



# Annual Notice of Change

MEDICARE ADVANTAGE | 2025

ESSENCE ADVANTAGE PLUS® (HMO)



Serving the Greater St. Louis area (Missouri and Illinois)

## Essence Advantage Plus (HMO) offered by Essence Healthcare, Inc.

### Annual Notice of Changes for 2025

You are currently enrolled as a member of Essence Advantage Plus. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [EverythingEssence.com](http://EverythingEssence.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### What to do now

##### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Essence Advantage Plus.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Essence Advantage Plus.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### Additional Resources

- Please contact our Customer Service number at 1-866-597-9560 for additional information. (TTY users should call 711.) Hours are 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. This call is free.
- This document may be available in other formats such as braille, large print, or other alternate formats.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [IRS.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Essence Advantage Plus

- Essence Healthcare is a HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.
  - When this document says "we," "us," or "our," it means Essence Healthcare, Inc. When it says "plan" or "our plan," it means Essence Advantage Plus.
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## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Essence Advantage Plus in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$53.80	\$58
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$1,900	\$2,900
<b>Doctor office visits</b>	Primary care visits: \$0 per visit  Specialist visits: \$30 per visit	Primary care visits: \$0 per visit  Specialist visits: \$30 per visit
<b>Inpatient hospital stays</b>	\$195 copay per day, per stay: Days 1-6  \$0 copay per day, per stay: Days 7 and beyond	\$195 copay per day, per stay: Days 1-5  \$0 copay per day, per stay: Days 6 and beyond

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copays/Coinsurance during the Initial Coverage Stage:</p> <p><b>Preferred Pharmacy 30-day Supply</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: \$0 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: \$34 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$65 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 6: \$0 copay</li> </ul>	<p>Deductible: \$0</p> <p>Copays/Coinsurance during the Initial Coverage Stage:</p> <p><b>Preferred Pharmacy 30-day Supply</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: \$3 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: \$42 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$95 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 6: \$0 copay</li> </ul>

Cost	2024 (this year)	2025 (next year)
<p><b>Part D prescription drug coverage (continued)</b></p>	<p><b>Standard Cost Share Pharmacy 30-day Supply</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$4 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: \$12 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: \$42 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$80 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 6: \$0 copay</li> </ul>	<p><b>Standard Cost Share Pharmacy 30-day Supply</b></p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$4 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 2: \$12 copay, including a month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 3: \$47 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 4: \$100 copay You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 5: 33% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.</li> <li>• Drug Tier 6: \$0 copay</li> </ul>

Cost	2024 (this year)	2025 (next year)
<b>Part D prescription drug coverage (continued)</b>	Catastrophic Coverage: <ul style="list-style-type: none"> <li>During this payment stage, the plan pays the full cost for your covered Part D drugs <b>and for excluded drugs that are covered under our enhanced benefit.</b> You pay nothing.</li> </ul>	Catastrophic Coverage: <ul style="list-style-type: none"> <li>During this payment stage, you pay nothing for your covered Part D drugs.</li> <li>You may have cost-sharing for drugs that are covered under our enhanced benefit.</li> </ul>

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$53.80	\$58

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

## Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>	\$1,900	\$2,900
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$2,900 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at [EverythingEssence.com](https://www.everythingessence.com). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider/Pharmacy Directory*** (located on our website at [EverythingEssence.com](https://www.everythingessence.com)) **to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 *Provider/Pharmacy Directory*** (located on our website at [EverythingEssence.com](https://www.everythingessence.com)) **to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Ambulance services</b>	<p>You pay a \$150 copay for Medicare-covered ground ambulance benefits.</p> <p>You pay a \$150 copay for Medicare-covered air ambulance benefits.</p>	<p>You pay a \$160 copay for Medicare-covered ground ambulance benefits.</p> <p>You pay a \$160 copay for Medicare-covered air ambulance benefits.</p>
<b>Chiropractic services</b>	You pay a \$15 copay for each Medicare-covered chiropractic visit.	You pay a \$20 copay for each Medicare-covered chiropractic visit.
<b>Diabetes self-management training, diabetic services, and supplies</b>	When blood glucose monitors and test strips are obtained at pharmacies, coverage is limited to Bayer/Ascensia products.	When blood glucose monitors and test strips are obtained at pharmacies, coverage is limited to <u>LifeScan</u> and <u>Abbott</u> products.

