Summary of Benefits

MEDICARE ADVANTAGE | 2023

ESSENCE DUAL ADVANTAGE (HMO D-SNP)

ESSENCE HEALTHCARE™

Serving St. Louis City and the Missouri counties of Jefferson, St. Charles and St. Louis

Summary of Benefits

January 1, 2023 – December 31, 2023

This booklet gives you a summary of what we cover and what you pay. It doesn't list every limitation, exclusion or covered service. To get a complete list of services we cover, call us and ask for the Evidence of Coverage, or you can view it on EssenceHealthcare.com.

This Summary of Benefits booklet gives you a summary of what **Essence Dual Advantage (HMO D-SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on Medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at Medicare.gov, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Sections in This Booklet

- Things to Know About **Essence Dual Advantage**
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call 1-855-939-0576 (TTY: 711) to speak with a customer service representative.

Things to Know About Essence Dual Advantage

Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

Essence Dual Advantage Phone Number and Website

- If you have questions, call 1-855-939-0576 (TTY: 711).
- Our website: EssenceHealthcare.com

Who can join?

You can enroll in **Essence Dual Advantage** if you meet the following criteria:

- Must be entitled to Medicare Part A and be enrolled in Medicare Part B
- Must qualify for one of the following Missouri Medicaid eligibility categories:
  - **Qualified Medicare Beneficiary (QMB):** You're not eligible for full Medicaid benefits, but Medicaid helps pay all copays and coinsurance for your Medicare-covered services. Medicaid also helps pay your Part A premium (if one is required), Part B premium and deductibles.
  - **Qualified Medicare Beneficiary Plus (QMB Plus):** You're eligible for full Medicaid benefits, and Medicaid helps pay all copays and coinsurance for your Medicare-covered services. Medicaid also helps pay your Part A premium (if one is required), Part B premium and deductibles.
- Must be a United States citizen or are lawfully present in the United States and live in the city of St. Louis or the Missouri counties of Jefferson, St. Charles or St. Louis

What is an HMO?

An HMO, or Health Maintenance Organization, is a type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage.

What is a D-SNP?

A D-SNP is a healthcare plan for people with special needs related to age, disabilities or income level. Only those who are eligible for both Medicare and Medicaid can join a D-SNP.

Which doctors, hospitals and pharmacies can I use?

Essence Dual Advantage has a network of doctors, hospitals, pharmacies and other providers. If you use out-of-network providers, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some network pharmacies have preferred cost-sharing, which means you may pay less. See the Provider Directory on EssenceHealthcare.com or call us, and we will send you a copy.

What do we cover?

We cover everything that Original Medicare covers—and *more*.

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs, such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on EssenceHealthcare.com or call us, and we will send you a copy.

How will I determine my drug costs?

The amount you pay depends on what stage of the benefit you've reached and your level of Extra Help. Later in this document, we discuss the benefit stages: initial coverage, coverage gap and catastrophic coverage. Please contact the plan for more information or access the Evidence of Coverage on our website.

How do I read the Essence benefit tables?

Costs for QMB or QMB Plus eligible individuals are shown in the blue columns. Part D drug costs are based on the level of Extra Help you receive. If you lose QMB or QMB Plus eligibility, you may be able to remain enrolled in this plan for up to six months, but your cost-share responsibility and plan premium amounts may change. These amounts are reflected in the black columns.

Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Monthly Plan Premium	$0 Per month (with full Extra Help)	$36.30 Per month (without Extra Help). You must pay your Medicare Part B premium.
	Your monthly premium is determined by your Extra Help eligibility and not your Medicaid status.	
Deductibles	This plan does not have an annual medical deductible. Service-level deductibles: $0 Because you're eligible for Medicare cost-sharing assistance under Medicaid, you have no service-level deductible for inpatient hospital services or inpatient psychiatric services.	This plan does not have an annual medical deductible. Service-level deductibles: $1,568 inpatient hospital services, per admission, per benefit period $1,568 for inpatient psychiatric services, per admission, per benefit period
Maximum Out-of-Pocket Responsibility *(does not include Part D prescription drugs)*	The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services. Your yearly limit(s) in this plan: • $0 for covered hospital and medical services you receive from in-network providers Please note that you will still need to pay your cost-sharing for your Part D prescription drugs.	The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for in-network covered hospital and medical services. Your yearly limit(s) in this plan: • $8,300 for covered hospital and medical services you receive from in-network providers If you reach the limit on out-of-pocket costs, hospital and medical services are still covered, and we pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premium and cost-sharing for your Part D prescription drugs.

