healthcare
 P.O. Box 12487
 St. Louis, MO 63132

Please call 1-844-205-8422 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 is an HMO plan with a Medicare contract. 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 1-844-205-8422 (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.

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.

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 1-844-205-8422 (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.

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.



Agent Use

Agent Checklist	113
Scope of Appointment	116
Receipt of Application	121

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 is an HMO plan with a Medicare contract. 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 members must use plan (network) providers for care and that specialty care requires a referral from a network primary care physician.

Other Benefits

- Silver&Fit**
- Preventive Dental*
- Comprehensive Dental *
- Vision*
- Transportation
- Hearing*
- Acupuncture*
- Meal Services*
- Flexible Benefits Card*
- Optional Dental and Vision*
**if applicable*

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

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 is an HMO plan with a Medicare contract. 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 members must use plan (network) providers for care and that specialty care requires a referral from a network primary care physician.

Other Benefits

- Silver&Fit**
 - Preventive Dental*
 - Comprehensive Dental *
 - Vision*
 - Transportation
 - Hearing*
 - Acupuncture*
 - Meal Services*
 - Flexible Benefits Card*
 - Optional Dental and Vision*
- *if applicable*

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:
--	-----------------------------

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.

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. 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.

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:
--	-----------------------------

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.

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. 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.

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

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. 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.

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

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. 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.

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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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) 1-855-996-8422. 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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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 1-855-996-8422 (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、1-855-996-8422 (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。

IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Essence Healthcare - H2986



For 2022, Essence Healthcare - H2986 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: ★★★★★
Drug Services Rating: ★★★★★

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Essence Healthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 855-200-0109 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 855-996-8422 (toll-free) or 711 (TTY).

Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.

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.

Out-of-network providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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: 1-844-205-8422 (TTY: 711)
8 a.m. to 8 p.m., seven days a week

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Participating facilities and fitness chains may vary by location and are subject to change. Kits are subject to change.



13900 Riverport Drive
Maryland Heights, MO 63043
EssenceHealthcare.com