Cost	2024 (this year)	2025 (next year)
<p><b>Flexible Benefit Card</b></p>	<p>There is a quarterly credit of \$100 via the Flexible Benefit Card that may be used for non-Medicare-covered (routine) services across the categories of dental, hearing, over-the-counter items, and vision.</p> <p>Credit accrues quarterly and unused balance carries over quarter to quarter. Unused balance will not carry over year to year and expires at the end of the calendar year.</p>	<p>There is an annual credit of \$240 via the Flexible Benefit Card that may be used for non-Medicare-covered (routine) services across the categories of dental, hearing, and vision.</p> <p>Credit is loaded in full at the beginning of the year. Unused balance will not carry over year to year and expires at the end of the calendar year.</p> <p>Please refer to Chapter 4, Section 2.2 in your 2025 Evidence of Coverage for specific details on the Flexible Benefit Card.</p>
<p><b>Help with Certain Chronic Conditions/Special Supplemental Benefits for the Chronically Ill</b></p> <p>For people with diabetes.</p>	<p>You pay a \$0 copay for diabetic eye exam performed by a specialist, such as an ophthalmologist or optometrist.</p> <p>Additional \$50 per quarter via the Flexible Benefit Card for over the-counter items for diabetic members.</p>	<p>You pay a \$0 copay for diabetic eye exam performed by a specialist, such as an ophthalmologist or optometrist.</p> <p>No additional Flexible Benefit Card credit for over the-counter items for diabetic members.</p>
<p><b>Inpatient hospital care</b></p>	<p>You pay a \$195 copay per day, per stay: Days 1-6.</p> <p>You pay a \$0 copay per day, per stay Days 7 and beyond.</p>	<p>You pay a \$195 copay per day, per stay: Days 1-5.</p> <p>You pay a \$0 copay per day, per stay Days 6 and beyond.</p>
<p><b>Outpatient hospital observation</b></p>	<p>You pay a \$150 copay per stay for Medicare-covered outpatient hospital observation services.</p>	<p>You pay a \$175 copay per stay for Medicare-covered outpatient hospital observation services.</p>

Cost	2024 (this year)	2025 (next year)
<b>Outpatient hospital services</b>	You pay a \$150 copay per stay for Medicare-covered outpatient hospital services.	You pay a \$175 copay per stay for Medicare-covered outpatient hospital services.
<b>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</b>	<p>You pay a \$150 copay for each Medicare-covered surgery at an outpatient hospital facility.</p> <p>You pay a \$100 copay for each Medicare-covered surgery at an ambulatory surgical center.</p>	<p>You pay a \$175 copay for each Medicare-covered surgery at an outpatient hospital facility.</p> <p>You pay a \$125 copay for each Medicare-covered surgery at an ambulatory surgical center.</p>
<b>Over-the-counter items</b>	<p>There is a quarterly credit of \$100 via the Flexible Benefit Card that may be used across the categories of dental, hearing, over-the-counter items, and vision.</p> <p>Unused balance <u>will</u> carry over quarter-to-quarter and expires at the end of the year.</p>	<p>There is a quarterly credit of \$40 via the Flexible Benefit Card that may be used for over-the-counter only.</p> <p>The quarterly OTC credit is <u>separate</u> from the Flexible Benefit Card combined credit.</p> <p>Unused balance will <u>not</u> carry over quarter-to-quarter and expires at the end of the year.</p>
<b>Transportation – non-emergent</b>	You pay a \$0 copay for Transportation non-emergent services. Limited to 24 one-way trips.	Transportation non-emergent services are <u>not</u> covered.
<b>Urgently needed services</b>	You pay a \$25 copay for Medicare-covered urgently needed care within the U.S.	You pay a \$30 copay for Medicare-covered urgently needed care within the U.S.

Cost	2024 (this year)	2025 (next year)
<b>Vision care</b>	<p><b><u>Medicare-covered:</u></b> The plan covers up to \$200 for 1 pair of Medicare-covered eyeglasses or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery.</p> <p>Provided by EyeQuest.</p> <p><b><u>Routine vision care:</u></b> All routine vision care services are provided by an EyeQuest vision care provider.</p> <p>For upgrades to eyeglass lenses and contact lenses: You pay a \$15 copay for UV treatment, tint, or standard plastic scratch coating.</p> <p>You pay a \$65 copay for standard progressive lenses and standard anti-reflective coating.</p> <p>You pay an 80% coinsurance for premium progressive lenses and other coatings, oversized lenses, prism and other lens options.</p> <p>You pay a 90% coinsurance for contact lenses premium fit and follow-up.</p>	<p><b><u>Medicare-covered:</u></b> The plan covers the cost of 1 pair of Medicare-covered eyeglasses or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery.</p> <p>Provided by EyeMed.</p> <p><b><u>Routine vision care:</u></b> All routine vision care services are provided by an EyeMed vision care provider.</p> <p>Upgrades to eyeglass lenses and contact lenses covered only via the Flexible Benefit Card.</p>

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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<b>Changes to Our Drug List</b>
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Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Customer Service for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: [FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Customer Service or ask your healthcare provider, prescriber, or pharmacist for more information.

