

A Healthy Tomorrow Starts Today.



Enrollment Kit

MEDICARE ADVANTAGE | 2024

ESSENCE ADVANTAGE SELECT® (HMO) - ESSENCE ADVANTAGE® (HMO) - ESSENCE ADVANTAGE PLUS® (HMO)
ESSENCE ADVANTAGE® CHOICE (PPO) - ESSENCE ADVANTAGE® CHOICE PLUS (PPO)



Serving the greater St. Louis area (Missouri and Illinois)



**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 pursue the things you love surrounded by the people you love.





Table of Contents



■ **What We Offer**

page 6

■ **Benefit Highlights**

PPO—page 26

HMO—page 32

■ **Plan Details**

PPO—page 39

HMO—page 55

■ **Ready to Enroll**

page 71

■ **Ratings & FAQs**

page 95



Why People Choose Essence

Financial Security

Health plan costs should never prevent you from using your benefits. That's why we provide various plan options with **monthly premiums as low as \$0 and no or low copays on doctor visits, prescriptions and other services**. Our plans also include **out-of-pocket protection** that limits your annual healthcare costs and protects your savings. This important protection isn't offered by traditional Medicare.

Plans That Fit All Your Needs

At Essence, we believe that your Medicare plan should be a **complete protection package for every aspect of your health**—from medical and hospital care to extras like dental, vision, over-the-counter items and more. And we believe your plan should work how you want it to, whether that's by providing a **coordinated care experience through a network of doctors** or by offering **more flexibility in doctor choice**.

Teamwork and Customer Service

We've always valued communication and teamwork—not only because it helps improve your health, but also because it results in **better benefits and lower costs**. We work together both with you and with your network physicians. You can rest easy knowing that you have a **team of people focused on getting you the care you need and making sure that nothing slips through the cracks**. And if you ever need to reach us, you'll be quickly routed to one of our **dedicated, local customer service experts**—ready to provide guidance and trained to help resolve all your questions.

Dedication to Our Members

Essence is a **long-standing leader in healthcare—focused exclusively on serving people with Medicare**. We are doctor founded and are dedicated to providing affordable, accessible healthcare. Our commitment will always be to you and your improved health. **You're our number one priority**.

The Complete Protection Package

Unlike other traditional Medicare options, Medicare Advantage plans, including Essence, bundle your hospital, medical and prescription drug coverage into one plan. You'll also get extras needed to complete your coverage, such as dental, vision, hearing, health club memberships and more. We do this for as little as a \$0 monthly premium, and we provide maximum out-of-pocket protection so that you won't pay more than a certain amount per year for your healthcare.

Original Medicare

- Hospital Coverage (Part A)
- Medical Coverage (Part B)

Prescription Drug Coverage (Part D)



The Essence Advantage

Everything you want and need in one convenient, affordable plan

Money-Saving Extras*

Dental Coverage

Vision Coverage

Hearing Aid Coverage

Over-the-Counter (OTC) Coverage

Fitness Club Memberships/
SilverSneakers®

Transportation Assistance
Coverage when Traveling

Core + MORE

Preloaded Flex Cards

All Essence plans include core extras like dental, vision and hearing. With our Flex Card, you'll get MORE MONEY to spend in those categories, and on OTC items—up to \$1,500 per year depending on the plan you choose! Use your card at eligible retail locations, the online Essence OTC Store and with out-of-network providers—on what's important to you.



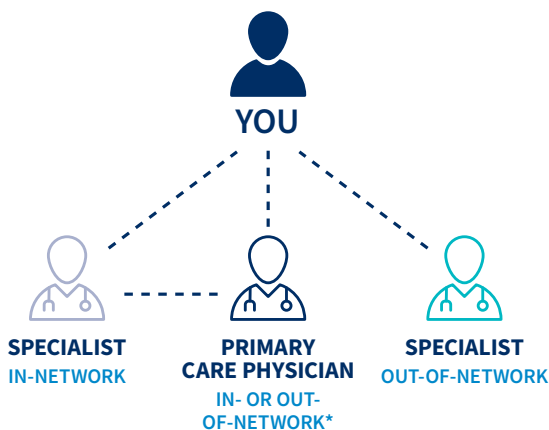
The Flex Card isn't a credit card. It can't be converted to cash or used to pay plan premiums or for non-covered Flex Card services. See pages 29 and 35 for more information. Annual allowance is divided equally and applied quarterly.

*Benefit limitations and exclusions may apply to extra benefits.

A Plan for Everyone

Your health and financial needs come first. Pick an Essence plan that meets both.

Do you value more freedom in doctor choice?

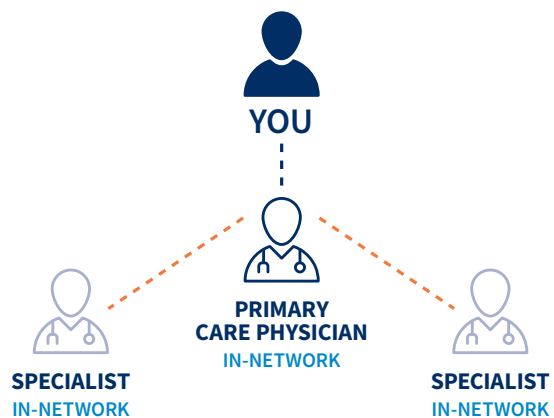


PPO plans offer more flexibility to see doctors inside or outside of your plan's network. You might pay more for out-of-network care, but not always.

"I like having the option to choose any doctor I want, without having to ask for a referral. And I love that many of my copays are the same whether I go in or out of the plan's network."

–Elizabeth, age 65

Do you value a coordinated care experience?



With an **HMO plan**, you have a network of doctors and specialists who communicate to make sure nothing slips through the cracks. You'll usually pay lower costs for in-network services.

"I like that my doctors keep in touch with each other to make sure I'm getting what I need for my health conditions. And, I like that my primary care doctor refers me to specialists he trusts."

–John, age 72

*While a primary care physician is encouraged, our PPO plans don't require you to choose one. Quotes on this page are for illustration purposes only.



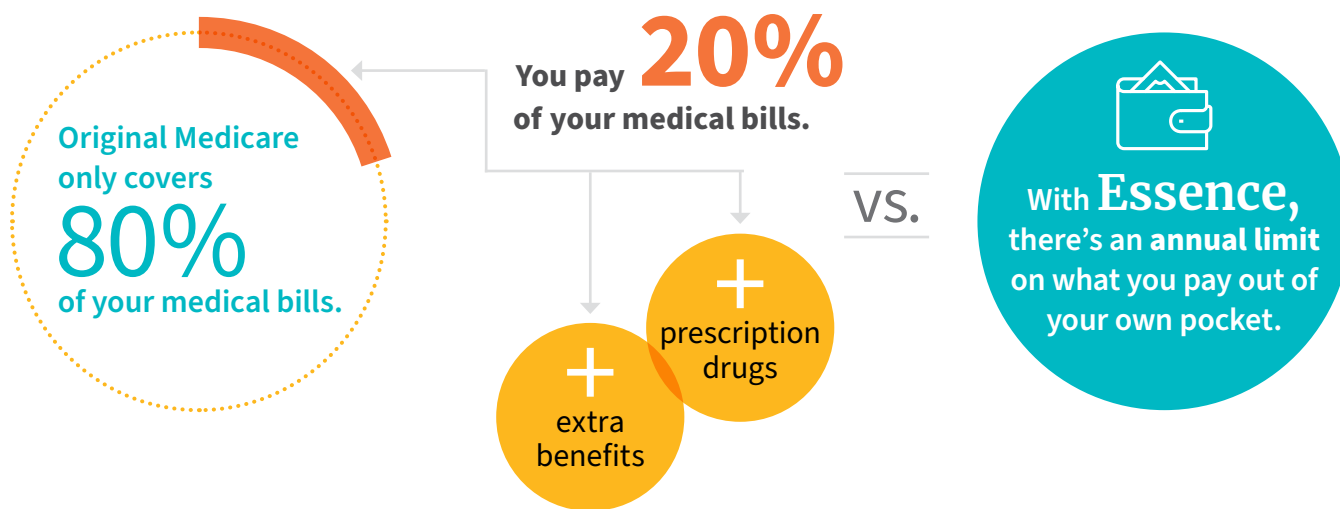
The Essence Benefit: Hospital and Medical Coverage

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.

Did You Know?

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



The Essence Benefit: Prescription Drug Coverage

Saving You More On Your Prescriptions

Regularly taking medications can be an important part of maintaining your health and wellness. Unfortunately, the cost for those medications can really add up. 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.

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

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



Savings for People with Diabetes

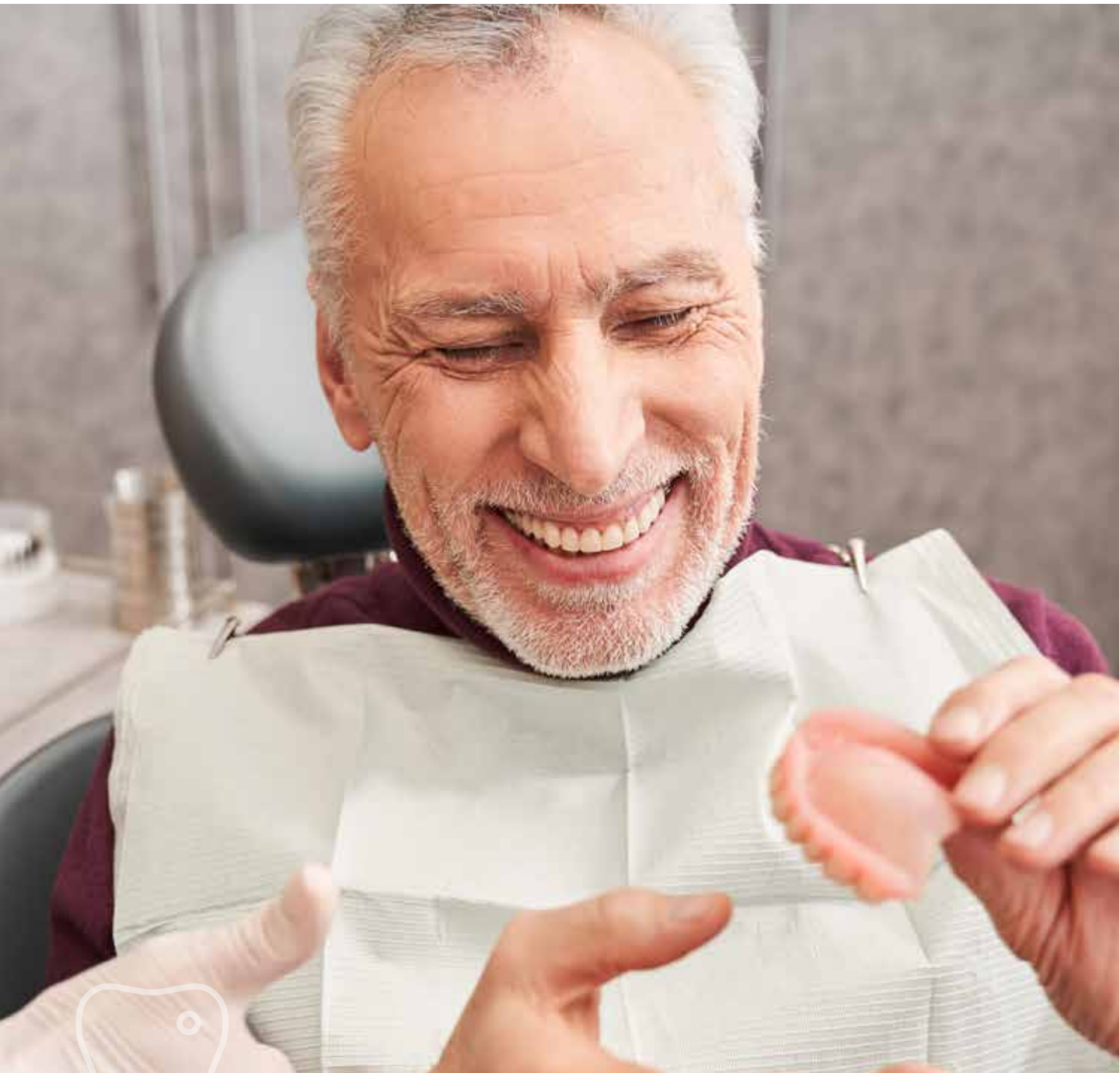
If you have diabetes and take insulin, then you know how costly it can be. That's why we cover insulin for as little as a \$0 copay.*



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

**-Robert G.,
Essence member**

*A diagnosis of diabetes isn't 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. That's why every Essence plan includes dental coverage for no additional premium.

