



# Summary of Benefits

MEDICARE ADVANTAGE | 2022

ESSENCE ADVANTAGE® (HMO) – ESSENCE ADVANTAGE PLUS® (HMO) – ESSENCE ADVANTAGE SELECT® (HMO)



Serving St. Louis City and the Missouri counties of Jefferson, St. Charles, St. Louis  
and the Illinois counties of Madison, Monroe and St. Clair

# 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 Advantage (HMO)**, **Essence Advantage Plus (HMO)** and **Essence Advantage Select (HMO)** cover and what you pay.

- If you want to compare our plans 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 Advantage, Essence Advantage Plus** and **Essence Advantage Select**
- 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 Advantage, Essence Advantage Plus and Essence Advantage Select

## 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 Advantage/Essence Advantage Plus/Essence Advantage Select

### Phone Numbers 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?

To join **Essence Advantage**, **Essence Advantage Plus** or **Essence Advantage Select**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be a United States citizen or are lawfully present in the United States and live in our service area. Our service area includes the following counties in Illinois: Madison, Monroe and St. Clair; and in Missouri: Jefferson, St. Charles, St. Louis and St. Louis City.

## 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.

## Which doctors, hospitals and pharmacies can I use?

**Essence Advantage**, **Essence Advantage Plus** and **Essence Advantage Select** have a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies. You can see our plan's 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?

Like all Medicare health plans, we cover everything that Original Medicare covers—and *more*.

- **Our plan members get all of the benefits covered by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

## 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 plans group each medication into one of six tiers. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage. If you have questions about the different benefit stages, please contact the plan for more information or access the Evidence of Coverage on our website.

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

	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<b>Monthly Plan Premium</b>	\$0 per month. You must continue to pay your Medicare Part B premium.	\$66 per month. You must continue to pay your Medicare Part B premium.	\$0 per month. You must continue to pay your Medicare Part B premium.
<b>Deductibles</b>	<b>All Plans</b> These plans do not have a deductible.		
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	<p>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.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$1,750 for covered hospital and medical services you receive from in-network providers</li> </ul> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>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.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$1,700 for covered hospital and medical services you receive from in-network providers</li> </ul> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>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.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$2,800 for covered hospital and medical services you receive from in-network providers</li> </ul> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

# Covered Medical and Hospital Benefits

	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<b>Inpatient Hospital Coverage</b>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$240 copay per day, per stay: days 1–8</li> <li>• \$0 copay per day, per stay: day 9 and beyond</li> </ul> <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$195 copay per day, per stay: days 1–9</li> <li>• \$0 copay per day, per stay: day 10 and beyond</li> </ul> <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$260 copay per day, per stay: days 1–8</li> <li>• \$0 copay per day, per stay: day 9 and beyond</li> </ul> <p>Prior authorization is required.</p>

	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<b>Outpatient Hospital Coverage</b>	Ambulatory surgical center: \$175 copay Outpatient hospital: \$250 copay or 20% co-insurance, depending on the service or visit Prior authorization is required.	Ambulatory surgical center: \$100 copay Outpatient hospital: \$150 copay or 20% co-insurance, depending on the service or visit Prior authorization is required.	Ambulatory surgical center: \$175 copay Outpatient hospital: \$250 copay or 20% co-insurance, depending on the service or visit Prior authorization is required.
<b>Doctor Visits</b> <i>(Primary Care Providers and Specialists)</i>	Primary care physician (PCP) visit: \$0 copay Specialist visit: \$25 copay A referral is required for specialist visits.	Primary care physician (PCP) visit: \$0 copay Specialist visit: \$30 copay A referral is required for specialist visits.	Primary care physician (PCP) visit: \$0 copay Specialist visit: \$35 copay A referral is required for specialist visits.
<b>Preventive Care</b>	<p><b>All Plans</b></p> <p>You pay nothing.</p> <p>Our plans cover 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 Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<b>Emergency Care</b>	<p><b>All Plans</b></p> <p>\$120 copay</p> <p>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.</p> <p>We provide worldwide coverage.</p>		
<b>Urgently Needed Services</b>	<p>\$35 copay within the United States</p> <p>\$120 copay outside of the United States</p> <p>We provide worldwide coverage.</p>	<p>\$25 copay within the United States</p> <p>\$120 copay outside of the United States</p> <p>We provide worldwide coverage.</p>	<p>\$35 copay within the United States</p> <p>\$120 copay outside of the United States</p> <p>We provide worldwide coverage.</p>
<b>Diagnostic Services/Labs/Imaging</b> <i>(Costs for these services may vary based on place of service.)</i>	<p><b>All Plans</b></p> <p>Lab services: 0% co-insurance</p> <p>Diagnostic procedures and tests: 20% co-insurance</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Diagnostic radiology services (such as MRI, CT and PET scans): 20% co-insurance</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance.</p> <p>X-rays: \$20 copay</p> <p>Prior authorization may be required.</p>		
<b>Hearing Services</b>	<p><b>All Plans</b></p> <p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay</p> <p>Routine hearing exam: \$20 copay</p> <p>A referral is required for Medicare-covered hearing services.</p> <p>\$1,000 allowance for up to 2 hearing aids every 2 calendar years (both ears combined)</p> <p>One fitting/evaluation for hearing aids every 2 calendar years: \$0 copay</p>		

