



# Summary of Benefits

MEDICARE ADVANTAGE | 2022

ESSENCE DUAL ADVANTAGE (HMO D-SNP)



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

# Summary of Benefits

## January 1, 2022 – December 31, 2022

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 [www.EssenceHealthcare.com](http://www.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 [www.Medicare.gov](http://www.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 [www.Medicare.gov](http://www.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 1-877-709-9168 (TTY: 711) to speak with a sales 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 1-877-709-9168 (TTY: 711) to speak with a sales representative.
- Our website: [www.EssenceHealthcare.com](http://www.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 co-insurance 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+):** You're eligible for full Medicaid benefits, and Medicaid helps pay all copays and co-insurance 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 our website: [www.EssenceHealthcare.com](http://www.EssenceHealthcare.com). Or, call us and we will send you a copy of the Provider Directory.

## 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 our website: [www.EssenceHealthcare.com](http://www.EssenceHealthcare.com). Or, call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

Our plan groups each medication into one of six tiers. You will need to use your formulary to locate what tier your drug is on to determine its cost. The amount you pay depends on the drug's tier, 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+ 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+ eligibility, you may be able to remain 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 gray 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+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Monthly Plan Premium</b>	\$0 per month (with full Extra Help)	\$33.40 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.	
<b>Deductibles</b>	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: \$1,484 for inpatient hospital services, per admission, per benefit period \$1,484 for inpatient psychiatric services, per admission, per benefit period
<b>Maximum Out-of-Pocket Responsibility</b> (does not include 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: • \$7,550 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+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Inpatient Hospital Coverage</b>	Our plan covers an unlimited number of days for an inpatient hospital stay. • \$0 copay for day, per stay: unlimited days  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 \$1,484 deductible is met) • \$371 copay per day, per stay: days 61-90 • \$742 copay per day, per stay: day 91 and beyond  Prior authorization is required.

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Outpatient Hospital Coverage</b>	Ambulatory surgical center: 0% co-insurance Outpatient hospital: 0% co-insurance Prior authorization may be required.	Ambulatory surgical center: 20% co-insurance Outpatient hospital: 20% co-insurance Prior authorization may be required.
<b>Doctor Visits</b> <i>(primary care providers and specialists)</i>	Primary care physician (PCP) visit: 0% co-insurance Specialist visit: 0% co-insurance A referral is required for specialist visits.	Primary care physician (PCP) visit: 20% co-insurance Specialist visit: 20% co-insurance A referral is required for specialist visits.
<b>Preventive Care</b>	<p>You pay nothing.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training and diabetic services</li> <li>• Health and wellness education programs</li> <li>• HIV screening</li> <li>• Immunizations (pneumonia, hepatitis B, COVID-19 and influenza)</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low-dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• Vision care</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Emergency Care</b>	\$0 copay  See the “Inpatient Hospital Care” section of this booklet for other costs. We provide worldwide coverage.	\$90 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.
<b>Urgently Needed Services</b>	\$0 copay within the United States \$0 copay outside of the United States We provide worldwide coverage.	\$35 copay within the United States \$90 copay outside of the United States We provide worldwide coverage.
<b>Diagnostic Services/Labs/Imaging</b> <i>(Costs for these services may vary based on place of service.)</i>	Lab services: 0% co-insurance Diagnostic procedures and tests: 0% co-insurance Diagnostic colonoscopies: 0% co-insurance Diagnostic radiology services (such as MRI, CT and PET scans): 0% co-insurance Diagnostic mammograms: 0% co-insurance Therapeutic radiology services (such as radiation treatment for cancer): 0% co-insurance X-rays: 0% co-insurance Prior authorization may be required.	Lab services: 20% co-insurance Diagnostic procedures and tests: 20% co-insurance Diagnostic colonoscopies: 20% co-insurance Diagnostic radiology services (such as MRI, CT and PET scans): 20% co-insurance Diagnostic mammograms: 20% co-insurance Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance X-rays: 20% co-insurance Prior authorization may be required.
<b>Hearing Services</b>	Medicare-covered exam to diagnose and treat hearing and balance issues: 0% co-insurance 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% co-insurance 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
<b>Dental Services</b>	Preventive dental services: \$0 copay	Preventive dental services: \$0 copay