Covered Medical and Hospital Benefits

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Inpatient Hospital Coverage	Our plan covers an unlimited number of days for an inpatient hospital stay. • $0 Copay for day, per stay: unlimited days Partial hospitalization: $0 copay Prior authorization is required.	Our plan covers an unlimited number of days for an inpatient hospital stay. • $0 Copay per day, per stay: days 1–60 (after $1,568 deductible is met) • $392 Copay per day, per stay: days 61–90 • $784 Copay per day, per stay: day 91 and beyond Partial hospitalization: $60 copay Prior authorization is required.
Outpatient Hospital Coverage	0% Coinsurance Prior authorization may be required.	20% Coinsurance Prior authorization may be required.
Ambulatory Surgical Center (ASC)	0% Coinsurance Prior authorization may be required.	20% Coinsurance Prior authorization may be required.
Doctor Visits *(primary care providers and specialists)*	Primary care physician (PCP) visit: 0% coinsurance Specialist visit: 0% coinsurance A referral is required for specialist visits. Certain Medicare-covered services provided by a physician may require a prior authorization.	Primary care physician (PCP) visit: 20% coinsurance Specialist visit: 20% coinsurance A referral is required for specialist visits. Certain Medicare-covered services provided by a physician may require a prior authorization.

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Preventive Care	You pay nothing. Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training and diabetic services • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B, COVID-19 and influenza) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Vision care • "Welcome to Medicare" preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.	
Emergency Care	$0 Copay See the "Inpatient Hospital Care" section of this booklet for other costs. We provide worldwide coverage.	$95 Copay If you are admitted to the same hospital within 24 hours for the same condition, you pay $0 for the emergency room visit. See the "Inpatient Hospital Care" section of this booklet for other costs. We provide worldwide coverage.

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Urgently Needed Services	$0 Copay within the United States $0 Copay outside of the United States We provide worldwide coverage.	$35 Copay within the United States $95 Copay outside of the United States We provide worldwide coverage.
Diagnostic Services/Labs/ Imaging *(Costs for these services may vary based on place of service)*	Lab services: 0% coinsurance Diagnostic procedures and tests: 0% coinsurance Diagnostic colonoscopies: 0% coinsurance Diagnostic radiology services (such as MRI, CT and PET scans): 0% coinsurance Diagnostic mammograms: 0% coinsurance Therapeutic radiology services (such as radiation treatment for cancer): 0% coinsurance X-rays: 0% coinsurance Prior authorization may be required.	Lab services: 20% coinsurance Diagnostic procedures and tests: 20% coinsurance Diagnostic colonoscopies: 20% coinsurance Diagnostic radiology services (such as MRI, CT and PET scans): 20% coinsurance Diagnostic mammograms: 20% coinsurance Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance X-rays: 20% coinsurance Prior authorization may be required.
Hearing Services	Medicare-covered exam to diagnose and treat hearing and balance issues: 0% coinsurance Routine hearing exam: $0 copay A referral is required for Medicare-covered hearing services. $2,000 Allowance for up to 2 hearing aids every calendar year (both ears combined) One fitting/evaluation for hearing aids every calendar year: $0 copay	Medicare-covered exam to diagnose and treat hearing and balance issues: 20% coinsurance Routine hearing exam: $0 copay A referral is required for Medicare-covered hearing services. $2,000 Allowance for up to 2 hearing aids every calendar year (both ears combined) One fitting/evaluation for hearing aids every calendar year: $0 copay