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 even implants, we have a plan for you.

In addition to covering the services you need, most of our plans include rich dental allowances—**up to \$7,000 per calendar year.*** And our PPO plans offer you the flexibility to use your benefit at the dental provider of your choice—both in and out of network.



Flex Card Eligible!

See pages 29 and 35 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.

*Benefits may differ by plan.



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, each Essence plan includes a generous allowance for frames, lenses and contacts, but our vision coverage doesn't end there.

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

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



Flex Card Eligible!

See pages 29 and 35 to learn how you can get additional coverage for 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. All of our plans cover important hearing exams and screenings, and because hearing aids can get expensive, our plans also include an allowance to help with the cost.



Flex Card Eligible!

See pages 29 and 35 to learn how you can get additional coverage for hearing 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, However 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.

When you're an Essence member, you'll get a quarterly allowance to use on health-related OTC items. Your allowance is loaded onto a Flexible Benefits Card that you can use at eligible retail locations and the online Essence OTC Store.



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

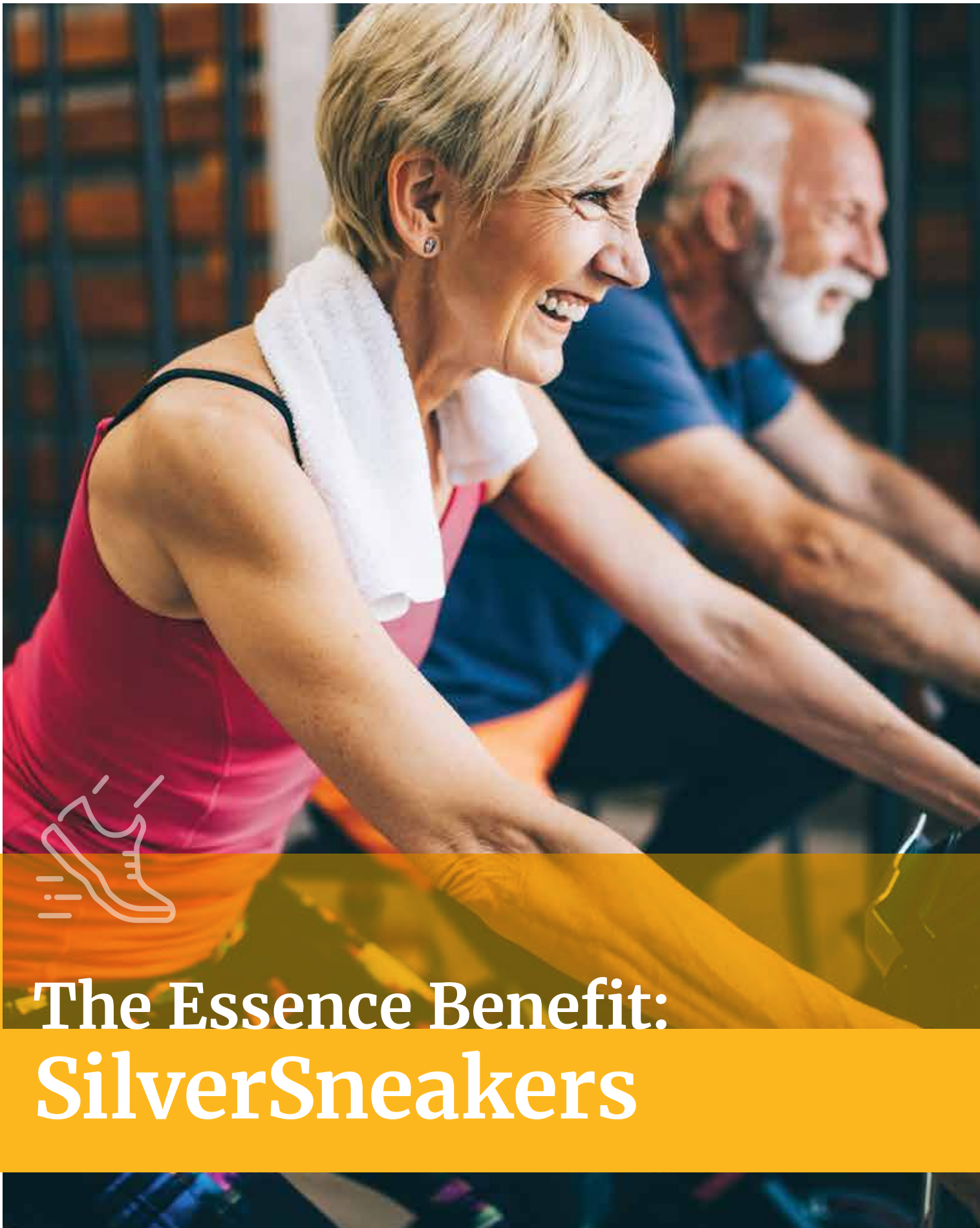


Flex Card Eligible!

See pages 29 and 35 for more information.

Did You Know?

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



The Essence Benefit: SilverSneakers

Stay Active. Stay Healthy.

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

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

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

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

New for 2024! Now including Life Time Fitness



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

–Johnnie H., Essence 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 member

Plan Benefit Highlights (PPO): Hospital and Medical Coverage

Below are some of the many hospital and medical benefits included in Essence PPO plans. For more details and benefits, please see the **Summary of Benefits** starting on page 39.

	Annual Deductible	Preventive Care/ Screenings	Primary Care Physician Visits*	Specialist Doctor Visits*	Urgent Care
Essence Advantage Choice (PPO) \$0 Monthly premium	\$0 Per calendar year	In- & out-of-network: \$0 Copay	In-network: \$0 Copay Out-of-network: \$15 Copay	In- & out-of-network: \$30 Copay	\$40 Copay Always considered in-network
Essence Advantage Choice Plus (PPO) \$22.20 Monthly premium	\$0 Per calendar year	In- & out-of-network: \$0 Copay	In-network: \$0 Copay Out-of-network: \$15 Copay	In- & out-of-network: \$25 Copay	\$40 Copay Always considered in-network

*If your doctor offers **telehealth visits**, you'll have the same copay as an in-office visit.

**Ambulatory Surgical Center

Emergency Care	Lab Services	Inpatient Hospital Care	Outpatient Surgery at Hospital	Outpatient Surgery at ASC**	Maximum Out-of-Pocket Limit
<p>\$110 Copay</p> <p>Always considered in-network</p>	<p>In-network: \$0 Copay</p> <p>Out-of-network: 40% Coinsurance</p>	<p>In- & out-of-network: \$290 Days 1–5</p> <p>\$0 Day 6 & beyond</p>	<p>In- & out-of-network: \$280 Copay</p>	<p>In- & out-of-network: \$180 Copay</p>	<p>In-network: \$3,400 Per calendar year</p> <p>Out-of-network: \$5,400 Per calendar year (in-network & out-of-network combined)</p>
<p>\$110 Copay</p> <p>Always considered in-network</p>	<p>In-network: \$0 Copay</p> <p>Out-of-network: 40% Coinsurance</p>	<p>In- & out-of-network: \$275 Days 1–5</p> <p>\$0 Day 6 & beyond</p>	<p>In- & out-of-network: \$280 Copay</p>	<p>In- & out-of-network: \$180 Copay</p>	<p>In-network: \$3,000 Per calendar year</p> <p>Out-of-network: \$5,000 Per calendar year (in-network & out-of-network combined)</p>

Plan Benefit Highlights (PPO): Extra Benefit Coverage

Below are the extra benefits included in Essence PPO plans. **The amounts listed for dental, vision, hearing and Flex Card apply for both in and out-of-network care.** For more details and benefits, please see the **Summary of Benefits** starting on page 39.

	Dental	Vision
<p>Essence Advantage Choice (PPO)</p> <hr/> <p>\$0 Monthly premium</p>	<p>\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more</p> <p>New for 2024! \$5,000 Annual allowance for comprehensive dental, such as fillings, extractions, endodontics, implants, dentures and more. Allowance applies to combined comprehensive and preventive services.</p>	<p>\$0 Copay for routine eye exam</p> <p>New for 2024! \$0 Copay for eyewear (eyeglass frames and lenses or contact lenses)</p> <p>\$200 Allowance for frames or contacts every calendar year</p>
<p>Essence Advantage Choice Plus (PPO)</p> <hr/> <p>\$22.20 Monthly premium</p>	<p>\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more</p> <p>New for 2024! \$7,000 Annual allowance for comprehensive dental, such as fillings, extractions, endodontics, implants, dentures and more. Allowance applies to combined comprehensive and preventive services.</p>	<p>\$0 Copay for routine eye exam</p> <p>New for 2024! \$0 Copay for eyewear (eyeglass frames and lenses or contact lenses)</p> <p>\$200 Allowance for frames or contacts every calendar year</p>

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

†For use on certain non-Medicare-covered items and services in the categories of dental, vision, hearing and OTC.



Flexible Benefits Cards

All Essence plans include core extras like dental, vision and hearing. With our Flex Card, you'll get MORE MONEY to spend in those categories, and on OTC items. Use your card at eligible retail locations, the online Essence OTC Store and with out-of-network providers—on what's important to you. Whether you need the total amount for one category or want to split it among others—it's up to you!

Hearing	Transportation Assistance	Fitness/Gym Membership	Flexible Benefits Card†
<p>\$20 Copay for routine hearing exam</p> <p>New for 2024!</p> <p>\$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined)</p> <p>\$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years)</p>	<p>\$0 Copay for 24 one-way trips to approved locations per calendar year*</p>	<p>SilverSneakers included at no additional cost</p>	<p>\$608 Shared annual allowance for OTC items, dental, vision and hearing</p> <p>Applied quarterly in \$152 increments</p>
<p>\$20 Copay for routine hearing exam</p> <p>New for 2024!</p> <p>\$2,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined)</p> <p>\$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years)</p>	<p>\$0 Copay for 24 one-way trips to approved locations per calendar year*</p>	<p>SilverSneakers included at no additional cost</p>	<p>\$1,500 Shared annual allowance for OTC items, dental, vision and hearing</p> <p>Applied quarterly in \$375 increments</p>

pharmacies and more.

Plan Benefit Highlights (PPO): Part D Drug Coverage

Below are some of the Part D prescription drug benefits included in Essence PPO plans. For out-of-network costs and more benefit details, please see the **Summary of Benefits** starting on page 39.