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Dental Services</b> <i>(continued)</i>	<p><u>Preventive services include:</u></p> <ul style="list-style-type: none"> <li>• Periodic oral evaluation (2 every calendar year)</li> <li>• Comprehensive oral and periodontal exam (1 every 3 calendar years)</li> <li>• Extensive problem-focused oral exam or re-evaluation (2 every calendar year)</li> <li>• Limited oral evaluations (3 every calendar year)</li> <li>• Routine cleaning (2 every calendar year)</li> <li>• Fluoride treatment (2 every calendar year)</li> <li>• Horizontal bitewing X-ray(s) (up to 4, once every calendar year)</li> <li>• Intraoral complete series, vertical bitewings (up to 8 images, once every 3 calendar years)</li> <li>• Panoramic radiographic image (1 every 3 calendar years)</li> <li>• Scaling in presence of generalized moderate or severe gingival inflammation (2 every calendar year)</li> <li>• Periodontal maintenance following active therapy (4 every calendar year)</li> <li>• Minor treatment for pain relief (emergency)</li> </ul> <p>Medicare-covered comprehensive dental services: 0% co-insurance</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.</p> <p><u>Comprehensive services include (but are not limited to):*</u></p> <p>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% co-insurance</p>	<p><u>Preventive services include:</u></p> <ul style="list-style-type: none"> <li>• Periodic oral evaluation (2 every calendar year)</li> <li>• Comprehensive oral and periodontal exam (1 every 3 calendar years)</li> <li>• Extensive problem-focused oral exam or re-evaluation (2 every calendar year)</li> <li>• Limited oral evaluations (3 every calendar year)</li> <li>• Routine cleaning (2 every calendar year)</li> <li>• Fluoride treatment (2 every calendar year)</li> <li>• Horizontal bitewing X-ray(s) (up to 4, once every calendar year)</li> <li>• Intraoral complete series, vertical bitewings (up to 8 images, once every 3 calendar years)</li> <li>• Panoramic radiographic image (1 every 3 calendar years)</li> <li>• Scaling in presence of generalized moderate or severe gingival inflammation (2 every calendar year)</li> <li>• Periodontal maintenance following active therapy (4 every calendar year)</li> <li>• Minor treatment for pain relief (emergency)</li> </ul> <p>Medicare-covered comprehensive dental services: 20% co-insurance</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.</p> <p><u>Comprehensive services include (but are not limited to):*</u></p> <p>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% co-insurance</p>

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Dental Services</b> <i>(continued)</i>	<p>Endodontics (root canal treatment, retreatment root canal therapy, apicoectomy and pulpotomy): 0% co-insurance</p> <p>Periodontics (periodontal surgery, scaling and root planning, full mouth debridement, clinical crown lengthening and gingivectomy): 0% co-insurance</p> <p>Extractions (simple extractions/surgical extractions, general anesthesia—when clinically necessary): 0% co-insurance</p> <p>Major restoratives - prosthodontics (dentures—complete, partial, or immediate and fixed bridges): 0% co-insurance</p> <p>Other oral surgical procedures, including alveoplasty and vestibuloplasty: 0% co-insurance</p> <p>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% co-insurance</p> <p>Yearly maximum benefit for preventive and comprehensive services: \$3,000</p> <p>*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.</p>	<p>Endodontics (root canal treatment, retreatment root canal therapy, apicoectomy and pulpotomy): 0% co-insurance</p> <p>Periodontics (periodontal surgery, scaling and root planning, full mouth debridement, clinical crown lengthening and gingivectomy): 0% co-insurance</p> <p>Extractions (simple extractions/surgical extractions, general anesthesia—when clinically necessary): 0% co-insurance</p> <p>Major restoratives - prosthodontics (dentures—complete, partial, or immediate and fixed bridges): 0% co-insurance</p> <p>Other oral surgical procedures, including alveoplasty and vestibuloplasty: 0% co-insurance</p> <p>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% co-insurance</p> <p>Yearly maximum benefit for preventive and comprehensive services: \$3,000</p> <p>*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply</p>
<b>Vision Services</b>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: 0% co-insurance</p> <p>A referral is required for Medicare-covered eye exams.</p> <p>1 pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay</p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: 20% co-insurance</p> <p>A referral is required for Medicare-covered eye exams.</p> <p>1 pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay</p>



