



**GREATER ST. LOUIS AREA**

**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

# 2025 Medicare Advantage Plan Information

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call Essence Healthcare at **1-866-488-0243** (TTY 711).

	<b>Essence Advantage Empower (HMO)*</b> \$0 Monthly premium	<b>Essence Advantage Select (HMO)*</b> \$0 Monthly premium	<b>Essence Advantage (HMO)</b> \$0 Monthly premium	<b>Essence Advantage Plus (HMO)</b> \$58 Monthly premium	<b>Essence Advantage Choice (PPO)*</b> \$0 Monthly premium	<b>Essence Advantage Choice Plus (PPO)</b> \$47 Monthly premium	<b>Essence Advantage Premier Plus (PPO)**</b> \$247 Monthly premium
<b>Plan Benefits</b>							
<b>Annual Medical Deductible</b>	\$0 Per calendar year	\$0 Per calendar year	\$0 Per calendar year	\$0 Per calendar year	\$0 Per calendar year	\$0 Per calendar year	\$0 Per calendar year
<b>Preventive Care/ Screenings</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay (INN & OON)	\$0 Copay (INN & OON)	\$0 Copay (INN & OON)
<b>Primary Care Physician Visits</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay (INN), \$30 Copay (OON)	\$0 Copay (INN), \$30 Copay (OON)	\$0 Copay (INN & OON)
<b>Specialist Doctor Visits</b>	\$35 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$40 Copay (INN & OON)	\$30 Copay (INN & OON)	\$0 Copay (INN & OON)
<b>Lab Services</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay (INN), 40% coinsurance (OON)	\$0 Copay (INN), 40% coinsurance (OON)	\$0 Copay (INN & OON)
<b>Inpatient Hospital Coverage</b>	Days 1-5: \$250 copay/day Day 6 & beyond: \$0 copay/day	Days 1-5: \$240 copay/day Day 6 & beyond: \$0 copay/day	Days 1-4: \$230 copay/day Day 5 & beyond: \$0 copay/day	Days 1-5: \$195 copay/day Day 6 & beyond: \$0 copay/day	Days 1-5: \$275 copay/day (INN & OON) Days 6-90: \$0 copay/day (INN & OON) Day 91 & beyond: \$0 copay/day (INN), 40% coinsurance (OON)	Days 1-4: \$275 copay/day (INN & OON) Day 5 & beyond: \$0 copay/day (INN & OON)	\$500 Copay per stay (INN & OON)
<b>Maximum Out-of-Pocket Limit</b>	\$3,900 Per calendar year	\$3,900 Per calendar year	\$3,400 Per calendar year	\$2,900 Per calendar year	\$4,150 Per calendar year (INN) \$6,200 Per calendar year (INN & OON combined)	\$3,900 Per calendar year (INN) \$5,900 Per calendar year (INN & OON combined)	\$1,000 Per calendar year (INN & OON combined)
<b>Prescription Drugs – Preferred Retail (30-day)/Standard Retail (30-day)/Mail Order (90-day)</b>							
<b>Tier 1</b> <i>(Preferred Generic)</i>	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$15/\$0
<b>Tier 2</b> <i>(Generic)</i>	\$3/\$12/\$7.50	\$3/\$12/\$7.50	\$3/\$12/\$7.50	\$3/\$12/\$7.50	\$3/\$12/\$7.50	\$3/\$12/\$7.50	\$3/\$20/\$7.50
<b>Tier 3</b> <i>(Preferred Brand)</i>	\$45/\$47/\$112.50	\$42/\$47/\$105	\$42/\$47/\$105	\$42/\$47/\$105	\$47/\$47/\$117.50	\$47/\$47/\$117.50	\$47/\$47/\$117.50
<b>Tier 4</b> <i>(Non-Preferred Brand)</i>	\$75/\$100/\$187.50	\$75/\$100/\$187.50	\$75/\$100/\$187.50	\$95/\$100/\$237.50	\$100/\$100/\$250	\$95/\$100/\$237.50	46%/46%/46%
<b>Tier 5</b> <i>(Specialty Drug)</i>	29%/29%/Not offered	29%/29%/Not offered	33%/33%/Not offered	33%/33%/Not offered	29%/29%/Not offered	33%/33%/Not offered	25%/25%/Not offered
<b>Tier 6</b> <i>(Insulins)</i>	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0	\$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.
<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. 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 Empower (HMO)	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Choice (PPO)	Essence Advantage Choice Plus (PPO)	Essence Advantage Premier Plus (PPO)
<b>Benefits</b>							
<b>Dental</b> <i>(Flex Card eligible—some plans)</i>	<b>\$0</b> Copay for preventive dental, such as cleanings, exams, X-rays and more	<b>\$0</b> Copay for preventive dental, such as cleanings, exams, X-rays and more <b>\$4,000</b> Annual allowance for comprehensive dental, such as fillings, extractions, endodontics, and more. Allowance applies to combined comprehensive and preventive services.	<b>\$0</b> Copay for preventive dental, such as cleanings, exams, X-rays and more	<b>\$0</b> Copay for preventive dental, such as cleanings, exams, X-rays and more	Medicare-covered services: <b>\$40</b> copay (INN & OON)	Medicare-covered services: <b>\$30</b> copay (INN & OON)	Medicare-covered services: <b>\$0</b> copay (INN & OON)
<b>Vision</b> <i>(Flex Card eligible—some plans)</i>	<b>All Plans</b> <b>\$0</b> Copay for routine eye exam <b>\$200</b> Allowance for routine eyewear (frames, lenses and contact lenses) every calendar year				<b>Both Plans</b> <b>\$0</b> Copay for routine eye exam (INN & OON) Our plans pay up to <b>\$200</b> total for routine eyewear (frames, lenses and contact lenses) every calendar year (INN & OON combined).		Medicare-covered services: <b>\$0</b> copay (INN & OON)
<b>Hearing</b> <i>(Flex Card eligible—some plans)</i>	<b>All Plans</b> <b>\$20</b> Copay for routine hearing exam <b>\$1,000</b> Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) <b>\$0</b> Copay for hearing aid fitting/evaluation (covered once every 2 calendar years)				<b>Both Plans</b> <b>\$20</b> Copay for routine hearing exam (INN & OON) <b>\$0</b> Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) (INN & OON)		<b>\$0</b> Copay for routine hearing exam (INN & OON) <b>\$0</b> Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) (INN & OON)
					<b>\$1,000</b> Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON)	<b>\$2,000</b> Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON)	<b>\$1,000</b> Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON)
<b>Preloaded Flexible Benefits Card</b>	<b>\$1,000</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>\$40</b> Quarterly allowance for OTC items	<b>\$40</b> Quarterly allowance for <b>OTC items</b>	<b>\$250</b> Shared annual allowance for non-Medicare-covered <b>dental, vision and hearing items and services</b> <b>\$45</b> Quarterly allowance for OTC items	<b>\$240</b> Shared annual allowance for non-Medicare-covered <b>dental, vision and hearing items and services</b> <b>\$40</b> Quarterly allowance for OTC items	<b>\$2,000</b> Shared annual allowance for non-Medicare-covered <b>dental, vision and hearing items and services</b>	<b>\$3,500</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.	Not covered
<b>Fitness/Gym Membership</b>	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost	SilverSneakers included at no additional cost
<b>Wellness Tracker</b>	Not covered	Not covered	Not covered	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.