New for 2024! Gap Coverage and Catastrophic Coverage

With any Part D plan, you could enter the coverage gap and pay larger drug copays than you're used to. For all of its plans, **Essence has eliminated copays on generic drugs during the gap.*** And if you hit the **catastrophic phase, you won't pay anything for covered drugs.**

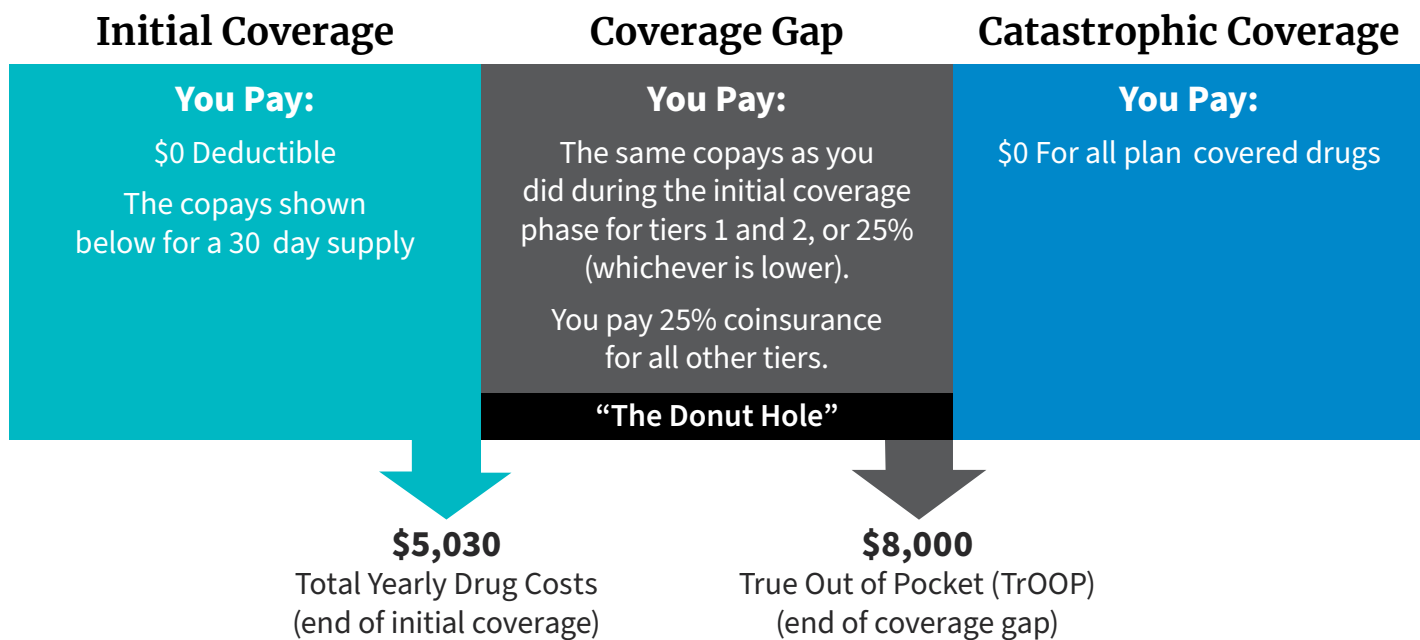
Preferred Pharmacy Benefits (30-day supply)

	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty Drug
Essence Advantage Choice (PPO) \$0 Monthly premium	\$0 Copay	\$0 Copay	\$45 Copay	\$95 Copay	33% Coinsurance
Essence Advantage Choice Plus (PPO) \$22.20 Monthly premium	\$0 Copay	\$0 Copay	\$45 Copay	\$95 Copay	33% Coinsurance

*Coverage gap copay amounts applicable at preferred pharmacies.

Prices shown are for a 30-day supply. **Insulins are covered under tiers 1-5. Important—you won't pay more

Part D Coverage Phases**



BENEFIT HIGHLIGHTS PPO

Non-Preferred Pharmacy Benefits (30-day supply)

Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty Drug
\$4 Copay	\$12 Copay	\$47 Copay	\$100 Copay	33% Coinsurance
\$4 Copay	\$12 Copay	\$47 Copay	\$100 Copay	33% Coinsurance

than \$35 for a one-month supply of each insulin product covered by our plan.

Plan Benefit Highlights (HMO): Hospital and Medical Coverage

Below are some of the many hospital and medical benefits included in Essence HMO plans. For more details and benefits, please see the **Summary of Benefits** starting on page 55.

	Annual Deductible	Preventive Care/ Screenings	Primary Care Physician Visits*	Specialist Doctor Visits*	Urgent Care
Essence Advantage Select (HMO) <hr/> \$0 Monthly premium	\$0 Per calendar year	\$0 Copay	\$0 Copay	\$25 Copay	\$35 Copay
Essence Advantage (HMO) <hr/> \$0 Monthly premium	\$0 Per calendar year	\$0 Copay	\$0 Copay	\$20 Copay	\$35 Copay
Essence Advantage Plus (HMO) <hr/> \$53.80 Monthly premium	\$0 Per calendar year	\$0 Copay	\$0 Copay	\$30 Copay	\$25 Copay

*If your doctor offers **telehealth visits**, you'll have the same copay as an in-office visit.

**Ambulatory Surgical Center

Emergency Care	Lab Services	Inpatient Hospital Care	Outpatient Surgery at Hospital	Outpatient Surgery at ASC**	Maximum Out-of-Pocket Limit
\$125 Copay	\$0 Copay	\$250 Days 1–5 \$0 Day 6 & beyond	\$250 Copay	\$175 Copay	\$2,800 Per calendar year
\$125 Copay	\$0 Copay	\$230 Days 1–5 \$0 Day 6 & beyond	\$230 Copay	\$175 Copay	\$2,300 Per calendar year
\$125 Copay	\$0 Copay	\$195 Days 1–6 \$0 Day 7 & beyond	\$150 Copay	\$100 Copay	\$1,900 Per calendar year

Plan Benefit Highlights (HMO): Extra Benefit Coverage

Below are the extra benefits included in Essence HMO plans. For more details and benefits, please see the **Summary of Benefits** starting on page 55.

	Dental	Vision
Essence Advantage Select (HMO) \$0 Monthly premium	<p>\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more</p> <p>\$4,000 Annual allowance for comprehensive dental, such as fillings, extractions, endodontics, implants, dentures and more. Allowance applies to combined comprehensive and preventive services.</p>	<p>\$0 Copay for routine eye exam</p> <p>\$0 Copay for eyewear (eyeglass frames and lenses or contact lenses)</p> <p>\$200 Allowance for frames or contacts every calendar year</p>
Essence Advantage (HMO) \$0 Monthly premium	<p>\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more</p>	<p>\$0 Copay for routine eye exam</p> <p>\$0 Copay for eyewear (eyeglass frames and lenses or contact lenses)</p> <p>\$200 Allowance for frames or contacts every calendar year</p>
Essence Advantage Plus (HMO) \$53.80 Monthly premium	<p>\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more</p>	<p>\$0 Copay for routine eye exam</p> <p>\$0 Copay for eyewear (eyeglass frames and lenses or contact lenses)</p> <p>\$200 Allowance for frames or contacts every calendar year</p>

*Health-related locations, including provider offices, adult day care, rehabilitation clinics, dental offices, members qualify. [†]For use on certain non-Medicare-covered items and services in the categories of dental,



Flexible Benefits Cards

All Essence plans include core extras like dental, vision and hearing. With our Flex Card, you'll get MORE MONEY to spend in those categories, and on OTC items. Use your card at eligible retail locations, the online Essence OTC Store and with out-of-network providers—on what's important to you. Whether you need the total amount for one category or want to split it among others—it's up to you!

Hearing	Transportation Assistance	Fitness/Gym Membership	Flexible Benefits Card [†]
<p>\$20 Copay for routine hearing exam</p> <p>\$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined)</p> <p>\$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years)</p>	<p>\$0 Copay for 24 one-way trips to approved locations per calendar year*</p>	<p>SilverSneakers included at no additional cost</p>	<p>\$640 Shared annual allowance for OTC items, dental, vision and hearing</p> <p>Applied quarterly in \$160 increments</p>
<p>\$20 Copay for routine hearing exam</p> <p>\$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined)</p> <p>\$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years)</p>	<p>\$0 Copay for 24 one-way trips to approved locations per calendar year*</p>	<p>SilverSneakers included at no additional cost</p>	<p>\$440 Shared annual allowance for OTC items, dental, vision and hearing</p> <p>Applied quarterly in \$110 increments</p> <p>+ \$50 OTC per quarter for members with diabetes**</p>
<p>\$20 Copay for routine hearing exam</p> <p>\$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined)</p> <p>\$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years)</p>	<p>\$0 Copay for 24 one-way trips to approved locations per calendar year*</p>	<p>SilverSneakers included at no additional cost</p>	<p>\$400 Shared annual allowance for OTC items, dental, vision and hearing</p> <p>Applied quarterly in \$100 increments</p> <p>+ \$50 OTC per quarter for members with diabetes**</p>

pharmacies and more. **This benefit is part of a special supplemental program for the chronically ill. Not all vision, hearing and OTC.

Plan Benefit Highlights (HMO): Part D Drug Coverage

Below are some of the Part D prescription drug benefits included in Essence HMO plans. For more details and benefits, please see the **Summary of Benefits** starting on page 55.

New for 2024! Gap Coverage and Catastrophic Coverage

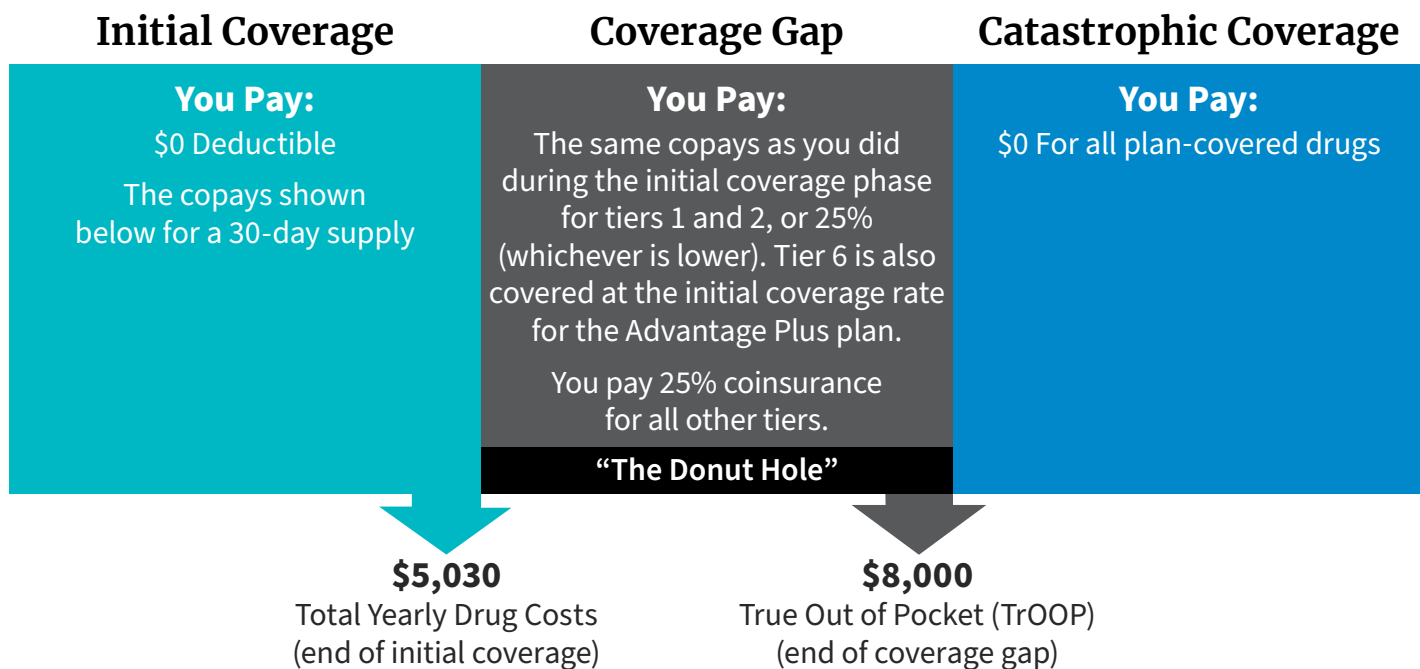
With any Part D plan, you could enter the coverage gap and pay larger drug copays than you're used to. For all of its plans, **Essence has eliminated copays on generic drugs during the gap.*** And if you hit the **catastrophic phase, you won't pay anything for covered drugs.**

	Preferred Pharmacy Benefits (30-day supply)					
	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty Drug	Tier 6 Insulins
Essence Advantage Select (HMO) \$0 Monthly premium	\$0 Copay	\$0 Copay	\$39 Copay	\$75 Copay	33% Coinsurance	\$0 Copay
Essence Advantage (HMO) \$0 Monthly premium	\$0 Copay	\$0 Copay	\$39 Copay	\$75 Copay	33% Coinsurance	\$0 Copay
Essence Advantage Plus (HMO) \$53.80 Monthly premium	\$0 Copay	\$0 Copay	\$34 Copay	\$65 Copay	33% Coinsurance	\$0 Copay

*Coverage gap copay amounts applicable at preferred pharmacies.