	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Vision Services</b> <i>(continued)</i>	<p>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</p> <p>1 routine eye exam every calendar year: \$0 copay</p> <p>Refraction covered as part of exam</p> <p>1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every calendar year: \$0 copay</p> <p>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</p> <p>Upgrades may be available at an additional cost.</p>	<p>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</p> <p>1 routine eye exam every calendar year: \$0 copay</p> <p>Refraction covered as part of exam</p> <p>1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every calendar year: \$0 copay</p> <p>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</p> <p>Upgrades may be available at an additional cost.</p>
<b>Mental Health Services</b>	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: days 1–8</li> <li>• \$0 copay per day, per stay: day 9 and beyond</li> </ul> <p>Outpatient individual visit: 0% co-insurance</p> <p>Outpatient group visit: 0% co-insurance</p> <p>Prior authorization may be required.</p>	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: days 1–60 (after \$1,484 deductible is met)</li> <li>• \$371 copay per day, per stay: days 61-90</li> <li>• \$742 copay per day, per stay: day 91 and beyond</li> </ul> <p>Outpatient individual visit: 20% co-insurance</p> <p>Outpatient group visit: 20% co-insurance</p> <p>Prior authorization may be required.</p>
<b>Skilled Nursing Facility (SNF)</b>	<p>The plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: days 1–20</li> <li>• \$0 copay per day, per stay: days 21–100</li> </ul> <p>Prior authorization is required.</p>	<p>The plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: days 1–20</li> <li>• \$185.50 copay per day, per stay: days 21–100</li> </ul> <p>Prior authorization is required.</p>

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Skilled Nursing Facility (SNF)</b> <i>(continued)</i>	Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.	Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.
<b>Physical Therapy</b>	0% co-insurance A referral is required.	20% co-insurance A referral is required.
<b>Ambulance</b>	0% co-insurance  Prior authorization is required for non-emergent transportation by ambulance.	20% co-insurance  This co-insurance applies to each one-way trip.  Prior authorization is required for non-emergent transportation by ambulance.
<b>Transportation</b>	<p>\$0 copay</p> <p>Limited to 60 one-way trips to plan-approved locations every year.</p> <p>Approved locations and trip reasons:</p> <ul style="list-style-type: none"> <li>• Adult Day Care</li> <li>• Alcohol Abuse Evaluation to Enter Treatment</li> <li>• Alcohol Rehabilitation</li> <li>• Behavioral Health</li> <li>• Cardiac Rehabilitation</li> <li>• Chemotherapy</li> <li>• Chiropractor</li> <li>• Community Psych Rehab</li> <li>• Counselor, Psychologist, Social Worker</li> <li>• Day Treatment Program</li> <li>• Dental Services</li> <li>• Diabetic Supplies and Education</li> <li>• Dialysis</li> <li>• Drug Abuse Evaluation to Enter Treatment</li> <li>• Drug Rehabilitation</li> <li>• Education/Outreach Programs</li> <li>• Emergency Room—From</li> <li>• Extended Pediatric Center</li> <li>• Fitness Center</li> <li>• Hospital—Discharge</li> <li>• Hospital—Inpatient Services/Admission</li> <li>• Hospital—Outpatient Services</li> <li>• Immunizations</li> <li>• Laboratory Services</li> <li>• Lamaze Classes (or Similar Birthing Class)</li> <li>• Lead Screening/Testing</li> <li>• Mammogram</li> <li>• Nutritional</li> <li>• OB/GYN Services</li> <li>• Occupational Therapy</li> <li>• Ophthalmologist</li> <li>• Optical</li> <li>• Orthotic Shoes</li> <li>• Pain Management</li> <li>• Pharmacy</li> <li>• Physical Exam</li> <li>• Physical Therapy</li> <li>• Podiatry</li> <li>• Prenatal Services</li> <li>• Primary Care Physician</li> <li>• Prosthetic</li> <li>• Psychiatrist</li> <li>• Radiation Treatments</li> <li>• Radiology Services (i.e. X-rays)</li> <li>• Smoking Cessation</li> <li>• Specialist</li> <li>• Speech Therapy</li> <li>• Transplant Services</li> <li>• Transportation from an Urgent Care Facility</li> <li>• Transportation to an Urgent Care Facility</li> <li>• Vision/Hearing Screenings</li> </ul>	