**Changes to Prescription Drug Benefits and Costs**

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by October 15, 2024, please call Customer Service and ask for the LIS Rider.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**Changes to the Deductible Stage**

Stage	2024 (this year)	2025 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply:</p> <p><b>Preferred Generic:</b></p> <p><i>Standard cost sharing:</i> You pay \$4 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><b>Generic:</b></p> <p><i>Standard cost sharing:</i> You pay \$12 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><b>Preferred Brand:</b></p> <p><i>Standard cost sharing:</i> You pay \$42 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Your cost for a one-month supply:</p> <p><b>Preferred Generic:</b></p> <p><i>Standard cost sharing:</i> You pay \$4 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><b>Generic:</b></p> <p><i>Standard cost sharing:</i> You pay \$12 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$3 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><b>Preferred Brand:</b></p> <p><i>Standard cost sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2024 (this year)	2025 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>	<p><i>Preferred cost sharing:</i> You pay \$34 per prescription, including a month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Brand:</b> <i>Standard cost sharing:</i> You pay \$80 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred cost sharing:</i> You pay \$65 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Specialty Tier:</b> <i>Standard cost sharing:</i> You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 33% of the total cost. <i>Preferred cost-sharing</i> You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p><i>Preferred cost sharing:</i> You pay \$42 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Non-Preferred Drug:</b> <i>Standard cost sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred cost sharing:</i> You pay \$95 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Specialty Tier:</b> <i>Standard cost sharing:</i> You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 33% of the total cost. <i>Preferred cost-sharing</i> You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2024 (this year)	2025 (next year)
<b>Stage 2: Initial Coverage Stage (continued)</b>	<p><b>Insulins:</b></p> <p><i>Standard cost sharing:</i> You pay \$0 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p><b>Select Care Drugs:</b></p> <p><i>Standard cost sharing:</i> You pay \$0 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <hr/> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.**

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

In plan year 2025, there will be a Medicare Prescription Payment Plan and a change in our Pharmacy Benefit Manager, including a change to the Pharmacy mail-order vendor. The table below describes those changes. Please contact Customer Service for more information.

Description	2024 (this year)	2025 (next year)
<p><b>Medicare Prescription Payment Plan</b></p>	<p>Not applicable</p>	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</p> <p>To learn more about this payment option, please contact us at 1-866-845-1803 (TTY: 1-800-716-3231) or visit <a href="https://www.Medicare.gov">Medicare.gov</a>.</p>
<p><b>Pharmacy Benefit Manager / Mail-Order Vendor</b></p>	<p>Pharmacy Benefit Manager: MedImpact</p> <p>Mail-Order Vendor: Birdi, Inc.</p>	<p>Pharmacy Benefit Manager: Express Scripts</p> <p>Mail-Order Vendor: Express Scripts</p> <p>Please refer to your 2025 EOC for additional details.</p>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Essence Advantage Plus

**To stay in our plan, you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Essence Advantage Plus.

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## Section 3.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Essence Healthcare, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Essence Advantage Plus.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Essence Advantage Plus.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll Contact Customer Service if you need more information on how to do so.
  - – *OR* – Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## **SECTION 5 Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Missouri, the SHIP is called Missouri State Health Insurance Assistance Program (MO SHIP). In Illinois, the SHIP is called Senior Health Insurance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. MO SHIP of Missouri and Senior Health Insurance Program of Illinois counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans.

In Missouri, you can call MO SHIP at 1-800-390-3330 (TTY: 711). You can learn more about MO SHIP by visiting their website [Missouriship.org](http://Missouriship.org).