**Prices shown are for a 30-day supply. Important—you won't pay more than \$35 for a one-month supply of each

Part D Coverage Phases**



Non-Preferred Pharmacy Benefits (30-day supply)

Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty Drug	Tier 6 Insulins
\$4 Copay	\$12 Copay	\$47 Copay	\$100 Copay	33% Coinsurance	\$0 Copay
\$4 Copay	\$12 Copay	\$47 Copay	\$100 Copay	33% Coinsurance	\$0 Copay
\$4 Copay	\$12 Copay	\$42 Copay	\$80 Copay	33% Coinsurance	\$0 Copay

insulin product covered by our plan.



2024

Summary of Benefits

Essence Advantage Choice (PPO)

Essence Advantage Choice Plus (PPO)

Summary of Benefits

January 1, 2024 – December 31, 2024

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, view the Evidence of Coverage online at [EssenceHealthcare.com](https://www.EssenceHealthcare.com).

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

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

Things to Know About Our PPO Plans

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.

Phone Number and Website

- If you have questions, call 1-866-947-5816 (TTY: 711) to speak with a customer service representative.
- Our website: EssenceHealthcare.com

Who can join?

To join **Essence Advantage Choice** or **Essence Advantage Choice Plus**, 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 St. Louis City, the Missouri counties of Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, Warren and Washington, and the Illinois counties of Bond, Clinton, Jersey, Macoupin, Madison, Monroe and St. Clair.

What's a PPO?

A PPO, or Preferred Provider Organization, is a health insurance plan that offers a network of providers but also allows you to seek care from out-of-network providers. You may pay less if you use providers that belong to the plan's network.

Which doctors, hospitals and pharmacies can I use?

Essence Advantage Choice and **Essence Advantage Choice Plus** have a network of doctors, hospitals, pharmacies and other providers. If you use providers that aren't in our network, they must agree to treat you. Except in emergency or urgent situations, out-of-network providers may deny care. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plans' Provider Directory on EssenceHealthcare.com or call us, and we'll 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's 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'll send you a copy.

How will I determine my Part D drug costs?

Our plans group each medication into one of five tiers. You'll 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've 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 Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
Monthly Plan Premium	\$0 Per month You must continue to pay your Medicare Part B premium.		\$22.20 Per month You must continue to pay your Medicare Part B premium.	
Deductibles	<u>Both Plans</u> These plans don't have a deductible.			
Maximum Out-of-Pocket Responsibility <i>(does not include Part D prescription drugs)</i>	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.	The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for combined in- and out-of-network covered hospital and medical services.	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.	The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for combined in- and out-of-network covered hospital and medical services.
	Your yearly limit(s) in this plan: \$3,400 for covered hospital and medical services you receive from in-network providers	Your yearly limit(s) in this plan: \$5,400 for covered hospital and medical services you receive from in- and out-of-network providers	Your yearly limit(s) in this plan: \$3,000 for covered hospital and medical services you receive from in-network providers	Your yearly limit(s) in this plan: \$5,000 for covered hospital and medical services you receive from in- and out-of-network providers
<u>Both Plans</u> 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. Please note that you'll still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.				

Covered Medical and Hospital Benefits

	Essence Advantage Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
Inpatient Hospital Coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$290 Copay per day, per stay: days 1-5 • \$0 Copay per day, per stay: day 6 and beyond 		<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$275 Copay per day, per stay: days 1-5 • \$0 Copay per day, per stay: day 6 and beyond 	
	Prior authorization is required.		Prior authorization is required.	
Outpatient Hospital Coverage	<p>Both Plans</p> <p>\$280 Copay for outpatient hospital services, including surgery</p> <p>Copay is charged per surgery.</p>			
	Prior authorization may be required.		Prior authorization may be required.	
Ambulatory Surgical Center (ASC)	<p>Both Plans</p> <p>\$180 Copay</p>			
	Prior authorization may be required.		Prior authorization may be required.	
Doctor Visits <i>(primary care providers and specialists)</i>	<p>Primary care physician (PCP) visit: \$0 copay</p> <p>Specialist visit: \$30 copay</p> <p>Certain Medicare-covered services provided by a physician may require a prior authorization.</p>	<p>Primary care physician (PCP) visit: \$15 copay</p> <p>Specialist visit: \$30 copay</p>	<p>Primary care physician (PCP) visit: \$0 copay</p> <p>Specialist visit: \$25 copay</p> <p>Certain Medicare-covered services provided by a physician may require a prior authorization.</p>	<p>Primary care physician (PCP) visit: \$15 copay</p> <p>Specialist visit: \$25 copay</p>
	<p>Preventive Care</p> <p>Both Plans</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 Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
Preventive Care <i>(continued)</i>	<p><u>Both Plans</u></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><u>Both Plans</u></p> <p>\$110 Copay</p> <p>If you’re 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>Emergency services are always considered in-network.</p> <p>We provide worldwide coverage.</p>			
Urgently Needed Services	<p><u>Both Plans</u></p> <p>\$40 Copay within the United States</p> <p>\$110 Copay outside of the United States</p> <p>Urgently needed services are always considered in-network.</p> <p>We provide worldwide coverage.</p>			

	Essence Advantage Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
Diagnostic Services/Labs/Imaging <i>(Costs for these services may vary based on place of service.)</i>	Lab services: \$0 copay Diagnostic procedures and tests: \$30 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$200 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance X-rays: \$15 copay Prior authorization may be required.	Lab services: 40% coinsurance Diagnostic procedures and tests: \$30 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$200 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 40% coinsurance X-rays: \$15 copay	Lab services: \$0 copay Diagnostic procedures and tests: \$30 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$200 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance X-rays: \$15 copay Prior authorization may be required.	Lab services: 40% coinsurance Diagnostic procedures and tests: \$30 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$200 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 40% coinsurance X-rays: \$15 copay
Hearing Services	<u>Both Plans</u>			
	Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay Routine hearing exam: \$20 copay			
	\$1,000 Allowance for up to 2 hearing aids every 2 calendar years (both ears combined)		\$2,000 Allowance for up to 2 hearing aids every 2 calendar years (both ears combined)	
One fitting/evaluation for hearing aids every 2 calendar years: \$0 copay For details on an additional shared allowance that can be used on hearing products, see the Flexible Benefits Card section on page 53.				

Essence Advantage Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
--	--	---	---

Dental Services

Preventive dental services: \$0 copay

Preventive services include (but aren't limited to*):

- Periodic oral evaluation (2 every calendar year)
- Comprehensive oral and periodontal exam (1 every 3 calendar years)
- Limited oral evaluations (3 every calendar year)
- Routine cleaning (2 every calendar year)
- Fluoride treatment (2 every calendar year)
- Horizontal bitewing X-ray(s) (up to 4), intraoral tomosynthesis bitewing and intraoral tomosynthesis periapical radiographic image (once every calendar year)
- Intraoral complete series, intraoral tomosynthesis, vertical bitewings (7-8 images), panoramic radiographic image (once every 3 calendar years)
- Intraoral occlusal radiographic image (2 every calendar year)

Medicare-covered dental services:
\$30 copay

Medicare-covered dental services:
\$25 copay

(In-Network) Prior authorization may be required for Medicare-covered services performed by an oral surgeon.

Plan-covered comprehensive services: \$0 copay

Comprehensive services include (but aren't limited to*):

Restorative services (amalgam/resin fillings, inlays/onlays, protective restorations, crowns and associated services)

Endodontics (root canal treatment, retreatment root canal therapy, apicoectomy, pulpotomy and retrograde filling)

Periodontics (maintenance following active therapy, scaling and root planing, full mouth debridement “deep cleaning,” clinical crown lengthening and gingivectomy)

Extractions (simple extractions, surgical extractions, coronectomy)

Major restoratives: prosthodontics (removable dentures—complete, partial or immediate—overdentures, fixed dentures, including retainer crowns, endosteal implants, abutments/retainers, guided tissue regeneration)

Oral surgical procedures and other services (anesthesia, including deep sedation, inhalation of nitrous oxide, IV and non-IV sedation, occlusal analysis, complete and limited adjustments)

Prosthetic maintenance (bridge or denture repair, adjustment to dentures, tissue conditioning, repair, replacement or addition of teeth to existing partial or full dentures, rebase and reline dentures and recement bridges, crowns, onlays and inlays crowns)

Yearly maximum benefit for combined preventive and comprehensive services: \$5,000

Yearly maximum benefit for combined preventive and comprehensive services: \$7,000

*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.

For details on an **additional shared allowance** that can be used on dental services and products, see the Flexible Benefits Card section on page 53.

	Essence Advantage Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
Vision Services	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay</p> <p>Diabetic eye exams performed by a contracted specialist: \$0 copay</p> <p>1 Pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay</p> <p>1 Pair of Medicare-covered eyeglass frames or contact lenses (or 2 six packs) after each cataract surgery: \$0 copay</p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay</p> <p>Diabetic eye exams: \$30 copay</p> <p>1 Pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: 40% coinsurance</p> <p>1 Pair of Medicare-covered eyeglass frames or contact lenses (or 2 six packs) after each cataract surgery: 40% coinsurance</p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$25 copay</p> <p>Diabetic eye exams performed by a contracted specialist: \$0 copay</p> <p>1 Pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay</p> <p>1 Pair of Medicare-covered eyeglass frames or contact lenses (or 2 six packs) after each cataract surgery: \$0 copay</p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$25 copay</p> <p>Diabetic eye exams: \$25 copay</p> <p>1 Pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: 40% coinsurance</p> <p>1 Pair of Medicare-covered eyeglass frames or contact lenses (or 2 six packs) after each cataract surgery: 40% coinsurance</p>
<p><u>Both Plans</u></p> <p>Our plan pays up to \$200 for eyeglass frames or contact lenses after each cataract surgery.</p> <p>1 Routine eye exam every calendar year: \$0 copay</p> <p>Eye refractions and dilation are covered as part of the exam.</p> <p>1 Pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every calendar year: \$0 copay</p> <p>Our plan pays up to \$200 for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) every calendar year: \$0 copay</p> <p>Upgrades may be available at an additional cost.</p> <p>For details on an additional shared allowance that can be used on eyewear, see the Flexible Benefits Card section on page 53.</p>				

	Essence Advantage Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
Mental Health Services	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$300 Copay per day, per stay: days 1–5 • \$0 Copay per day, per stay: day 6 and beyond <p>Outpatient individual visit: \$0 copay</p> <p>Outpatient group visit: \$0 copay</p>		<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$295 Copay per day, per stay: days 1–6 • \$0 Copay per day, per stay: day 7 and beyond <p>Outpatient individual visit: \$0 copay</p> <p>Outpatient group visit: \$0 copay</p>	
	Prior authorization may be required.		Prior authorization may be required.	
Skilled Nursing Facility (SNF)	<p>The plan covers 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 • \$170 Copay per day, per stay: days 21–100 <p>Prior authorization is required.</p> <p>Admission to a new or different SNF within the same benefit period may start a new stay for copay administration purposes.</p>		<p>The plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <p>40% Coinsurance per day, per stay: day 1 and beyond</p> <ul style="list-style-type: none"> • \$0 Copay per day, per stay: days 1–20 • \$170 Copay per day, per stay: days 21–100 <p>Prior authorization is required.</p> <p>Admission to a new or different SNF within the same benefit period may start a new stay for copay administration purposes.</p>	
	Prior authorization is required.		Prior authorization is required.	
Physical Therapy	<p><u>Both Plans</u></p> <p>\$40 Copay</p>			