	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<b>Dental Services</b>	<p>Preventive dental services: \$0 copay</p> <p><u>Preventive services include:</u></p> <ul style="list-style-type: none"> <li>• Periodic oral evaluation (2 every calendar year)</li> <li>• Routine cleaning (2 every calendar year)</li> <li>• Fluoride treatment (1 every calendar year)</li> <li>• Horizontal bitewing X-ray(s) (up to 4, once every calendar year)</li> </ul> <p>Medicare-covered comprehensive dental services: \$25 copay</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>Preventive dental services: \$0 copay</p> <p><u>Preventive services include:</u></p> <ul style="list-style-type: none"> <li>• Periodic oral evaluation (2 every calendar year)</li> <li>• Routine cleaning (2 every calendar year)</li> <li>• Fluoride treatment (1 every calendar year)</li> <li>• Horizontal bitewing X-ray(s) (up to 4, once every calendar year)</li> </ul> <p>Medicare-covered comprehensive dental services: \$30 copay</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>Preventive and enhanced preventive dental services: \$0 copay</p> <p><u>Preventive and enhanced 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>• Limited oral evaluations (3 every calendar year)</li> <li>• Intraoral complete series, vertical bitewings (up to 8, 1 every 3 calendar years)</li> <li>• Panoramic radiographic image (1 every 3 calendar years)</li> <li>• Routine cleaning (2 every calendar year)</li> <li>• Periodontal maintenance following active therapy (4 every calendar year)</li> <li>• Fluoride treatment (2 every calendar year)</li> <li>• Minor treatment for pain relief (emergency)</li> <li>• Horizontal bitewing X-ray images (up to 4, once every calendar year)</li> </ul> <p>Medicare-covered comprehensive dental services: \$35 copay</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): 20-50% co-insurance</p> <p>Endodontics (root canal treatment, retreatment root canal therapy, apicoectomy and pulpotomy): 50% co-insurance</p> <p>Periodontics (periodontal surgery, scaling and root planning, full mouth debridement, clinical crown lengthening and gingivectomy): 50% co-insurance</p> <p>Extractions (simple extractions, surgical extractions, general anesthesia—when clinically necessary): 20-50% co-insurance</p>

	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<b>Dental Services</b> <i>(continued)</i>			<p>Major Restoratives - Prosthodontics (Dentures—complete, partial, or immediate and fixed bridges): 50% co-insurance</p> <p>Other oral surgical procedures, including alveoloplasty and vestibuloplasty: 50% 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 and recement bridges, crowns, onlays and inlays crowns): 20% co-insurance</p> <p>Yearly maximum benefit for preventive and comprehensive services: \$1,250</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: \$25 copay</p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay</p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$35 copay</p>
	<p><b>All Plans</b></p> <p>Diabetic eye exams performed by a contracted specialist: \$0 copay</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>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 \$200 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 2 calendar years: \$0 copay</p> <p>Our plan pays up to \$200 for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs), every 2 calendar years: \$0 copay</p> <p>Upgrades may be available at an additional cost.</p>		

	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<b>Mental Health Services</b>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>\$240 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: \$35 copay</p> <p>Outpatient group visit: \$25 copay</p> <p>Prior authorization may be required.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>\$195 copay per day, per stay: days 1-6</li> <li>\$0 copay per day, per stay: day 7 and beyond</li> </ul> <p>Outpatient individual visit: \$35 copay</p> <p>Outpatient group visit: \$25 copay</p> <p>Prior authorization may be required.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>\$260 copay per day, per stay: days 1-6</li> <li>\$0 copay per day, per stay: day 7 and beyond</li> </ul> <p>Outpatient individual visit: \$40 copay</p> <p>Outpatient group visit: \$35 copay</p> <p>Prior authorization may be required.</p>
<b>Skilled Nursing Facility (SNF)</b>	<p><b>Both Plans</b></p> <p>The plans cover 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>\$125 copay per day, per stay: days 21-100</li> </ul> <p>Prior authorization is required.</p> <p>Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.</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>\$170 copay per day, per stay: days 21-100</li> </ul> <p>Prior authorization is required.</p> <p>Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.</p>
<b>Physical Therapy</b>	\$30 copay A referral is required.	\$20 copay A referral is required.	\$35 copay A referral is required.
<b>Ambulance</b>	\$220 copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.	\$150 copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.	\$220 copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.
<b>Transportation</b>	<p><b>All Plans</b></p> <p>\$0 copay</p> <p>Limited to 24 one-way trips to plan-approved locations every year.</p>		

## Prescription Drug Benefits

	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)						
<b>Medicare Part B Drugs</b>	<p><b>All Plans</b></p> <p>For Part B drugs such as chemotherapy drugs: 20% co-insurance</p> <p>Other Part B drugs: 20% co-insurance</p> <p>Prior authorization is required.</p>								
<b>Deductible</b>	<p><b>All Plans</b></p> <p>These plans do not have a deductible.</p>								
<b>Initial Coverage</b>	<p><b>All Plans</b></p> <p>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.</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>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.</p>								
Preferred Retail Cost Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
<b>Tier 1 (Preferred Generic)</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2 (Generic)</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 3 (Preferred Brand)</b>	\$39 copay	\$78 copay	\$117 copay	\$34 copay	\$68 copay	\$102 copay	\$39 copay	\$78 copay	\$117 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$75 copay	\$150 copay	\$225 copay	\$65 copay	\$130 copay	\$195 copay	\$75 copay	\$150 copay	\$225 copay
<b>Tier 5 (Specialty Drug)</b>	33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered
<b>Tier 6 (Insulins)</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Standard Retail Cost Sharing	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
<b>Tier 1 (Preferred Generic)</b>	\$4 copay	\$8 copay	\$12 copay	\$4 copay	\$8 copay	\$12 copay	\$4 copay	\$8 copay	\$12 copay
<b>Tier 2 (Generic)</b>	\$12 copay	\$24 copay	\$36 copay	\$12 copay	\$24 copay	\$36 copay	\$12 copay	\$24 copay	\$36 copay
<b>Tier 3 (Preferred Brand)</b>	\$47 copay	\$94 copay	\$141 copay	\$42 copay	\$84 copay	\$126 copay	\$47 copay	\$94 copay	\$141 copay
<b>Tier 4 (Non-Preferred Brand)</b>	\$100 copay	\$200 copay	\$300 copay	\$80 copay	\$160 copay	\$240 copay	\$100 copay	\$200 copay	\$300 copay
<b>Tier 5 (Specialty Drug)</b>	33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered
<b>Tier 6 (Insulins)</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Standard Mail Order Cost Sharing	Essence Advantage (HMO)			Essence Advantage Plus (HMO)			Essence Advantage Select (HMO)		
	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
<b>Tier 1 (Preferred Generic)</b>	Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay
<b>Tier 2 (Generic)</b>	Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay
<b>Tier 3 (Preferred Brand)</b>	Not Offered	Not Offered	\$97.50 copay	Not Offered	Not Offered	\$85 copay	Not Offered	Not Offered	\$97.50 copay
<b>Tier 4 (Non-Preferred Brand)</b>	Not Offered	Not Offered	\$187.50 copay	Not Offered	Not Offered	\$162.50 copay	Not Offered	Not Offered	\$187.50 copay
<b>Tier 5 (Specialty Drug)</b>	33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered
<b>Tier 6 (Insulins)</b>	Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay
<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>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>			<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 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> <p>During the coverage gap, your costs for Tier 1, Tier 2 and Tier 6 drugs (shown in the following table) will remain the same as during the initial coverage phase of your prescription drug benefit. You will need to use your formulary to locate your drug’s tier.</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>		