In Illinois, you can call Senior Health Insurance Program at 1-800-252-8966 (TTY: 711). You can learn more about Senior Health Insurance Program by visiting their website [ILaging.Illinois.gov](http://ILaging.Illinois.gov).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could help pay for your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Missouri has a program called Missouri Rx (MORx) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Missouri AIDS Drug Assistance Program or Illinois Medication Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call MO ADAP at 573-751-6439 or IL ADAP at 1-800-825-3518. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

In Missouri – HIV/AIDS Case Management Program  
Bureau of HIV, STD and Hepatitis  
Missouri Department of Health and Senior Services  
P.O. Box 570  
Jefferson City, MO 65102  
Phone: 573-751-6439 TTY: (711)  
Fax: 573-751-6447  
Website: [Health.MO.gov/living/healthcondiseases/communicable/stds/index.php](http://Health.MO.gov/living/healthcondiseases/communicable/stds/index.php)

In Illinois – Illinois Medication Assistance Program  
525 W. Jefferson St. 1<sup>st</sup> Floor  
Springfield, IL 62761  
Phone: 1-800-825-3518 TTY: 1-800-547-0466  
Fax: 217-785-8013  
Website: [ADAP.directory/Illinois](https://ADAP.directory/Illinois)

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-866-845-1803 (TTY: 1-800-716-3231) or visit [Medicare.gov](https://www.Medicare.gov).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Essence Advantage Plus

Questions? We're here to help. Please call Customer Service at 1-866-597-9560. (TTY only, call 711). We are available for phone calls seven days a week from 8 a.m. to 8 p.m. 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. Calls to this number are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Essence Advantage Plus. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [EverythingEssence.com](https://EverythingEssence.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [EverythingEssence.com](https://EverythingEssence.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

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## Section 7.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([Medicare.gov](https://www.Medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website ([Medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.Medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## Notice Of Availability of Language Assistance Services

**English - ATTENTION:** If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-597-9560 (TTY: 711) or speak to your provider.

**Español (Spanish) - ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-597-9560 (TTY: 711) o hable con su proveedor.

**中文 (Simplified Chinese) - 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-597-9560（文本电话：711）或咨询您的服务提供者。**

**中文 (Traditional Chinese) - 注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-866-597-9560（TTY：711）或與您的提供者討論。**

**العربية (Arabic) - تنبيه:** إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-866-597-9560 (711) أو تحدث إلى مقدم الخدمة".

**Polski (Polish) - UWAGA:** Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-597-9560 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

**ထာနုလီဖဲအံ (Karen) - ဆူ- နမုာ်ကတိၤ ထာနုလီဖဲအံၤ အသိ, တၢ်အိၣ်ဒီး ကျိာ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢာ် ဘျုးလၢာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟူပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြးအဘၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အီၤသ့တဖၣ် လၢတလၢာ်ဘျုးလၢာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-866-597-9560 (TTY: 711) မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပုၤလၢဟ့ၣ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.**

**မြန်မာ (Burmese) - သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-866-597-9560 (TTY: 711) သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ။**

**Việt (Vietnamese) - LƯU Ý:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-597-9560 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

**יידיש (Yiddish) - נאטיץ:** אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַיִס און באַדינונגס פֿאַר פּראָוויידינג אינפֿאַרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-866-597-9560 (TTY: 711) אָדער רעדן מיט דיין טרעגער.

**Nederlands (Dutch) - LET OP:** als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-866-597-9560 (TTY: 711) of spreek met je provider.

**Français (French) - ATTENTION :** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-597-9560 (TTY : 711) ou parlez à votre fournisseur.

**Tagalog - Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika.** Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-597-9560 (TTY: 711) o makipag-usap sa iyong provider.

**한국어 (Korean) - 주의:** [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-597-9560 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

**РУССКИЙ (Russian) - ВНИМАНИЕ:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-597-9560 (TTY: 711) или обратитесь к своему поставщику услуг.

**українська мова (Ukrainian) - УВАГА:** Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-866-597-9560 (TTY: 711) або зверніться до свого постачальника.

**Deutsch (German) - ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-866-597-9560 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

**नेपाली (Nepali) - सावधान:** यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-866-597-9560 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

**Bosanski (Bosnian) - PAŽNJA:** Ako govorite bosanski, dostupne su vam besplatne jezičke usluge. Odgovarajuća pomagala i usluge za pružanje informacija u pristupačnim formatima takođe se pružaju besplatno. Pozovite 1-866-597-9560 (TTY: 711) ili kontaktirajte svog pružatelja usluga.

Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.

Essence Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Toll-free: 1-866-597-9560 (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.



**P.O. Box 5907**  
**Troy, MI 48007**  
**EverythingEssence.com**