	Essence Advantage Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
Ambulance	\$270 Copay		\$250 Copay	
	<p><u>Both Plans</u></p> <p>This copay applies to each one-way trip.</p> <p>Ambulance services are always considered in-network.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>			
Transportation	<p><u>Both Plans</u></p> <p>\$0 Copay</p> <p>Limited to 24 one-way trips to plan-approved health-related locations every year.</p>			
Medicare Part B Drugs	<p>Part B drugs (other than Part B insulin): You'll pay the lesser of 20% or the adjusted beneficiary coinsurance amount as provided by the Centers for Medicare & Medicaid Services (CMS).</p> <p>Part B insulin (insulin administered through a durable medical equipment pump): You'll pay the lesser of \$35 or 20% coinsurance, for a one-month supply.</p> <p>Prior authorization may be required.</p>	<p>Part B drugs (other than Part B insulin): You'll pay the lesser of 40% or the adjusted beneficiary coinsurance amount as provided by the Centers for Medicare & Medicaid Services (CMS).</p> <p>Part B insulin (insulin administered through a durable medical equipment pump): You'll pay the lesser of \$35 or 20% coinsurance, for a one-month supply.</p>	<p>Part B drugs (other than Part B insulin): You'll pay the lesser of 20% or the adjusted beneficiary coinsurance amount as provided by the Centers for Medicare & Medicaid Services (CMS).</p> <p>Part B insulin (insulin administered through a durable medical equipment pump): You'll pay the lesser of \$35 or 20% coinsurance, for a one-month supply.</p> <p>Prior authorization may be required.</p>	<p>Part B drugs (other than Part B insulin): You'll pay the lesser of 40% or the adjusted beneficiary coinsurance amount as provided by the Centers for Medicare & Medicaid Services (CMS).</p> <p>Part B insulin (insulin administered through a durable medical equipment pump): You'll pay the lesser of \$35 or 20% coinsurance, for a one-month supply.</p>
	<p><u>Both Plans</u></p> <p>Amounts you pay for Part B drugs count toward your maximum out-of-pocket amount; they don't count toward your Part D initial coverage limit or true out-of-pocket cost of \$8,000.</p>			

Part D Prescription Drug Benefits

	Essence Advantage Choice (PPO)			Essence Advantage Choice Plus (PPO)		
Deductible	Both Plans These plans don't have a deductible.					
Initial Coverage	Both Plans You pay the amounts listed in the following tables until your total yearly drug costs reach \$5,030. 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.					
Preferred Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 <i>(Preferred Generic)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 <i>(Generic)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 3 <i>(Preferred Brand)</i>	\$45 Copay	\$90 Copay	\$135 Copay	\$45 Copay	\$90 Copay	\$135 Copay
Tier 4 <i>(Non-Preferred Brand)</i>	\$95 Copay	\$190 Copay	\$285 Copay	\$95 Copay	\$190 Copay	\$285 Copay
Tier 5 <i>(Specialty Drug)</i>	33% Coinsurance	Not offered		33% Coinsurance	Not offered	
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 <i>(Preferred Generic)</i>	\$4 Copay	\$8 Copay	\$12 Copay	\$4 Copay	\$8 Copay	\$12 Copay
Tier 2 <i>(Generic)</i>	\$12 Copay	\$24 Copay	\$36 Copay	\$12 Copay	\$24 Copay	\$36 Copay
Tier 3 <i>(Preferred Brand)</i>	\$47 Copay	\$94 Copay	\$141 Copay	\$47 Copay	\$94 Copay	\$141 Copay
Tier 4 <i>(Non-Preferred Brand)</i>	\$100 Copay	\$200 Copay	\$300 Copay	\$100 Copay	\$200 Copay	\$300 Copay
Tier 5 <i>(Specialty Drug)</i>	33% Coinsurance	Not offered		33% Coinsurance	Not offered	

	Essence Advantage Choice (PPO)			Essence Advantage Choice Plus (PPO)		
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 <i>(Preferred Generic)</i>	Not offered		\$0 Copay	Not offered		\$0 Copay
Tier 2 <i>(Generic)</i>	Not offered		\$0 Copay	Not offered		\$0 Copay
Tier 3 <i>(Preferred Brand)</i>	Not offered		\$112.50 Copay	Not offered		\$112.50 Copay
Tier 4 <i>(Non-Preferred Brand)</i>	Not offered		\$237.50 Copay	Not offered		\$237.50 Copay
Tier 5 <i>(Specialty Drug)</i>	33% Coinsurance	Not offered		33% Coinsurance	Not offered	
Out-of-Network Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 <i>(Preferred Generic)</i>	\$4 Copay	Not offered		\$4 Copay	Not offered	
Tier 2 <i>(Generic)</i>	\$12 Copay	Not offered		\$12 Copay	Not offered	
Tier 3 <i>(Preferred Brand)</i>	\$47 Copay	Not offered		\$47 Copay	Not offered	
Tier 4 <i>(Non-Preferred Brand)</i>	\$100 Copay	Not offered		\$100 Copay	Not offered	
Tier 5 <i>(Specialty Drug)</i>	33% Coinsurance	Not offered		33% Coinsurance	Not offered	
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’ll pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you’ve paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs until your out-of-pocket costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>During the coverage gap, for tiers 1 and 2, you’ll pay the same as during the initial coverage phase, or 25% of the drug cost (whichever is lower). Coverage gap costs for tiers 1 and 2 are shown in the following table. You’ll 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 for all cost-sharing tiers.</p>					

	Essence Advantage Choice (PPO)			Essence Advantage Choice Plus (PPO)		
Preferred Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 <i>(Preferred Generic)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 <i>(Generic)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 <i>(Preferred Generic)</i>	\$4 Copay	\$8 Copay	\$12 Copay	\$4 Copay	\$8 Copay	\$12 Copay
Tier 2 <i>(Generic)</i>	\$12 Copay	\$24 Copay	\$36 Copay	\$12 Copay	\$24 Copay	\$36 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 <i>(Preferred Generic)</i>	Not offered	Not offered	\$0 Copay	Not offered	Not offered	\$0 Copay
Tier 2 <i>(Generic)</i>	Not offered	Not offered	\$0 Copay	Not offered	Not offered	\$0 Copay
Catastrophic Coverage	<p><u>Both Plans</u> After your yearly out-of-pocket drug costs reach \$8,000, you pay \$0 for all plan-covered drugs.</p>					

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

Other Covered Benefits

	Essence Advantage Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
Acupuncture	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$30 copay per visit		Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$25 copay per visit	
Chiropractic Care	<p>Both Plans</p> <p>Manual manipulation of the spine to correct subluxation: \$20 copay</p>			
Diabetes Supplies and Services	<p>Both 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: 20% coinsurance</p> <p>*See Evidence of Coverage for a complete listing.</p>			
	Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).		Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).	
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i>	20% Coinsurance Prior authorization may be required.	40% Coinsurance	20% Coinsurance Prior authorization may be required.	40% Coinsurance

	Essence Advantage Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
Flexible Benefits Card	<p>\$152 Shared credit per quarter, supplied in the form of a debit card, provided by WEX, to use on certain non-Medicare-covered dental, vision and hearing products and services as well as health-related over-the-counter (OTC) items</p>		<p>\$375 Shared credit per quarter, supplied in the form of a debit card, provided by WEX, to use on certain non-Medicare-covered dental, vision and hearing products and services as well as health-related over-the-counter (OTC) items</p>	
	<p><u>Both Plans</u></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. For OTC items, the Flex Card can be used at approved retail locations and the online Essence OTC Store.</p> <p>Any unused balance carries over from quarter to quarter but expires at the end of the calendar year.</p> <p>The Flex Card isn't a credit card. It can't be converted to cash or used to pay plan premiums or for non-covered Flex Card services.</p> <p>For more information, please see the Evidence of Coverage.</p>			
Foot Care <i>(podiatry services)</i>	\$30 Copay		\$25 Copay	
Home Healthcare	<p>\$0 Copay</p> <p>Prior authorization is required.</p>	40% Coinsurance	<p>\$0 Copay</p> <p>Prior authorization is required.</p>	40% Coinsurance
Hospice	<p><u>Both Plans</u></p> <p>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.</p>			
Outpatient Substance Abuse	<p><u>Both Plans</u></p> <p>Individual visit: \$0 copay</p> <p>Group visit: \$0 copay</p>			
	Prior authorization may be required.		Prior authorization may be required.	
Outpatient Rehabilitation Services	<p><u>Both Plans</u></p> <p>Cardiac rehabilitation services: \$20 copay per day</p> <p>Occupational, speech and language therapy visits: \$40 copay</p>			

	Essence Advantage Choice (PPO) In-Network	Essence Advantage Choice (PPO) Out-of-Network	Essence Advantage Choice Plus (PPO) In-Network	Essence Advantage Choice Plus (PPO) Out-of-Network
Outpatient Rehabilitation Services <i>(continued)</i>	<u>Both Plans</u> A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.			
	Prior authorization may be required.		Prior authorization may be required.	
Over-the-Counter (OTC) Coverage	\$152 Credit per quarter, supplied in the form of a debit card (Flexible Benefits Card) provided by WEX.		\$375 Credit per quarter, supplied in the form of a debit card (Flexible Benefits Card) provided by WEX.	
	<u>Both Plans</u> Allowance is shared between health-related OTC items, dental, vision and hearing. For more information, see the Flexible Benefits Card section on page 53.			
Prosthetic Devices	<u>Both Plans</u> Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance			
	Prior authorization may be required.		Prior authorization may be required.	
Virtual/ Telehealth Visits	<u>Both Plans</u> \$0-\$40 Copay You'll pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office.			
	Prior authorization may be required (matches requirement for in-person visits).		Prior authorization may be required (matches requirement for in-person visits).	
Wellness Programs	<u>Both Plans</u> Health club membership/fitness classes through SilverSneakers®: \$0 copay			

Essence Advantage Select (HMO)

Essence Advantage (HMO)

Essence Advantage Plus (HMO)

Summary of Benefits

January 1, 2024 – December 31, 2024

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, view the Evidence of Coverage online at [EssenceHealthcare.com](https://www.essencehealthcare.com).

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

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

Things to Know About Our HMO Plans

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.

Phone Number and Website

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

Who can join?

To join **Essence Advantage Select**, **Essence Advantage** or **Essence Advantage Plus**, 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 St. Louis City, the Missouri counties of Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, Warren and Washington, and the Illinois counties of Bond, Clinton, Jersey, Macoupin, Madison, Monroe and St. Clair.

What's 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.

Which doctors, hospitals and pharmacies can I use?

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

How will I determine my Part D drug costs?

Our plans group each medication into one of six tiers. You'll 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've 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 Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Monthly Plan Premium	Both Plans \$0 Per month. You must continue to pay your Medicare Part B premium.		\$53.80 Per month. You must continue to pay your Medicare Part B premium.
Deductibles	All Plans These plans don't have a deductible.		
Maximum Out-of-Pocket Responsibility <i>(does not include Part D prescription drugs)</i>	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. Your yearly limit(s) in this plan: \$2,800 for covered hospital and medical services you receive from in-network providers	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. Your yearly limit(s) in this plan: \$2,300 for covered hospital and medical services you receive from in-network providers	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. Your yearly limit(s) in this plan: \$1,900 for covered hospital and medical services you receive from in-network providers
	All Plans 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. Please note that you'll still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.		