## Prescription Drug Benefits

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Medicare Part B Drugs</b>	For Part B drugs, such as chemotherapy drugs: 0% co-insurance Other Part B drugs: 0% co-insurance Prior authorization may be required.	For Part B drugs, such as chemotherapy drugs: 20% co-insurance Other Part B drugs: 20% co-insurance Prior authorization may be required.
	Amounts you pay for Part B drugs count toward your MOOP; they do not count toward your Part D initial coverage limit or your Part D true out-of-pocket cost of \$7,050.	
<b>Deductible</b>	\$0 annual deductible for Part D drug coverage (with full Extra Help)	\$480 annual deductible for Part D drug coverage (without Extra Help)
	Your Part D deductible is determined by your Extra Help eligibility and not your Medicaid status.	
<b>Initial Coverage</b>	You pay the following until your total yearly drug costs reach \$4,430. 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.	

Preferred Retail Cost Sharing	With full Extra Help*			Without Extra Help		
	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
<b>Tier 1</b> (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2</b> (Generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 3</b> (Preferred Brand)	\$0-\$9.85 copay	\$0-\$9.85 copay	\$0-\$9.85 copay	\$42 copay	\$84 copay	\$126 copay
<b>Tier 4</b> (Non-Preferred Brand)	\$0-\$9.85 copay	\$0-\$9.85 copay	\$0-\$9.85 copay	\$95 copay	\$190 copay	\$285 copay
<b>Tier 5</b> (Specialty Drug)	\$0-\$9.85 copay	Not Offered	Not Offered	25% co-insurance	Not Offered	Not Offered
<b>Tier 6</b> (Insulins)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

\*As a beneficiary with QMB or QMB+ status, you are considered full subsidy eligible and will receive Extra Help toward your Part D prescription drugs. The amount you pay will depend on the level of Extra Help you receive. In certain situations, Essence drug tiers may differ from what the Centers for Medicare and Medicaid Services (CMS) considers a generic or brand drug. If your Tier 1-2 drug isn't considered generic by CMS definition or if your Tier 3-6 drug isn't considered brand, you could pay as little as \$0 or as much as \$9.85 for your 30-day supply (with full Extra Help) depending on what your drug is classified as.

Standard Retail Cost Sharing	With full Extra Help*			Without Extra Help		
	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
<b>Tier 1</b> (Preferred Generic)	\$0-\$3.95 copay	\$0-\$3.95 copay	\$0-\$3.95 copay	\$5 copay	\$10 copay	\$15 copay
<b>Tier 2</b> (Generic)	\$0-\$3.95 copay	\$0-\$3.95 copay	\$0-\$3.95 copay	\$10 copay	\$20 copay	\$30 copay
<b>Tier 3</b> (Preferred Brand)	\$0-\$9.85 copay	\$0-\$9.85 copay	\$0-\$9.85 copay	\$47 copay	\$94 copay	\$141 copay
<b>Tier 4</b> (Non-Preferred Brand)	\$0-\$9.85 copay	\$0-\$9.85 copay	\$0-\$9.85 copay	\$100 copay	\$200 copay	\$300 copay
<b>Tier 5</b> (Specialty Drug)	\$0-\$9.85 copay	Not Offered	Not Offered	25% co-insurance	Not Offered	Not Offered
<b>Tier 6</b> (Insulins)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Standard Mail Order Cost Sharing	With full Extra Help*			Without Extra Help		
	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
<b>Tier 1</b> (Preferred Generic)	Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay
<b>Tier 2</b> (Generic)	Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay
<b>Tier 3</b> (Preferred Brand)	Not Offered	Not Offered	\$0-\$9.85 copay	Not Offered	Not Offered	\$105 copay
<b>Tier 4</b> (Non-Preferred Brand)	Not Offered	Not Offered	\$0-\$9.85 copay	Not Offered	Not Offered	\$237.50 copay
<b>Tier 5</b> (Specialty Drug)	\$0-\$9.85 copay	Not Offered	Not Offered	25% co-insurance	Not Offered	Not Offered
<b>Tier 6</b> (Insulins)	Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay

\*As a beneficiary with QMB or QMB+ status, you are considered full subsidy eligible and will receive Extra Help toward your Part D prescription drugs. The amount you pay will depend on the level of Extra Help you receive. In certain situations, Essence drug tiers may differ from what the Centers for Medicare and Medicaid Services (CMS) considers a generic or brand drug. If your Tier 1-2 drug isn't considered generic by CMS definition or if your Tier 3-6 drug isn't considered brand, you could pay as little as \$0 or as much as \$9.85 for your 30-day supply (with full Extra Help) depending on what your drug is classified as.