Preferred Retail Cost Sharing	Essence Advantage (HMO)			Essence Advantage Plus (HMO)			Essence Advantage Select (HMO)			
	Drugs Covered	30-Day Supply	60-Day Supply	90-Day Supply	Drugs Covered	30-Day Supply	60-Day Supply	90-Day Supply		
<b>Tier 1 (Preferred Generic)</b>	All	\$0 copay	\$0 copay	\$0 copay	No Additional Coverage	All	\$0 copay	\$0 copay	No Additional Coverage	
<b>Tier 2 (Generic)</b>	All	\$0 copay	\$0 copay	\$0 copay		All	\$0 copay	\$0 copay		
<b>Tier 6 (Insulins)</b>	All	\$0 copay	\$0 copay	\$0 copay						
Standard Retail Cost Sharing	Drugs Covered	30-Day Supply	60-Day Supply	90-Day Supply						
<b>Tier 1 (Preferred Generic)</b>	All	\$4 copay	\$8 copay	\$12 copay	No Additional Coverage	All	\$12 copay	\$24 copay	\$36 copay	No Additional Coverage
<b>Tier 2 (Generic)</b>	All	\$12 copay	\$24 copay	\$36 copay		All	\$0 copay	\$0 copay	\$0 copay	
<b>Tier 6 (Insulins)</b>	All	\$0 copay	\$0 copay	\$0 copay						
Standard Mail Order Cost Sharing	Drugs Covered	30-Day Supply	60-Day Supply	90-Day Supply						
<b>Tier 1 (Preferred Generic)</b>	All	Not Offered	Not Offered	\$0 copay	No Additional Coverage	All	Not Offered	Not Offered	\$0 copay	No Additional Coverage
<b>Tier 2 (Generic)</b>	All	Not Offered	Not Offered	\$0 copay		All	Not Offered	Not Offered	\$0 copay	
<b>Tier 6 (Insulins)</b>	All	Not Offered	Not Offered	\$0 copay						
<b>Catastrophic Coverage</b>	<p><b>All Plans</b></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 a \$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 Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation: \$20 copay A referral is required.	Manual manipulation of the spine to correct subluxation: \$15 copay A referral is required.	Manual manipulation of the spine to correct subluxation: \$20 copay A referral is required.

	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<b>Diabetes Supplies and Services</b>	<p><b>All Plans</b></p> <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: 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</b> <i>(wheelchairs, oxygen, etc.)</i>	<p><b>All Plans</b></p> <p>20% co-insurance</p> <p>Prior authorization may be required.</p>		
<b>Foot Care</b> <i>(podiatry services)</i>	\$25 copay A referral is required.	\$30 copay A referral is required.	\$35 copay A referral is required.
<b>Home Healthcare</b>	<p><b>All Plans</b></p> <p>\$0 copay</p> <p>A referral is required.</p>		
<b>Hospice</b>	<p><b>All Plans</b></p> <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><b>Both Plans</b></p> <p>Individual visit: \$35 copay</p> <p>Group visit: \$25 copay</p> <p>Prior authorization is required.</p>	<p>Individual visit: \$40 copay</p> <p>Group visit: \$35 copay</p> <p>Prior authorization is required.</p>	

	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<b>Over-the-Counter Coverage (OTC)</b>	<p><b>Both Plans</b></p> <p>\$93 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> <p>Members with diabetes receive an extra \$50 OTC allowance per quarter.</p>		<p>\$93 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>
<b>Prosthetic Devices</b>	<p><b>All Plans</b></p> <p>Prosthetic devices: 20% co-insurance</p> <p>Related medical supplies: 20% co-insurance</p> <p>Prior authorization may be required.</p>		
<b>Outpatient Rehabilitation Services</b>	<p>Cardiac rehabilitation services: \$30 copay per day</p> <p>Occupational, speech and language therapy visits: \$30 copay</p> <p>A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p> <p>A referral is required.</p>	<p>Cardiac rehabilitation services: \$20 copay per day</p> <p>Occupational, speech and language therapy visits: \$20 copay</p> <p>A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p> <p>A referral is required.</p>	<p>Cardiac rehabilitation services: \$30 copay per day</p> <p>Occupational, speech and language therapy visits: \$35 copay</p> <p>A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p> <p>A referral is required.</p>
<b>Virtual/Telehealth Visits</b>	<p>\$0-\$35 copay</p> <p>You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office.</p> <p>A referral or authorization may be required.</p>	<p>\$0-\$35 copay</p> <p>You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office.</p> <p>A referral or authorization may be required.</p>	<p>\$0-\$40 copay</p> <p>You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office.</p> <p>A referral or authorization may be required.</p>
<b>Wellness Programs</b>	<p><b>All Plans</b></p> <p>Health club membership/fitness classes through SilverSneakers®: \$0 copay</p>		
<b>Acupuncture</b>	<p>Medicare-covered services (chronic low back pain): \$25 copay</p>	<p>Medicare-covered services (chronic low back pain): \$30 copay</p>	<p>Medicare-covered services (chronic low back pain): \$35 copay</p>



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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 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/pharmacy 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/pharmacy 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

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- 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 plan with a Medicare contract. 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 reside in the Missouri counties of Jefferson, St. Charles, St. Louis or St. Louis City, or in the Illinois counties of Madison, Monroe or St. Clair.

You must continue to pay your Medicare Part B premium. Please note that enrollment is 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.

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.

**Local: 314-209-2700**

**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.



13900 Riverport Drive  
Maryland Heights, MO 63043  
[www.EssenceHealthcare.com](http://www.EssenceHealthcare.com)