Covered Medical and Hospital Benefits

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Inpatient Hospital Coverage	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> \$250 Copay per day, per stay: days 1–5 \$0 Copay per day, per stay: day 6 and beyond 	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> \$230 Copay per day, per stay: days 1–5 \$0 Copay per day, per stay: day 6 and beyond 	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> \$195 Copay per day, per stay: days 1–6 \$0 Copay per day, per stay: day 7 and beyond
	All Plans Prior authorization is required.		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Outpatient Hospital Coverage	\$250 Copay for outpatient hospital services, including surgery Copay is charged per surgery.	\$230 Copay for outpatient hospital services, including surgery Copay is charged per surgery.	\$150 Copay for outpatient hospital services, including surgery Copay is charged per surgery.
	<p>All Plans Prior authorization may be required.</p>		
Ambulatory Surgical Center (ASC)	Both Plans \$175 Copay		\$100 Copay
	<p>All Plans Prior authorization may be required.</p>		
Doctor Visits <i>(primary care providers and specialists)</i>	Primary care physician (PCP) visit: \$0 copay Specialist visit: \$25 copay	Primary care physician (PCP) visit: \$0 copay Specialist visit: \$20 copay	Primary care physician (PCP) visit: \$0 copay Specialist visit: \$30 copay
	<p>All Plans A referral is required for specialist visits. Certain Medicare-covered services provided by a physician may require a prior authorization.</p>		
Preventive Care	<p>All Plans You pay nothing. 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 		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Preventive Care <i>(continued)</i>	All Plans <ul style="list-style-type: none"> Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) Vision care “Welcome to Medicare” preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.		
Emergency Care	All Plans \$125 Copay If you’re 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. Emergency services are always considered in-network. We provide worldwide coverage.		
Urgently Needed Services	Both Plans \$35 Copay within the United States	\$25 Copay within the United States	
	All Plans \$125 Copay outside of the United States Urgently needed services are always considered in-network. We provide worldwide coverage.		
Diagnostic Services/Labs/Imaging <i>(Costs for these services may vary based on place of service.)</i>	All Plans Lab services: \$0 copay Diagnostic procedures and tests: \$30 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$200 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance X-rays: \$20 copay Prior authorization may be required.		
Hearing Services	All Plans Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay A referral is required for Medicare-covered visits. Routine hearing exam: \$20 copay \$1,000 Allowance for up to 2 hearing aids every 2 calendar years (both ears combined), no network restrictions One fitting/evaluation for hearing aids every 2 calendar years: \$0 copay For details on an additional shared allowance that can be used on hearing products, see the Flexible Benefits Card section on page 68.		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Dental Services	<p>Preventive and enhanced preventive dental services: \$0 copay</p> <p><u>Preventive services include (but aren't limited to*):</u></p> <ul style="list-style-type: none"> • Periodic oral evaluation (2 every calendar year) • Comprehensive oral and periodontal exam (1 every 3 calendar years) • Routine cleaning (2 every calendar year) • Fluoride treatment (2 every calendar year) • Horizontal bitewing X-ray(s) (up to 4), intraoral tomosynthesis bitewing and intraoral tomosynthesis periapical radiographic image (once every calendar year) • Limited oral evaluations (3 every calendar year) • Intraoral complete series, intraoral tomosynthesis, vertical bitewings (7-8 images) or panoramic radiographic image (once every 3 calendar years) • Intraoral occlusal radiographic image (2 every calendar year) <p>Medicare-covered dental services: \$25 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>Preventive dental services: \$0 copay</p> <p><u>Preventive services include:</u></p> <ul style="list-style-type: none"> • Periodic oral evaluation (2 every calendar year) • Comprehensive oral exam (2 every calendar year) • Routine cleaning (2 every calendar year) • Fluoride treatment (1 every calendar year) • Horizontal bitewing or intraoral tomosynthesis bitewing X-ray(s) (up to 4, once every calendar year) • Limited oral evaluations (2 every calendar year) <p>Medicare-covered dental services: \$20 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>Preventive dental services: \$0 copay</p> <p><u>Preventive services include:</u></p> <ul style="list-style-type: none"> • Periodic oral evaluation (2 every calendar year) • Comprehensive oral exam (2 every calendar year) • Routine cleaning (2 every calendar year) • Fluoride treatment (1 every calendar year) • Horizontal bitewing or intraoral tomosynthesis bitewing X-ray(s) (up to 4, once every calendar year) • Limited oral evaluations (2 every calendar year) <p>Medicare-covered 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>

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
<p>Dental Services (continued)</p>	<p>Plan-covered comprehensive services: \$0 copay</p> <p><u>Comprehensive services include (but aren't limited to*):</u></p> <p>Restorative services (amalgam/resin fillings, inlays/onlays, protective restorations, crowns and associated services)</p> <p>Endodontics (root canal treatment, retreatment root canal therapy, apicoectomy, pulpotomy and retrograde filling)</p> <p>Periodontics (maintenance following active therapy, scaling and root planing, full mouth debridement “deep cleaning,” clinical crown lengthening and gingivectomy)</p> <p>Extractions (simple extractions, surgical extractions, coronectomy)</p> <p>Major restoratives: prosthodontics (removable dentures—complete, partial or immediate—overdentures, fixed dentures, including retainer crowns, endosteal implants, abutments/retainers, guided tissue regeneration)</p> <p>Oral surgical procedures and other services (anesthesia, including deep sedation, inhalation of nitrous oxide, IV and non-IV sedation, occlusal analysis, complete and limited adjustments)</p>		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Dental Services <i>(continued)</i>	<p>Prosthetic maintenance (bridge or denture repair, adjustment to dentures, tissue conditioning, repair, replacement or addition of teeth to existing partial or full dentures, rebase and relin dentures and recement bridges, crowns, onlays and inlays crowns)</p> <p>Yearly maximum benefit for combined preventive and comprehensive services: \$4,000</p> <p>*See Evidence of Coverage for more details and a complete listing.</p> <p>Some limitations and exclusions apply.</p>		
	<p>All Plans</p> <p>For details on an additional shared allowance that can be used on dental services and products, see the Flexible Benefits Card section on page 68.</p>		
Vision Services	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$25 copay	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$20 copay	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay
	<p>All Plans</p> <p>Diabetic eye exams performed by a contracted specialist: \$0 copay*</p> <p>A referral is required for specialist visits.</p> <p>1 Pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay</p> <p>1 Pair of Medicare-covered eyeglass frames or contact lenses (or 2 six packs) after each cataract surgery: \$0 copay. Our plan pays up to \$200 for eyeglass frames or contact lenses after each cataract surgery.</p> <p>1 Routine eye exam every calendar year: \$0 copay</p> <p>Eye refractions and dilation are covered as part of the exam.</p> <p>1 Pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every calendar year: \$0 copay</p>		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Vision Services <i>(continued)</i>	<p>All Plans</p> <p>Our plan pays up to \$200 for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) every calendar year: \$0 copay</p> <p>Upgrades may be available at an additional cost.</p> <p>For details on an additional shared allowance that can be used on eyewear, see the Flexible Benefits Card section on page 68.</p>		
Mental Health Services	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$260 Copay per day, per stay: days 1–6 • \$0 Copay per day, per stay: day 7 and beyond 	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$240 Copay per day, per stay: days 1–8 • \$0 Copay per day, per stay: day 9 and beyond 	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$195 Copay per day, per stay: days 1–6 • \$0 Copay per day, per stay: day 7 and beyond
	<p>All Plans</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 plan covers 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 • \$170 Copay per day, per stay: days 21–100 	<p>Both Plans</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 • \$125 Copay per day, per stay: days 21–100 	
	<p>All Plans</p> <p>Prior authorization is required.</p> <p>Admission to a new or different SNF within the same benefit period may start a new stay for copay administration purposes.</p>		
Physical Therapy	\$35 Copay	\$30 Copay	\$20 Copay
	<p>All Plans</p> <p>A referral is required.</p>		

*All members of the Essence Advantage Select plan have a \$0 copay for diabetic eye exams. Essence Advantage and Advantage Plus plan members have a \$0 copay, but this benefit is part of a special supplemental program for the chronically ill. Not all members qualify.

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Ambulance	<u>Both Plans</u> \$220 Copay		\$150 Copay
	<u>All Plans</u> This copay applies to each one-way trip. Ambulance services are always considered in-network. Prior authorization may be required for non-emergent transportation by ambulance.		
Transportation	<u>All Plans</u> \$0 Copay Limited to 24 one-way trips to plan-approved health-related locations every calendar year		
Medicare Part B Drugs	<u>All Plans</u> Part B drugs (other than Part B insulin): You'll pay the lesser of 20% or the adjusted beneficiary coinsurance amount as provided by the Centers for Medicare & Medicaid Services (CMS). Part B insulin (insulin administered through a durable medical equipment pump): You'll pay the lesser of \$35 or 20% coinsurance, for a one-month supply. Prior authorization may be required. Amounts you pay for Part B drugs count toward your maximum out-of-pocket amount; they don't count toward your Part D initial coverage limit or true out-of-pocket cost of \$8,000.		

Part D Prescription Drug Benefits

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Deductible	<u>All Plans</u> These plans don't have a deductible.		
Initial Coverage	<u>All Plans</u> You pay the amounts listed in the following tables until your total yearly drug costs reach \$5,030. 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.		

	Essence Advantage Select (HMO)			Essence Advantage (HMO)			Essence Advantage Plus (HMO)		
Preferred Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 <i>(Preferred Generic)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 <i>(Generic)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 3 <i>(Preferred Brand)</i>	\$39 Copay	\$78 Copay	\$117 Copay	\$39 Copay	\$78 Copay	\$117 Copay	\$34 Copay	\$68 Copay	\$102 Copay
Tier 4 <i>(Non-Preferred Brand)</i>	\$75 Copay	\$150 Copay	\$225 Copay	\$75 Copay	\$150 Copay	\$225 Copay	\$65 Copay	\$130 Copay	\$195 Copay
Tier 5 <i>(Specialty Drug)</i>	33% Coinsurance	Not offered		33% Coinsurance	Not offered		33% Coinsurance	Not offered	
Tier 6 <i>(Insulins)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 <i>(Preferred Generic)</i>	\$4 Copay	\$8 Copay	\$12 Copay	\$4 Copay	\$8 Copay	\$12 Copay	\$4 Copay	\$8 Copay	\$12 Copay
Tier 2 <i>(Generic)</i>	\$12 Copay	\$24 Copay	\$36 Copay	\$12 Copay	\$24 Copay	\$36 Copay	\$12 Copay	\$24 Copay	\$36 Copay
Tier 3 <i>(Preferred Brand)</i>	\$47 Copay	\$94 Copay	\$141 Copay	\$47 Copay	\$94 Copay	\$141 Copay	\$42 Copay	\$84 Copay	\$126 Copay
Tier 4 <i>(Non-Preferred Brand)</i>	\$100 Copay	\$200 Copay	\$300 Copay	\$100 Copay	\$200 Copay	\$300 Copay	\$80 Copay	\$160 Copay	\$240 Copay
Tier 5 <i>(Specialty Drug)</i>	33% Coinsurance	Not offered		33% Coinsurance	Not offered		33% Coinsurance	Not offered	
Tier 6 <i>(Insulins)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

Standard Mail-Order Cost-Sharing	Essence Advantage Select (HMO)			Essence Advantage (HMO)			Essence Advantage Plus (HMO)		
	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 <i>(Preferred Generic)</i>	Not offered		\$0 Copay	Not offered		\$0 Copay	Not offered		\$0 Copay
Tier 2 <i>(Generic)</i>	Not offered		\$0 Copay	Not offered		\$0 Copay	Not offered		\$0 Copay
Tier 3 <i>(Preferred Brand)</i>	Not offered		\$97.50 Copay	Not offered		\$97.50 Copay	Not offered		\$85 Copay
Tier 4 <i>(Non-Preferred Brand)</i>	Not offered		\$187.50 Copay	Not offered		\$187.50 Copay	Not offered		\$162.50 Copay
Tier 5 <i>(Specialty Drug)</i>	33% Coinsurance	Not offered		33% Coinsurance	Not offered		33% Coinsurance	Not offered	
Tier 6 <i>(Insulins)</i>	Not offered		\$0 Copay	Not offered		\$0 Copay	Not offered		\$0 Copay
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’ll pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you’ve paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs until your out-of-pocket costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>During the coverage gap, for tiers 1 and 2, you’ll pay the same as during the initial coverage phase, or 25% of the drug cost (whichever is lower). Coverage gap costs for tiers 1 and 2 are shown in the following table. You’ll need to use your formulary to locate your drug’s tier.</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’ll pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you’ve paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs until your out-of-pocket costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>During the coverage gap, for tiers 1, 2 and 6, you’ll pay the same as during the initial coverage phase, or 25% of the drug cost (whichever is lower). Coverage gap costs for tiers 1, 2 and 6 are shown in the following table. You’ll need to use your formulary to locate your drug’s tier.</p>		
<p>All Plans: 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>									

	Essence Advantage Select (HMO)			Essence Advantage (HMO)			Essence Advantage Plus (HMO)		
Preferred Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Tier 6 (Insulins)	No additional coverage			No additional coverage			\$0 Copay	\$0 Copay	\$0 Copay
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$4 Copay	\$8 Copay	\$12 Copay	\$4 Copay	\$8 Copay	\$12 Copay	\$4 Copay	\$8 Copay	\$12 Copay
Tier 2 (Generic)	\$12 Copay	\$24 Copay	\$36 Copay	\$12 Copay	\$24 Copay	\$36 Copay	\$12 Copay	\$24 Copay	\$36 Copay
Tier 6 (Insulins)	No additional coverage			No additional coverage			\$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	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	Not offered		\$0 Copay	Not offered		\$0 Copay	Not offered		\$0 Copay
Tier 2 (Generic)	Not offered		\$0 Copay	Not offered		\$0 Copay	Not offered		\$0 Copay
Tier 6 (Insulins)	No additional coverage			No additional coverage			Not offered		\$0 Copay
Catastrophic Coverage	All Plans After your yearly out-of-pocket drug costs reach \$8,000, you pay \$0 for all plan-covered drugs.								