	With full Extra Help	Without Extra Help
<b>Coverage Gap</b>	<p>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 \$4,430.</p> <p>If you have Extra Help, you will not enter the coverage gap.</p>	<p>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 \$4,430.</p> <p>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 \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs reach \$7,050, you pay nothing for your prescription drugs.</p>	<p>After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% co-insurance or</li> <li>• \$3.95 copay for generic (including brand-name drugs treated as generic) and \$9.85 copay for other drugs (one month supply)</li> </ul>

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

### Other Covered Benefits

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Chiropractic Care</b>	<p>Manual manipulation of the spine to correct subluxation: 0% co-insurance A referral is required.</p>	<p>Manual manipulation of the spine to correct subluxation: 20% co-insurance A referral is required.</p>

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Diabetes Supplies and Services</b>	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 0% co-insurance</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 0% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p>	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 20% co-insurance</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p>
<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)</b>	<p>0% co-insurance</p> <p>Prior authorization may be required.</p>	<p>20% co-insurance</p> <p>Prior authorization may be required.</p>
<b>Foot Care (podiatry services)</b>	<p>\$0 copay</p> <p>A referral is required.</p>	<p>20% co-insurance</p> <p>A referral is required.</p>
<b>Home Healthcare</b>	<p>\$0 copay</p> <p>A referral is required.</p>	<p>\$0 copay</p> <p>A referral is required.</p>
<b>Hospice</b>	<p>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.</p>	
<b>Outpatient Substance Abuse</b>	<p>Individual visit: 0% co-insurance</p> <p>Group visit: 0% co-insurance</p> <p>Prior authorization is required.</p>	<p>Individual visit: 20% co-insurance</p> <p>Group visit: 20% co-insurance</p> <p>Prior authorization is required.</p>
<b>Over-the-Counter Coverage (OTC)</b>	<p>\$305 credit per quarter to use on approved health products that can be ordered online, by phone or by mail</p> <p>Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.</p>	



	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
<b>Prosthetic Devices</b>	Prosthetic devices: 0% co-insurance Related medical supplies: 0% co-insurance Prior authorization may be required.	Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.
<b>Outpatient Rehabilitation Services</b>	Cardiac rehabilitation services: 0% co-insurance Occupational, speech and language therapy visits: 0% co-insurance  A referral is required.	Cardiac rehabilitation services: 20% co-insurance Occupational, speech and language therapy visits: 20% co-insurance A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.
<b>Virtual/ Telehealth Visits</b>	0% co-insurance  A referral or authorization may be required.	20% co-insurance 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.
<b>Wellness Programs</b>	Health club membership/fitness classes through SilverSneakers®: \$0 copay	
<b>Acupuncture</b>	Medicare-covered services (chronic low back pain): 0% co-insurance	Medicare-covered services (chronic low back pain): 20% co-insurance

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## 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 May 20, 2021. 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 MOHealthNet at 573-751-3425 or 1-855-373-4636 or visit [www.dss.mo.gov/mhd](http://www.dss.mo.gov/mhd).

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

## 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 sales representative at 1-877-709-9168 (TTY: 711).

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially services for which you routinely see a doctor. Visit [www.EssenceHealthcare.com](http://www.EssenceHealthcare.com) or call 1-877-709-9168 (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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- If your Medicaid eligibility changes and you're no longer recognized as a QMB or QMB+ 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, co-insurance 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/co-insurance may change on January 1, 2023.
- 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).

Essence Healthcare is an HMO D-SNP plan with a Medicare contract and a contract with 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+ eligibility. You must also reside in the Missouri counties of Jefferson, St. Charles, St. Louis or the city of St. Louis. 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 routine care from an out-of-network provider without prior approval from Essence, neither Medicare nor Essence will be responsible for the costs.

Premiums, copays, co-insurance 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. Please contact the plan for further details. This information is not a complete description of benefits. Restrictions and limitations apply, such as dental, eyewear, over-the-counter, and hearing aid allowances. Contact Essence for more information.

**Toll free: 1-877-709-9168**

**TTY users dial: 711**

**8 a.m. to 8 p.m., seven days a week**

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



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