

GREATER CINCINNATI AREA



2025 Medicare Advantage Plan Information

Our service area: the Kentucky counties of Boone, Bracken, Campbell, Gallatin, Kenton and Pendleton, the Ohio counties of Brown, Butler, Clermont, Clinton, Hamilton and Warren, and the Indiana counties of Dearborn, Franklin and Ohio

Essence Advantage (HMO)* \$0 Monthly premium	Essence Advantage Choice (PPO) \$0 Monthly premium
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Plan Benefits		
Annual Medical Deductible	\$0 Per calendar year	\$0 Per calendar year
Preventive Care/ Screenings	\$0 Copay	In- & out-of-network: \$0 Copay
Primary Care Physician Visits	\$0 Copay	In-network: \$0 copay Out-of-network: \$15 copay
Specialist Doctor Visits	\$30 Copay	In- & out-of-network: \$30 copay
Lab Services	\$0 Copay	In-network: \$0 copay Out-of-network: 40% coinsurance
Inpatient Hospital Coverage	\$295 Copay/day (days 1–5) \$0 Copay day 6 & beyond	In- & out-of-network: \$375 copay/day (days 1–5) \$0 copay day 6 & beyond
Maximum Out-of-Pocket Limit	\$4,600 Per calendar year	In-network: \$4,900 per calendar year Out-of-network: \$6,900 per calendar year (in-network & out-of-network combined)

Prescription Drugs – Preferred Retail (30-day)/Standard Retail (30-day)/Mail Order (90-day)		
Tier 1 <i>(Preferred Generic)</i>	\$0/\$5/\$0	\$0/\$4/\$0
Tier 2 <i>(Generic)</i>	\$3/\$10/\$7.50	\$3/\$12/\$7.50
Tier 3 <i>(Preferred Brand)</i>	\$45/\$47/\$112.50	\$47/\$47/\$117.50
Tier 4 <i>(Non-Preferred Brand)</i>	\$95/\$100/\$237.50	46%/46%/46%
Tier 5 <i>(Specialty Drug)</i>	29%/29%/Not offered	33%/33%/Not offered
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,000 , you pay \$0 for all covered part D drugs.	

*\$295 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 (HMO)

\$0 Monthly premium

Essence Advantage Choice (PPO)

\$0 Monthly premium

Benefits		
Dental <i>(Flex Card eligible)</i>	\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more Medicare-covered services: \$30 copay	In- & out-of-network: Medicare-covered services: \$30 copay
Vision <i>(Flex Card eligible)</i>	\$0 Copay for routine eye exam \$200 Allowance for routine eyewear (frames, lenses and contact lenses) every calendar year	In- & out-of-network: \$0 copay for routine eye exam Our plan pays up to \$200 total for routine eyewear (frames, lenses and contact lenses) every calendar year (in- & out-of-network combined).
Hearing <i>(Flex Card eligible)</i>	\$20 Copay for routine hearing exam \$2,000 Allowance for up to 2 hearing aids (all types) every calendar year (both ears combined) \$0 Copay for hearing aid fitting/evaluation (covered once every calendar year)	In- & out-of-network: \$20 copay for routine hearing exam In- & out-of-network: \$1,000 allowance for up to 2 hearing aids (all types) every calendar year (both ears combined) In- & out-of-network: \$0 copay for hearing aid fitting/evaluation (covered once every calendar year)
Preloaded Flexible Benefits Card	\$750 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services, plus medical copays \$40 Quarterly allowance for OTC items 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, plus medical copays See Summary of Benefits for approved medical copay categories.
Fitness/Gym Membership	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost
Wellness Tracker	Not covered	Oura Ring wearable device

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call Essence Healthcare at **1-877-297-7688** (TTY 711).

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.