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Dental Services	Preventive dental services: $0 copay **Preventive services include:** • Periodic oral evaluation, extensive problem-focused oral exam or re-evaluation (2 every calendar year) • Comprehensive oral and periodontal exam (1 every 3 calendar years) • Limited oral evaluations (3 every calendar year) • Routine cleaning, scaling in presence of generalized moderate or severe gingival inflammation (2 every calendar year) • Fluoride treatment (2 every calendar year) • Horizontal bitewing X-ray(s) (up to 4, once every calendar year) • Intraoral complete series, vertical bitewings (7-8 images) or panoramic radiographic image (once every 3 calendar years) • Periodontal maintenance following active therapy (4 every calendar year) • Minor treatment for pain relief (emergency) Medicare-covered comprehensive dental services: 0% coinsurance A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization. **Comprehensive services include (but are not limited to):*** **Restorative services** (amalgam/resin fillings, inlays/onlays, protective restorations, crowns/post and core or crown buildup, crown repair when material failure and retrograde filling): 0% coinsurance **Endodontics** (root canal treatment, retreatment root canal therapy, apicoectomy and pulpotomy): 0% coinsurance **Periodontics** (periodontal surgery, scaling and root planning, full mouth debridement “deep cleaning”, clinical crown lengthening and gingivectomy): 0% coinsurance	Preventive dental services: $0 copay **Preventive services include:** • Periodic oral evaluation, extensive problem-focused oral exam or re-evaluation (2 every calendar year) • Comprehensive oral and periodontal exam (1 every 3 calendar years) • Limited oral evaluations (3 every calendar year) • Routine cleaning, scaling in presence of generalized moderate or severe gingival inflammation (2 every calendar year) • Fluoride treatment (2 every calendar year) • Horizontal bitewing X-ray(s) (up to 4, once every calendar year) • Intraoral complete series, vertical bitewings (7-8 images) or panoramic radiographic image (once every 3 calendar years) • Periodontal maintenance following active therapy (4 every calendar year) • Minor treatment for pain relief (emergency) Medicare-covered comprehensive dental services: 20% coinsurance A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization. **Comprehensive services include (but are not limited to):*** **Restorative services** (amalgam/resin fillings, inlays/onlays, protective restorations, crowns/post and core or crown buildup, crown repair when material failure and retrograde filling): 0% coinsurance **Endodontics** (root canal treatment, retreatment root canal therapy, apicoectomy and pulpotomy): 0% coinsurance **Periodontics** (periodontal surgery, scaling and root planning, full mouth debridement “deep cleaning”, clinical crown lengthening and gingivectomy): 0% coinsurance

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Dental Services *(continued)*	**Extractions** (simple extractions/surgical extractions, general anesthesia—when clinically necessary): 0% coinsurance **Major restoratives:** prosthodontics (dentures—complete, partial, or immediate and fixed bridges): 0% coinsurance **Other oral surgical procedures, including alveoloplasty and vestibuloplasty:** 0% coinsurance **Prosthetic maintenance** (bridge or denture repair, adjustment to dentures, tissue conditioning, repair, replacement or addition of teeth to existing partial or full dentures, rebase and reline dentures, recement bridges, crowns, onlays and inlays crowns): 0% coinsurance Yearly maximum benefit for preventive and comprehensive services: $3,000 *See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.	**Extractions** (simple extractions/surgical extractions, general anesthesia—when clinically necessary): 0% coinsurance **Major restoratives:** prosthodontics (dentures—complete, partial, or immediate and fixed bridges): 0% coinsurance **Other oral surgical procedures, including alveoloplasty and vestibuloplasty:** 0% coinsurance **Prosthetic maintenance** (bridge or denture repair, adjustment to dentures, tissue conditioning, repair, replacement or addition of teeth to existing partial or full dentures, rebase and reline dentures, recement bridges, crowns, onlays and inlays crowns): 0% coinsurance Yearly maximum benefit for preventive and comprehensive services: $3,000 *See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.
Vision Services	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: 0% coinsurance A referral is required for Medicare-covered eye exams. 1 Pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: $0 copay	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: 20% coinsurance A referral is required for Medicare-covered eye exams. 1 Pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: $0 copay

