SOUTHWEST MISSOURI AND NORTHWEST ARKANSAS



2025 Medicare Advantage Plan Information

Our service area: the Missouri counties of Barry, Christian, Dallas, Greene, Lawrence, Polk, Stone, Taney and Webster, and the Arkansas counties of Benton, Carroll, Madison and Washington

	Essence Advantage (HMO)*	Essence Advantage Choice (PPO)*
	\$ 0 Monthly premium	\$0 Monthly premium
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	\$20 Copay	In- & out-of-network: \$30 copay
Lab Services	\$5 Copay	In-network: \$0 copay Out-of-network: 40% coinsurance
Inpatient Hospital Coverage	\$275 Copay/day (days 1–5) \$0 Copay day 6 & beyond	In- & out-of-network: \$275 copay/day (days 1-5) \$0 copay day 6 & beyond
Maximum Out-of- Pocket Limit	\$3,350 Per calendar year	In-network: \$3,500 per calendar year Out-of-network: \$5,500 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 (Preferred Generic)	\$0/\$5/\$0	\$0/\$4/\$0	
Tier 2 (Generic)	\$3/\$10/\$7.50	\$3/\$12/\$7.50	
Tier 3 (Preferred Brand)	\$42/\$47/\$105	\$47/\$47/\$117.50	
Tier 4 (Non-Preferred Brand)	\$95/\$100/\$237.50	46%/46%/46%	
Tier 5 (Specialty Drug)	29%/29% /Not offered	29%/29% /Not offered	
Tier 6 (Insulins)	\$0/\$0/\$0	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.		

^{*\$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.

	\$0 Monthly premium	\$ Monthly premium
Benefits		
Dental (Flex Card eligible)	\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more Medicare-covered services: \$20 copay	In- & out-of-network: Medicare-covered services: \$30 copay
Vision (Flex Card eligible)	\$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 \$300 total for routine eyewear (frames, lenses and contact lenses) every calendar year (in- & out-of-network combined).
Hearing (Flex Card eligible)	 \$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) 	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 2 calendar years (both ears combined) In- & out-of-network: \$0 copay for hearing aid fitting/evaluation (covered once every 2 calendar years)
Preloaded Flexible Benefits Card	\$500 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. \$50 Quarterly allowance for OTC items	\$1,340 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

Essence Advantage (HMO)

Essence Advantage Choice (PPO)

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call Essence Healthcare at **1-855-954-0694** (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.

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