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

Other Covered Benefits

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Acupuncture	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$25 copay per visit	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$20 copay per visit	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$30 copay per visit
Chiropractic Care	Both Plans Manual manipulation of the spine to correct subluxation: \$20 copay		Manual manipulation of the spine to correct subluxation: \$15 copay
	All Plans A referral is required.		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
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 Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance</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>		
		<p>Both Plans</p> <p>Members with diabetes—for details on an additional shared allowance that can be used on over-the-counter items, see the Flexible Benefits Card section on this page.</p>	
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i>	<p>All Plans</p> <p>20% Coinsurance</p> <p>Prior authorization may be required.</p>		
Flexible Benefits Card	\$160 Shared credit per quarter	\$110 Shared credit per quarter	\$100 Shared credit per quarter
		<p>Both Plans</p> <p>Members with diabetes receive an additional \$50 over-the-counter allowance per quarter as part of a special supplemental program for the chronically ill. Not all members qualify. Extra diabetes-related OTC funds won't roll over from quarter to quarter.</p>	
	<p>All Plans</p> <p>Shared credit is supplied in the form of a debit card, provided by WEX, to use on certain non-Medicare-covered dental, vision and hearing products and services as well as health-related over-the-counter (OTC) 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. For OTC items, the Flex Card can be used at approved retail locations and the online Essence OTC Store.</p> <p>Any unused balance carries over from quarter to quarter but expires at the end of the calendar year.</p> <p>The Flex Card isn't a credit card. It can't be converted to cash or used to pay plan premiums or for non-covered Flex Card services.</p> <p>For more information, please see the Evidence of Coverage.</p>		
Foot Care <i>(podiatry services)</i>	\$25 Copay	\$20 Copay	\$30 Copay
	<p>All Plans: A referral is required.</p>		
Home Healthcare	<p>All Plans: \$0 Copay</p> <p>A referral is required.</p>		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Hospice	<p>All Plans</p> <p>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.</p>		
Outpatient Rehabilitation Services	Cardiac rehabilitation services: \$20 copay per day	Cardiac rehabilitation services: \$20 copay per day	Cardiac rehabilitation services: \$20 copay per day
	Occupational, speech and language therapy visits: \$35 copay	Occupational, speech and language therapy visits: \$30 copay	Occupational, speech and language therapy visits: \$20 copay
	<p>All Plans</p> <p>A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p> <p>A referral is required.</p>		
Outpatient Substance Abuse	<p>All Plans</p> <p>Individual visit: \$15 copay</p> <p>Group visit: \$10 copay</p> <p>Prior authorization may be required.</p>		
Over-the-Counter (OTC) Coverage	\$160 Shared credit per quarter	\$110 Shared credit per quarter	\$100 Shared credit per quarter
		<p>Both Plans</p> <p>Members with diabetes receive an additional \$50 over-the-counter allowance per quarter as part of a special supplemental program for the chronically ill. Not all members qualify.</p>	
	<p>All Plans</p> <p>Shared credit is 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 the Flexible Benefits Card section on page 68.</p>		
Prosthetic Devices	<p>All Plans</p> <p>Prosthetic devices: 20% coinsurance</p> <p>Related medical supplies: 20% coinsurance</p> <p>Prior authorization may be required.</p>		
Virtual/ Telehealth Visits	\$0-\$35 Copay	<p>Both Plans</p> <p>\$0-\$30 Copay</p>	
	<p>All Plans</p> <p>You'll pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office.</p> <p>A referral or authorization may be required (matches requirement for in-person visits).</p>		
Wellness Programs	<p>All Plans</p> <p>Health club membership/fitness classes through SilverSneakers®: \$0 copay</p>		

Pre-Enrollment Checklist

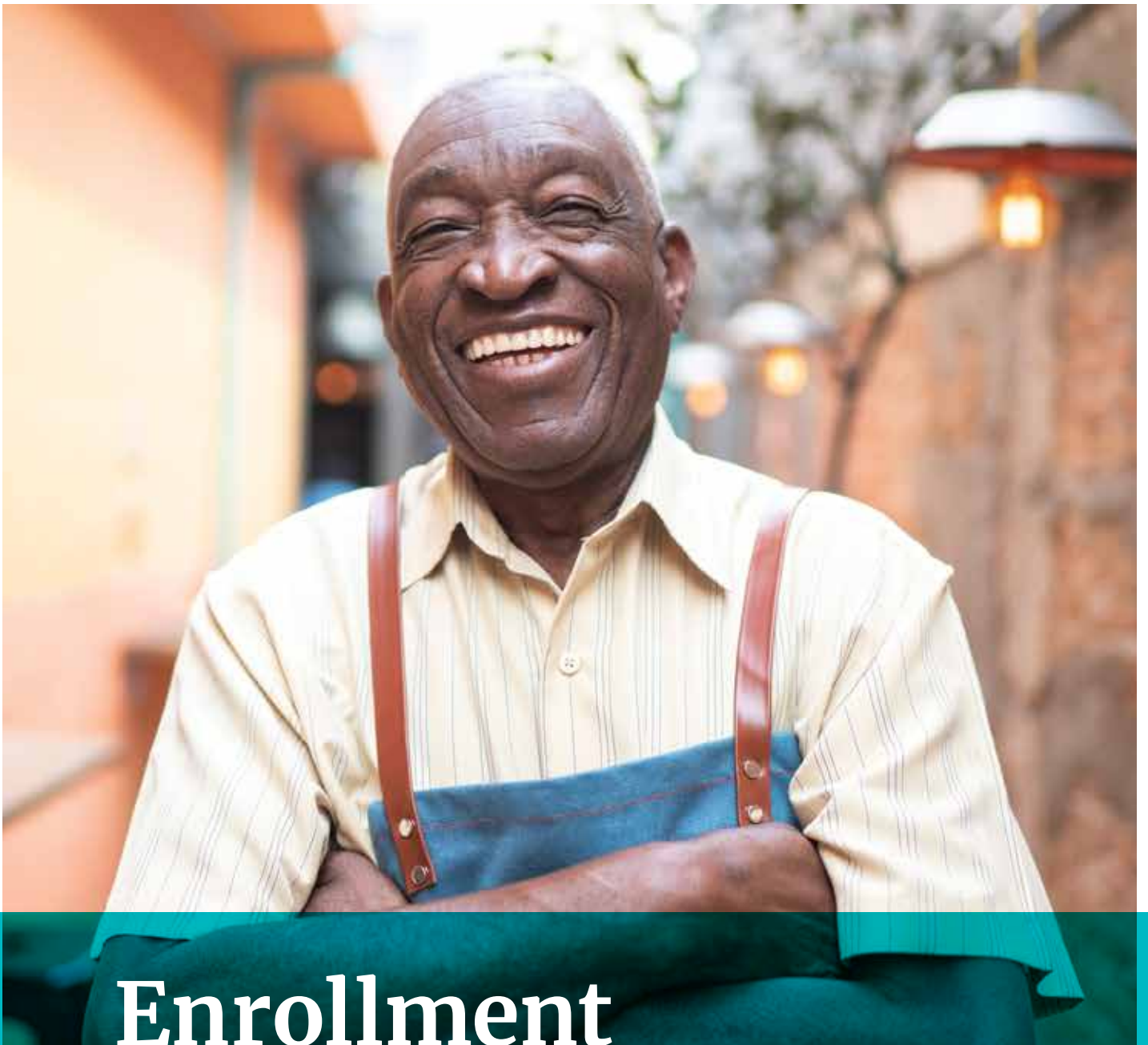
Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-866-947-5816 (TTY: 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit [EssenceHealthcare.com](https://www.essencehealthcare.com) or call 1-866-947-5816 (TTY: 711) to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. See Understanding Important Rules for information regarding the rules for seeing providers outside of our network.
- 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, 2025.
- For our HMO plans, 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).
- Our PPO plans allow you to see providers outside of our network (non-contracted providers). However, while we pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.



Enrollment Information

READY TO ENROLL

Medicare Enrollment Periods	72
How to Enroll	73
Enrollment Application Checklist	74
What to Expect After Enrollment	75
Essence Enrollment Applications	77

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.



	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Annual Enrollment Period (AEP) Switch, drop or join a different Medicare plan.*										10/15–12/07		
Open Enrollment Period (OEP) Make a one-time election to change your Medicare Advantage plan.*	01/01–03/31											
Special Enrollment Period (SEP) Enroll in a Medicare plan if you qualify.**	YEAR-ROUND											

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

**Examples of when you'd qualify include a recent move, leaving employer or union coverage, or having a 5-star-rated plan available in your area.



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 complete the enrollment application.



Enroll over the phone.

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



Enroll online.

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



Enroll by mail.

Complete the enrollment application located in the back of this kit and mail it 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.

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 of enrollment rules 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 if you have one. You may be able to 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 or in case you owe a late-enrollment penalty. If the plan you selected doesn't have a premium or you're unsure about a possible penalty, skip to the next item.

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

Have questions about the enrollment application?

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

What to Expect After Enrollment

Enrolling in 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

Depending on how you enroll, you'll get a copy of the receipt or a confirmation number. If you enrolled via paper form, you'll get an enrollment verification letter instead.



Enrollment Verification Letter

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



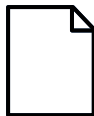
Member ID Card

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.



Welcome Kit

This kit includes important plan information and documents needed to get familiar with your plan.



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.



Premium Charge

If you enrolled in a plan with a monthly premium, you'll receive a bill.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



ow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomo



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



ow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomo



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



ow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomo



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



ow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomo



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



2024 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](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

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

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

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a monthly invoice for the plan's premium and any applicable Late Enrollment Penalty. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

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

You can also enroll online at [EssenceHealthcare.com](https://www.EssenceHealthcare.com).

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

How do I get help with this form?

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

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

Individuals experiencing homelessness

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal.