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Vision Services *(continued)*	1 Pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery. Our plan pays up to $400 for eyeglass frames or contact lenses after each cataract surgery: $0 copay 1 Routine eye exam every calendar year: $0 copay Refraction covered as part of exam 1 Pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every calendar year: $0 copay Our plan pays up to $400 for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) every calendar year: $0 copay Upgrades may be available at an additional cost.	1 Pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery. Our plan pays up to $400 for eyeglass frames or contact lenses after each cataract surgery: $0 copay 1 Routine eye exam every calendar year: $0 copay Refraction covered as part of exam 1 Pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every calendar year: $0 copay Our plan pays up to $400 for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) every calendar year: $0 copay Upgrades may be available at an additional cost.
Mental Health Services	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay: $0 copay Outpatient individual visit: 0% coinsurance Outpatient group visit: 0% coinsurance Prior authorization may be required.	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. • $0 Copay per day, per stay: days 1–60 (after $1,568 deductible is met) • $392 Copay per day, per stay: days 61–90 • $784 Copay per day, per stay: day 91 and beyond Outpatient individual visit: 20% coinsurance Outpatient group visit: 20% coinsurance Prior authorization may be required.
Skilled Nursing Facility (SNF)	The plan covers up to 100 days each benefit period. No prior hospital stay is required: $0 copay Prior authorization is required.	The plan covers up to 100 days each benefit period. No prior hospital stay is required: • $0 Copay per day, per stay: days 1–20 • $196 Copay per day, per stay: days 21–100 Prior authorization is required.

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Skilled Nursing Facility (SNF) *(continued)*		Admission to a new or different SNF facility within the same benefit period may start a new stay for copay administration purposes.
Physical Therapy	0% Coinsurance A referral is required.	20% Coinsurance A referral is required.
Ambulance	0% Coinsurance Prior authorization may be required for non-emergent transportation by ambulance.	20% Coinsurance This coinsurance applies to each one-way trip. Prior authorization may be required for non-emergent transportation by ambulance.
Transportation	$0 Copay Limited to 60 one-way trips to plan-approved health-related locations every year	
Medicare Part B Drugs	For Part B drugs, such as chemotherapy drugs: 0% coinsurance Other Part B drugs, including insulin administered via a durable medical equipment insulin pump: 0% coinsurance Prior authorization may be required.	For Part B drugs, such as chemotherapy drugs: 20% coinsurance Starting April 1, 2023, if a Part B prescription drug's price has increased at a rate faster than the rate of inflation, we'll reduce your coinsurance for that drug by a certain amount as directed by the Centers for Medicare & Medicaid Services (CMS). CMS will tell Essence Healthcare what your coinsurance should be for that drug. Your coinsurance will never exceed 20 percent but could be lower based on information we receive from CMS. Other Part B drugs, including insulin administered via a durable medical equipment insulin pump: 20% coinsurance For Part B insulin (insulin administered through a durable medical equipment pump), you won't pay more than $35 for a one-month supply beginning July 1, 2023. Prior authorization may be required.
	Amounts you pay for Part B drugs count toward your maximum out-of-pocket amount; they do not count toward your Part D initial coverage limit or your Part D true out-of-pocket cost of $7,400.	

Part D Prescription Drug Benefits

	With full Extra Help*			Without Extra Help		
Deductible	$0 Annual deductible for Part D drug coverage			$505 Annual deductible for Part D drug coverage		
	Important—You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers, even if you haven't paid your deductible.					
Initial Coverage	You pay the following until your total yearly drug costs reach $4,660. Total yearly drug costs are the total drug costs paid by both you and your Part D plan for eligible Part D prescription drugs. If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out of network. **Important—**You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers, with or without Extra Help. However, because eligible members of this plan receive Extra Help, your cost-sharing may be lower.					
	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Pharmacy Cost-Sharing* (retail and mail order)	$0–$10.35 Copay	$0–$10.35 Copay	$0–$10.35 Copay	25% Coinsurance		
Coverage Gap	Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you have paid) reaches $4,660. If you have Extra Help, you will not enter the coverage gap.			Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you have paid) reaches $4,660. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand-name drugs and 25% of the plan's cost for covered generic drugs until your out-of-pocket costs total $7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap. **Important—**You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach $7,400, you pay nothing for your prescription drugs			After your yearly out-of-pocket drug costs reach $7,400, you pay the greater of: • 5% Coinsurance or • $4.15 Copay for generic (including brand-name drugs treated as generic) or $10.35 copay for other drugs (one-month supply) **Important—**You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers.		

*As a beneficiary with QMB or QMB Plus status, you are considered full subsidy eligible and will receive Extra Help toward your Part D prescription drugs. The cost-share amounts in the Pharmacy Cost-Sharing section are for full subsidy eligible individuals. The amount you pay depends on the level of Extra Help you receive, which is based on your income and institutional status.

Cost-sharing may change depending on the pharmacy you choose.

Other Covered Benefits

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Acupuncture	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: 0% coinsurance	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: 20% coinsurance
Chiropractic Care	Manual manipulation of the spine to correct subluxation: 0% coinsurance A referral is required.	Manual manipulation of the spine to correct subluxation: 20% coinsurance A referral is required.
Diabetes Supplies and Services	Diabetes self-management training: $0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 0% coinsurance When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products. Diabetic therapeutic custom-molded shoes or inserts: 0% coinsurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). *See Evidence of Coverage for a complete listing.	Diabetes self-management training: $0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 20% coinsurance When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products. Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). *See Evidence of Coverage for a complete listing.
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*	0% Coinsurance Prior authorization may be required.	20% Coinsurance Prior authorization may be required.

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Flexible Benefits Card: Over-the-Counter (OTC) Items and Healthy Groceries	$530 Shared credit per quarter, supplied in the form of a debit card, provided by WEX, to use on health-related over-the-counter products. The credit can also be used on healthy groceries if members have any of the following conditions:** Chronic alcohol and other drug dependence Autoimmune disorders: • Polyarteritis nodosa • Polymyalgia rheumatica • Polymyositis • Rheumatoid arthritis • Systemic lupus erythematosus Cancer, excluding pre-cancer conditions or in-situ status Cardiovascular disorders: • Cardiac arrhythmias • Coronary artery disease • Peripheral vascular disease • Chronic venous thromboembolic disorder Chronic heart failure Dementia Diabetes mellitus End-stage liver disease End-stage renal disease (ESRD) requiring dialysis Severe hematologic disorders: • Aplastic anemia • Hemophilia • Immune thrombocytopenic purpura • Myelodysplastic syndrome • Sickle-cell disease (excluding sickle-cell trait) • Chronic venous thromboembolic disorder HIV/AIDS Chronic lung disorders: • Asthma • Chronic bronchitis • Emphysema • Pulmonary fibrosis • Pulmonary hypertension Chronic and disabling mental health conditions: • Bipolar disorders • Major depressive disorders • Paranoid disorder • Schizophrenia • Schizoaffective disorder Neurologic disorders: • Amyotrophic lateral sclerosis (ALS) • Epilepsy • Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia) • Huntington's disease • Multiple sclerosis • Parkinson's disease • Polyneuropathy • Spinal stenosis • Stroke-related neurologic deficit Stroke Healthy groceries are items covered by the Supplemental Nutrition Assistance Program (SNAP) and include items like fruits, vegetables, meat, poultry, fish and dairy products. There are no restrictions on how much of the allowance can be spent in each category. Any unused balance will not carry over from quarter to quarter and will expire at the end of the calendar year. For more information, please see the Evidence of Coverage.	

**The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB Plus	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Foot Care *(podiatry services)*	$0 Copay Routine foot care visits, 6 per calendar year: $0 copay A referral is required.	20% Coinsurance Routine foot care visits, 6 per calendar year: $0 copay A referral is required.
Home Healthcare	$0 Copay A referral may be required.	$0 Copay A referral may be required.
Hospice	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not Essence Healthcare.	
Outpatient Rehabilitation Services	Cardiac rehabilitation services: 0% coinsurance Occupational, speech and language therapy visits: 0% coinsurance A referral is required.	Cardiac rehabilitation services: 20% coinsurance Occupational, speech and language therapy visits: 20% coinsurance A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.
Outpatient Substance Abuse	Individual visit: 0% coinsurance Group visit: 0% coinsurance Prior authorization may be required.	Individual visit: 20% coinsurance Group visit: 20% coinsurance Prior authorization may be required.
Personal Emergency Response System	$0 Copay for one personal emergency response system device and monthly monitoring Provided by NationsResponse®	
Prosthetic Devices	Prosthetic devices: 0% coinsurance Related medical supplies: 0% coinsurance Prior authorization may be required.	Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance Prior authorization may be required.
Virtual/ Telehealth Visits	0% Coinsurance A referral or authorization may be required.	20% Coinsurance You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office. A referral or authorization may be required.
Wellness Programs	Health club membership/fitness classes through SilverSneakers®: $0 copay	

Medicaid Benefits

When you're eligible for both Medicare and Medicaid, your healthcare services are paid for first by Medicare and then by Medicaid. If Medicare doesn't cover a service or if a benefit is used up, Medicaid may cover the service. Below is a list of what MO HealthNet Division (Medicaid) covers.

