



GREATER CHICAGO AREA

2025 Medicare Advantage Plan Information

Our service area: the Illinois counties of Cook, DuPage and Will

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call Essence Healthcare at **1-855-418-5074** (TTY 711).

	Essence Advantage Select (HMO) \$0 Monthly premium	Essence Advantage Choice (PPO)* \$0 Monthly premium	Essence Advantage Choice Plus (PPO) \$47 Monthly premium	Essence Advantage Premier Plus (PPO)** \$247 Monthly premium
Plan Benefits				
Annual Medical Deductible	\$0 Per calendar year	\$0 Per calendar year	\$0 Per calendar year	\$0 Per calendar year
Preventive Care/ Screenings	\$0 Copay	\$0 Copay (INN & OON)	\$0 Copay (INN & OON)	\$0 Copay (INN & OON)
Primary Care Physician Visits	\$0 Copay	\$0 Copay (INN), \$30 Copay (OON)	\$0 Copay (INN), \$30 Copay (OON)	\$0 Copay (INN & OON)
Specialist Doctor Visits	\$25 Copay	\$30 Copay (INN), 50% coinsurance (OON)	\$25 Copay (INN), 50% coinsurance (OON)	\$0 Copay (INN & OON)
Lab Services	\$0 Copay	\$0 Copay (INN), 50% coinsurance (OON)	\$0 Copay (INN), 50% coinsurance (OON)	\$0 Copay (INN & OON)
Inpatient Hospital Coverage	Days 1–5: \$195 copay/day Days 6–90: \$0 copay/day Day 91 & beyond: 40% coinsurance	Days 1–5: \$310 copay/day (INN), 50% coinsurance (OON) Days 6–90: \$0 copay/day (INN), 50% coinsurance (OON) Day 91 and beyond: 50% coinsurance (INN & OON)	Days 1–5: \$275 copay/day (INN), 50% coinsurance (OON) Days 6–90: \$0 copay/day (INN), 50% coinsurance (OON) Day 91 and beyond: 50% coinsurance (INN & OON)	\$500 Copay per stay (INN & OON)
Maximum Out-of-Pocket Limit	\$3,250 Per calendar year	\$4,150 Per calendar year (INN) \$6,150 Per calendar year (INN & OON combined)	\$4,150 Per calendar year (INN) \$6,150 Per calendar year (INN & OON combined)	\$1,000 Per calendar year (INN & OON combined)
Prescription Drugs – Preferred Retail (30-day)/Standard Retail (30-day)/Mail Order (90-day)				
Tier 1 <i>(Preferred Generic)</i>	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$15/\$0
Tier 2 <i>(Generic)</i>	\$3/\$12/\$7.50	\$3/\$12/\$7.50	\$3/\$12/\$7.50	\$3/\$20/\$7.50
Tier 3 <i>(Preferred Brand)</i>	\$45/\$47/\$112.50	\$47/\$47/\$117.50	\$47/\$47/\$117.50	\$47/\$47/\$117.50
Tier 4 <i>(Non-Preferred Brand)</i>	\$95/\$100/\$237.50	\$100/\$100/\$250	\$95/\$100/\$237.50	46%/46%/46%
Tier 5 <i>(Specialty Drug)</i>	33%/33%/Not offered	29%/29%/Not offered	33%/33%/Not offered	25%/25%/Not offered
Tier 6 <i>(Insulins)</i>	\$0/\$0/\$0	Tier 6 not offered. Insulins covered under tiers 1–5.	Tier 6 not offered. Insulins covered under tiers 1–5.	Tier 6 not offered. Insulins covered under tiers 1–5.
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,000 , you pay \$0 for all covered part D drugs. Cost-sharing may change depending on the pharmacy you choose.			

*\$295 Deductible for tiers 3–5 (applies once regardless of pharmacy type)

**\$590 Deductible for tiers 3–5 (applies once regardless of pharmacy type)

Ask for a plan's 2025 Information Kit if you'd like to see a full explanation of copayments or coinsurance.

	Essence Advantage Select (HMO) \$0 Monthly premium	Essence Advantage Choice (PPO) \$0 Monthly premium	Essence Advantage Choice Plus (PPO) \$47 Monthly premium	Essence Advantage Premier Plus (PPO) \$247 Monthly premium
Benefits				
Dental <i>(Flex Card eligible—some plans)</i>	Medicare-covered services: \$25 copay	Medicare-covered services: \$30 copay (INN), 50% coinsurance (OON)	Medicare-covered services: \$25 copay (INN), 50% coinsurance (OON)	Medicare-covered services: \$0 copay (INN & OON)
Vision <i>(Flex Card eligible—some plans)</i>	\$0 Copay for routine eye exam \$200 Allowance for routine eyewear (frames, lenses and contact lenses) every calendar year	\$0 Copay for routine eye exam (INN & OON) Our plan pays up to \$200 total for routine eyewear (frames, lenses and contact lenses) every calendar year (INN & OON combined).	\$0 Copay for routine eye exam (INN & OON) Our plan pays up to \$200 total for routine eyewear (frames, lenses and contact lenses) every calendar year (INN & OON combined).	Medicare-covered services: \$0 copay (INN & OON)
Hearing <i>(Flex Card eligible—some plans)</i>	\$20 Copay for routine hearing exam \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years)	\$20 Copay for routine hearing exam (INN & OON) \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) (INN & OON) \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON)	\$20 Copay for routine hearing exam (INN & OON) \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) (INN & OON) \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON)	\$0 Copay for routine hearing exam (INN & OON) \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) (INN & OON) \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON)
Preloaded Flexible Benefits Card	\$2,000 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services, plus medical copays See Summary of Benefits for approved medical copay categories.	\$1,000 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services	\$2,500 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services	Not covered
Fitness/Gym Membership	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost
Wellness Tracker	Not covered	Not covered	Oura Ring wearable device	Not covered

For more details and benefits, please review our Summary of Benefits. Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal.