

MID-MISSOURI



# 2025 Medicare Advantage Plan Information

**Our service area:** the Missouri counties of Boone and Callaway

<b>Essence Advantage (HMO)*</b> <b>\$0</b> Monthly premium	<b>Essence Advantage Choice (PPO)*</b> <b>\$0</b> Monthly premium
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Plan Benefits		
<b>Annual Medical Deductible</b>	\$0 Per calendar year	\$0 Per calendar year
<b>Preventive Care/ Screenings</b>	\$0 Copay	In- & out-of-network: \$0 Copay
<b>Primary Care Physician Visits</b>	\$0 Copay	In-network: \$0 copay Out-of-network: \$15 Copay
<b>Specialist Doctor Visits</b>	\$35 Copay	In- & out-of-network: \$30 copay
<b>Lab Services</b>	\$0 Copay	In-network: \$0 copay Out-of-network: 40% coinsurance
<b>Inpatient Hospital Coverage</b>	\$310 Copay/day (days 1–4) \$0 Copay day 5 & beyond	In- & out-of-network: \$290 copay/day (days 1–4) \$0 copay day 5 & beyond
<b>Maximum Out-of-Pocket Limit</b>	\$3,500 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)		
<b>Tier 1</b> <i>(Preferred Generic)</i>	\$0/\$7/\$0	\$0/\$4/\$0
<b>Tier 2</b> <i>(Generic)</i>	\$3/\$12/\$7.50	\$3/\$12/\$7.50
<b>Tier 3</b> <i>(Preferred Brand)</i>	\$45/\$47/\$112.50	\$47/\$47/\$117.50
<b>Tier 4</b> <i>(Non-Preferred Brand)</i>	\$85/\$95/\$212.50	46%/46%/46%
<b>Tier 5</b> <i>(Specialty Drug)</i>	29%/29%/Not offered	29%/29%/Not offered
<b>Tier 6</b> <i>(Insulins)</i>	\$0/\$0/\$0	Tier 6 not offered. Insulins covered under tiers 1-5.
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs reach <b>\$2,000</b> , you pay <b>\$0</b> 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

<b>Benefits</b>		
<b>Dental</b> <i>(Flex Card eligible)</i>	<b>\$0</b> Copay for preventive dental, such as cleanings, exams, X-rays and more  Medicare-covered services: <b>\$35</b> copay	In- & out-of-network: Medicare-covered services: <b>\$30</b> copay.
<b>Vision</b> <i>(Flex Card eligible)</i>	<b>\$0</b> Copay for routine eye exam  <b>\$200</b> Allowance for routine eyewear (frames, lenses and contact lenses) every calendar year	In- & out-of-network: <b>\$0</b> copay for routine eye exam  Our plan pays up to <b>\$200</b> total for routine eyewear (frames, lenses and contact lenses) every calendar year (in- & out-of-network combined).
<b>Hearing</b> <i>(Flex Card eligible)</i>	<b>\$20</b> Copay for routine hearing exam	In- & out-of-network: <b>\$20</b> copay for routine hearing exam  In- & out-of-network: <b>\$1,000</b> allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined)  In- & out-of-network: <b>\$0</b> copay for hearing aid fitting/evaluation (covered once every 2 calendar years)
<b>Preloaded Flexible Benefits Card</b>	<b>\$650</b> Shared annual allowance for non-Medicare-covered <b>dental, vision and hearing items and services</b>  <b>\$52.50</b> Quarterly allowance for OTC items	<b>\$1,420</b> Shared annual allowance for non-Medicare-covered <b>dental, vision and hearing items and services, plus medical copays</b>  See Summary of Benefits for approved medical copay categories.
<b>Fitness/Gym Membership</b>	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost
<b>Wellness Tracker</b>	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 **1-855-940-0053** (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.