Coverage depends on your Medicaid eligibility level. **Please refer to the benefit tables (blue columns) listed earlier in this document for your cost-share as an Essence Dual Advantage plan member who meets all enrollment criteria.**

The Medicaid information included in this section is current as of June 02, 2022. All Medicaid-covered services are subject to change at any time. For the most current Missouri Medicaid coverage information, or if you have questions about your Medicaid eligibility or Medicaid benefits, call MO HealthNet at 573-751-3425 or 1-855-373-4636 or visit dss.mo.gov/mhd.

Medicaid Coverage	
Ambulance (emergency only)	Covered
Ambulatory Surgical Center	Covered
Applied Behavior Analysis (ABA)	Limited Coverage
Certified Nurse Practitioner	Covered
Community Psych Rehab Services	Not Covered/Limited Coverage
Comprehensive Day Rehab	Not Covered/Limited Coverage
Comprehensive Substance Treatment and Rehab	Not Covered/Limited Coverage
Diabetes Self-Management	Limited Coverage
Dental	Not Covered/Limited Coverage
Durable Medical Equipment	Covered
Environmental Lead Assessment	Not Covered/Limited Coverage
Family Planning	Not Covered/Limited Coverage
Hearing Aid	Not Covered/Limited Coverage
Home Health	Limited Coverage
Hospice	Covered
Inpatient Hospital	Covered
Intermediate Care Facility–Intellectual Disabilities (ICF-ID)	Not Covered/Limited Coverage
Lab and Radiology	Covered
Licensed Clinical Social Worker (LCSW)	Limited Coverage
Licensed Professional Counselor (LPC)	Limited Coverage
Non-Emergency Medical Transportation	Not Covered/Limited Coverage
Nurse Midwife	Covered
Nursing Facility	Not Covered/Limited Coverage
Optical	Not Covered/Limited Coverage
Outpatient Hospital	Covered
Personal Care	Not Covered/Limited Coverage
Pharmacy	Limited Coverage
Physician-Certified Nurse Practitioner–FQHC/RHC	Covered
Podiatry	Covered
Private Duty Nursing	Not Covered/Limited Coverage
Psychologist	Limited Coverage
Therapies–Occupational, Physical and Speech	Limited Coverage
Transplants	Limited Coverage

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-855-939-0576 (TTY: 711).

Understanding the Benefits

- [ ] The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit EssenceHealthcare.com or call 1-855-939-0576 (TTY: 711) to view a copy of the EOC.
- [ ] Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- [ ] Review the Provider Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- [ ] Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- [ ] If your Medicaid eligibility changes and you're no longer recognized as a QMB or QMB Plus or you no longer qualify for Medicaid, you may continue to receive benefits through Essence for a period of six months after the change in eligibility, but you may be responsible for the Medicare cost-sharing portion, which includes copayments, coinsurance and deductibles. If you lose Extra Help or your level of Extra Help changes, your monthly premium and prescription drug costs will change.
- [ ] Benefits, premiums and/or copayments/coinsurance may change on January 1, 2024.
- [ ] Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).
- [ ] This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Essence Healthcare includes HMO, HMO-POS and PPO plans with Medicare contracts. Essence Healthcare also includes an HMO D-SNP plan with a contract with Medicare and the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal. All Essence plans include Part D drug coverage.

To enroll, you must have both Medicare Parts A and B and medical assistance from the Missouri Medicaid program with QMB and QMB Plus eligibility to enroll in an Essence Healthcare HMO D-SNP plan. You must also reside in the plan service area. You must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party). Enrollment in an Essence Healthcare plan may be limited to specific times of the year.

Members must use plan providers except in emergency or urgent care situations. If a member obtains care from an out-of-network provider without prior approval from Essence, neither Medicare nor Essence will be responsible for the costs.

Premiums, copays, coinsurance and deductibles may vary based on your Medicaid eligibility, the level of Medicaid benefits for which you are eligible and the amount of Extra Help you receive. This information is not a complete description of benefits. Restrictions and limitations apply. Please contact the plan for further details.

Toll-free: 1-855-939-0576 (TTY: 711)
8 a.m. to 8 p.m., seven days a week

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

ESSENCE HEALTHCARE™

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