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



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

Select the plan you want to join:

- Essence Advantage® (HMO) H2610-005 (St. Louis Area*) – \$0 per month
- Essence Advantage Plus® (HMO) H2610-006 (St. Louis Area*) – \$53.80 per month
- Essence Advantage Select® (HMO) H2610-016 (St. Louis Area*) – \$0 per month
- Essence Advantage® Choice (PPO) H6200-001 (St. Louis Area*) – \$0 per month
- Essence Advantage® Choice Plus (PPO) H6200-002 (St. Louis Area*) – \$22.20 per month
- Essence Advantage® (HMO) H2610-011 (Boone County) – \$0 per month
- Essence Advantage® Choice (PPO) H6200-003 (Boone County) – \$0 per month

*Includes St. Louis City and the Missouri counties of Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, Warren and Washington, and the Illinois counties of Bond, Clinton, Jersey, Macoupin, Madison, Monroe and St. Clair

Your Information

FIRST Name:	LAST Name:	Middle Initial (Optional):
Birth Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __		Phone Number (Select primary phone number):
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Mobile (__ __ __) __ __ __ - __ __ __ __
		<input type="checkbox"/> Home (__ __ __) __ __ __ - __ __ __ __
Permanent Residence Street Address (Do not enter a PO Box):		County (Optional):
City:	State:	Zip Code:
Mailing Address, if different from your permanent address (PO Box allowed):		
Street Address:		
City:	State:	Zip Code:
E-mail address (Optional):		

Save paper, go paperless! (Optional)

- Email Opt-in: Member Communications** I want to receive important reminders, benefit education information, program discounts, and general health information by email.

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. If you have coverage through TRICARE, the VA, an employer/union, your coverage may be affected once your MA coverage starts. Please contact TRICARE, the VA, or your employer/union for more information.

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. You can also find the Evidence of Coverage, Star Ratings and Summary of Benefits for an Essence plan at EssenceHealthcare.com.
- Once I am a member of Essence Healthcare, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that I can be enrolled in only one MA or Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:**Today’s Date:**

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

Name:

Address:

Relationship to Enrollee:

Phone Number:

Section 2 – All fields in 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, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin
- I choose not to answer.

What is your race? Select all that apply.

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- I choose not to answer.

Communication Options:

Select one if your preferred spoken language is a language other than English.

- Arabic
- Chinese
- French
- French Creole
- German
- Gujarati
- Korean
- Polish
- Portuguese
- Spanish
- Tagalog
- Vietnamese

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

- Arabic
- Chinese
- French
- French Creole
- German
- Gujarati
- Korean
- Polish
- Portuguese
- Spanish
- Tagalog
- Vietnamese

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

- Braille
- Large Print

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

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

Primary Care Physician (PCP):

Dr. _____
(First Name) (Last Name)

PCP # from Provider Directory:

--	--	--	--	--	--	--	--	--	--

Is this your current physician?

Yes No

STOP PLEASE READ THIS IMPORTANT INFORMATION STOP

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

Paying your plan premiums

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

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

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

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

Please select a premium payment option:

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

I get monthly benefits from: Social Security RRB

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

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

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.

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 Receipt Date:****Plan ID #:****Effective Date of Coverage:****Election Periods:** ICEP (I) IEP (E) 2nd IEP (F) AEP (A) OEP (M) OEPI (T)**Special Election Periods** (Must check all that apply):**SEP (S)** SPAP (38) Retro Entitlement (32) Contract/Plan Non-Renewal (12) Contract Term – Immediate (11) Contract Term – CMS (11) FEMA/Disaster (01) CMS Identified Consistent Poor Performing Plan (40) Cost Plan Non-Renewal (28) Lawfully Present (37) Loss of SNP (35) Involuntary Loss/Cred. Coverage (22) Contract Term – MAO (12) Plan Placed in Receivership (39) Accessible Format Delay (21) PACE Transition (27) Part B General Enrollment (34)**SEP (V)** Permanent Move**SEP (W)** Gain or Loss of Employer Coverage**SEP (L) Allowed once per Quarter** Dual Eligible/Has Medicaid Has Non-Dual with LIS**SEP (U)** Gain/Loss/Change in Dual Eligible Status Gain/Loss/Change of Medicaid Gain/Loss/Change in Non-Dual LIS**SEP (R)** 5-Star SEP**Producer Name:****Producer NPN:****Application Receipt Date:**



2024 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](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

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

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

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a monthly invoice for the plan's premium and any applicable Late Enrollment Penalty. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

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

You can also enroll online at [EssenceHealthcare.com](https://www.EssenceHealthcare.com).

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

How do I get help with this form?

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

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

Individuals experiencing homelessness

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal.

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



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

Select the plan you want to join:

- Essence Advantage® (HMO) H2610-005 (St. Louis Area*) – \$0 per month
- Essence Advantage Plus® (HMO) H2610-006 (St. Louis Area*) – \$53.80 per month
- Essence Advantage Select® (HMO) H2610-016 (St. Louis Area*) – \$0 per month
- Essence Advantage® Choice (PPO) H6200-001 (St. Louis Area*) – \$0 per month
- Essence Advantage® Choice Plus (PPO) H6200-002 (St. Louis Area*) – \$22.20 per month
- Essence Advantage® (HMO) H2610-011 (Boone County) – \$0 per month
- Essence Advantage® Choice (PPO) H6200-003 (Boone County) – \$0 per month

*Includes St. Louis City and the Missouri counties of Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, Warren and Washington, and the Illinois counties of Bond, Clinton, Jersey, Macoupin, Madison, Monroe and St. Clair

Your Information

FIRST Name:	LAST Name:	Middle Initial (Optional):
Birth Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __		Phone Number (Select primary phone number):
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Mobile (__ __ __) __ __ __ - __ __ __ __
		<input type="checkbox"/> Home (__ __ __) __ __ __ - __ __ __ __
Permanent Residence Street Address (Do not enter a PO Box):		County (Optional):
City:	State:	Zip Code:
Mailing Address, if different from your permanent address (PO Box allowed):		
Street Address:		
City:	State:	Zip Code:
E-mail address (Optional):		

Save paper, go paperless! (Optional)

- Email Opt-in: Member Communications** I want to receive important reminders, benefit education information, program discounts, and general health information by email.

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. If you have coverage through TRICARE, the VA, an employer/union, your coverage may be affected once your MA coverage starts. Please contact TRICARE, the VA, or your employer/union for more information.

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. You can also find the Evidence of Coverage, Star Ratings and Summary of Benefits for an Essence plan at EssenceHealthcare.com.
- Once I am a member of Essence Healthcare, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that I can be enrolled in only one MA or Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:**Today’s Date:**

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

Name:

Address:

Relationship to Enrollee:

Phone Number:

Section 2 – All fields in 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, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican Yes, Cuban
 Yes, another Hispanic, Latino/a, or Spanish origin I choose not to answer.

What is your race? Select all that apply.

- American Indian or Alaska Native Asian Indian Black or African American
 Chinese Filipino Guamanian or Chamorro
 Japanese Korean Native Hawaiian
 Other Asian Other Pacific Islander Samoan
 Vietnamese White I choose not to answer.

Communication Options:

Select one if your preferred spoken language is a language other than English.

- Arabic Chinese French French Creole
 German Gujarati Korean Polish
 Portuguese Spanish Tagalog Vietnamese

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

- Arabic Chinese French French Creole
 German Gujarati Korean Polish
 Portuguese Spanish Tagalog Vietnamese

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

- Braille Large Print

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

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

Primary Care Physician (PCP):

Dr. _____
(First Name) (Last Name)

PCP # from Provider
Directory:

--	--	--	--	--	--	--	--	--	--

Is this your
current physician?

Yes No

STOP PLEASE READ THIS IMPORTANT INFORMATION STOP

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

Paying your plan premiums

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

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

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

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

Please select a premium payment option:

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

I get monthly benefits from: Social Security RRB

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

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

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.

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 Receipt Date:****Plan ID #:****Effective Date of Coverage:****Election Periods:** ICEP (I) IEP (E) 2nd IEP (F) AEP (A) OEP (M) OEPI (T)**Special Election Periods** (Must check all that apply):**SEP (S)** SPAP (38) Retro Entitlement (32) Contract/Plan Non-Renewal (12) Contract Term – Immediate (11) Contract Term – CMS (11) FEMA/Disaster (01) CMS Identified Consistent Poor Performing Plan (40) Cost Plan Non-Renewal (28) Lawfully Present (37) Loss of SNP (35) Involuntary Loss/Cred. Coverage (22) Contract Term – MAO (12) Plan Placed in Receivership (39) Accessible Format Delay (21) PACE Transition (27) Part B General Enrollment (34)**SEP (V)** Permanent Move**SEP (W)** Gain or Loss of Employer Coverage**SEP (L) Allowed once per Quarter** Dual Eligible/Has Medicaid Has Non-Dual with LIS**SEP (U)** Gain/Loss/Change in Dual Eligible Status Gain/Loss/Change of Medicaid Gain/Loss/Change in Non-Dual LIS**SEP (R)** 5-Star SEP**Producer Name:****Producer NPN:****Application Receipt 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 the person enrolling in a Medicare plan, 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 and PPO plans with Medicare contracts. 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

You can contact Essence directly at **1-866-597-9560** (TTY: 711) from 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 and PPO plans with Medicare contracts. 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.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



ow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomo



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



ow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomo



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



ow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomo



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



ow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomo



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.



A Healthy Tomorrow Starts Today.

Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Star Ratings & FAQs

Frequently Asked Questions

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



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

–Mike V., Essence member

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

Medicare pays private insurance companies, like Essence, 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're 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 doesn't cover. It's important to note that supplements don't 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?

As an Essence member, you get built-in dental, vision and hearing benefits. Your debit Flex Card gives you more money to spend on certain non-Medicare-covered items and services in those categories, and on over-the-counter items. Examples include eyewear, hearing aids or dental services, such as X-rays or fillings, if you've run out of your existing plan coverage. You can use up to your whole allowance in any of the allowed categories—with both in-network and out-of-network providers. Your card is valid at eligible physical retail locations or the online Essence OTC Store. For more information on eligible items and locations, call Essence Customer Service.

Your total annual allowance is divided into equal amounts that are loaded on the card at the beginning of each quarter. Funds roll over from quarter to quarter but expire at the end of the calendar year. Your Flex Card isn't a credit card. It can't be converted to cash or used to pay plan premiums or for non-covered Flex Card services.

Will I need a referral to see a specialist?

If you're an HMO plan member, a referral is required to see specialists. The referral process is simple and ensures that your primary care physician (PCP) and specialist stay connected on the status of your health. Once your PCP initiates the referral, your specialist will have instant access to it electronically and Essence will be notified as well. If you're a PPO plan member, you won't need a referral to see specialists; this includes out-of-network providers.

Star Ratings Explained

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

The Star Ratings Scale

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

Why Are Star Ratings Important?

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



Where Does Essence Rank?

For our latest Star ratings, please see the Star ratings sheet(s) included with this kit. You can also visit Medicare.gov to see how our Star ratings compare to other plans in the area.*

You might notice that some Essence plans don't have Star ratings. This is because the plan is too new to be measured. Medicare Advantage plans aren't eligible to receive Star ratings until their third year of operation. Though the plan you choose might not yet have a rating, know that **Essence is committed to providing excellent care and service to all of its members.**

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

Essence Healthcare includes HMO and PPO plans with Medicare contracts. 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 enrolled in an Essence Healthcare HMO plan 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 Healthcare will be responsible for the costs.

Members enrolled in an Essence Healthcare PPO plan may see out-of-network providers (non-contracted providers). Out-of-network/non-contracted 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.



3251 Riverport Lane, Suite 101
St. Louis, MO 63043
EssenceHealthcare.com

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

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

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

Our service area: St. Louis City, the Missouri counties of Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, Warren and Washington, and the Illinois counties of Bond, Clinton, Jersey, Macoupin, Madison, Monroe and St. Clair

IMPORTANT INFORMATION: 2024 Medicare Star Ratings



Essence Healthcare - H2610

For 2024, Essence Healthcare - H2610 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. Central time at **866-509-5399** (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. Central time. Current members please call **866-597-9560** (toll-free) or 711 (TTY).

Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal.

IMPORTANT INFORMATION:

2024 Medicare Star Ratings



Essence Healthcare - H6200

For 2024, Essence Healthcare - H6200 received the following Star Ratings from Medicare:

Overall Star Rating: Plan too new to be measured
Health Services Rating: Plan too new to be measured
Drug Services Rating: Plan too new to be measured



*Some plans do not have enough data to rate performance.

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. Central time at **866-509-5399** (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. Central time. Current members please call **866-597-9560** (toll-free) or 711 (TTY).

Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal.