



# Summary of Benefits

MEDICARE ADVANTAGE | 2022

ESSENCE ADVANTAGE GOLD (HMO) - ESSENCE ADVANTAGE PLATINUM (HMO)



Serving the California counties of Santa Clara, Alameda and San Mateo

# 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 Gold (HMO)** and **Essence Advantage Platinum (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 Gold** and **Essence Advantage Platinum**
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Optional Supplemental Benefits
- Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call 1-855-923-3102 (TTY: 711) to speak with a sales representative.

# Things to Know About Essence Advantage Gold and Essence Advantage Platinum

## 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 Gold/Essence Advantage Platinum Phone Numbers and Website

- If you have questions, call 1-855-923-3102 (TTY: 711) to speak with a sales representative.
- Our website: [www.EssenceHealthcare.com](http://www.EssenceHealthcare.com)

## Who can join?

To join **Essence Advantage Gold** or **Essence Advantage Platinum**, 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 California: Santa Clara, Alameda and San Mateo.

## 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 Gold** and **Essence Advantage Platinum** 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 plans' 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 Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
<b>Monthly Plan Premium</b>	\$39 per month  You must continue to pay your Medicare Part B premium.	\$89 per month  You must continue to pay your Medicare Part B premium.	\$59 per month  You must continue to pay your Medicare Part B premium.	\$89 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> (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:  • \$5,500 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 premiums and 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:  • \$4,500 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 premiums and 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:  • \$5,900 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 premiums and 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:  • \$4,900 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 premiums and cost-sharing for your Part D prescription drugs.

## Covered Medical and Hospital Benefits

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
<b>Inpatient Hospital Coverage</b>	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> <li>• \$275 copay per day, per stay: days 1-7</li> <li>• \$0 copay per day, per stay: day 8 and beyond</li> </ul> Prior authorization is required.	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> <li>• \$250 copay per day, per stay: days 1-7</li> <li>• \$0 copay per day, per stay: day 8 and beyond</li> </ul> Prior authorization is required.	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> <li>• \$315 copay per day, per stay: days 1-7</li> <li>• \$0 copay per day, per stay: day 8 and beyond</li> </ul> Prior authorization is required.	Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none"> <li>• \$300 copay per day, per stay: days 1-7</li> <li>• \$0 copay per day, per stay: day 8 and beyond</li> </ul> Prior authorization is required.
<b>Outpatient Hospital Coverage</b>	Ambulatory surgical center: \$250 copay  Outpatient hospital: \$250 copay  Prior authorization may be required.	Ambulatory surgical center: \$240 copay  Outpatient hospital: \$240 copay  Prior authorization may be required.	Ambulatory surgical center: 20% co-insurance  Outpatient hospital: 20% co-insurance  Prior authorization may be required.	Ambulatory surgical center: \$240 copay  Outpatient hospital: \$240 copay  Prior authorization may be required.
<b>Doctor Visits</b> <i>(Primary Care Providers and Specialists)</i>	Primary care physician (PCP) visit: \$5 copay  Specialist visit: \$35 copay  A referral is required for specialist visits.	Primary care physician (PCP) visit: \$0 copay  Specialist visit: \$20 copay  A referral is required for specialist visits.	Primary care physician (PCP) visit: \$5 copay  Specialist visit: \$35 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.
<b>Preventive Care</b>	<b>All Plans</b> You pay nothing. Our plans cover many preventive services, including: <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> </ul>			

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
<b>Preventive Care</b> <i>(continued)</i>	<b>All Plans</b> <ul style="list-style-type: none"> <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> Any additional preventive services approved by Medicare during the contract year will be covered.			
<b>Emergency Care</b>	<b>All Plans</b> \$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>	<b>All Plans</b> \$35 copay within the United States \$90 copay outside of the United States  We provide worldwide coverage.			

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
<b>Diagnostic Services/Labs/Imaging</b> <i>(Costs for these services may vary based on place of service.)</i>	Lab services: \$10 copay  Diagnostic procedures and tests: \$45 copay  Diagnostic colonoscopies: \$0 copay  Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay  Diagnostic mammograms: \$0 copay  Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance  X-rays: \$45 copay  Prior authorization may be required.	Lab services: \$10 copay  Diagnostic procedures and tests: \$25 copay  Diagnostic colonoscopies: \$0 copay  Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay  Diagnostic mammograms: \$0 copay  Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance  X-rays: \$25 copay  Prior authorization may be required.	Lab services: \$10 copay  Diagnostic procedures and tests: \$45 copay  Diagnostic colonoscopies: \$0 copay  Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay  Diagnostic mammograms: \$0 copay  Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance  X-rays: \$45 copay  Prior authorization may be required.	Lab services: \$10 copay  Diagnostic procedures and tests: \$25 copay  Diagnostic colonoscopies: \$0 copay  Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay  Diagnostic mammograms: \$0 copay  Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance  X-rays: \$25 copay  Prior authorization may be required.
<b>Hearing Services</b>	<b>All Plans</b> Medicare-covered exam to diagnose and treat hearing and balance issues: \$0 copay A referral is required for Medicare-covered hearing services.			
<b>Dental Services</b>	Medicare-covered comprehensive dental services: \$35 copay  A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.	Medicare-covered comprehensive dental services: \$20 copay  A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.	Medicare-covered comprehensive dental services: \$35 copay  A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.	Medicare-covered comprehensive dental services: \$30 copay  A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
<b>Dental Services</b> <i>(continued)</i>	See page 12 for information on optional supplemental dental coverage that can be purchased separately.	See page 12 for information on optional supplemental dental coverage that can be purchased separately.	See page 12 for information on optional supplemental dental coverage that can be purchased separately.	See page 12 for information on optional supplemental dental coverage that can be purchased separately.
<b>Vision Services</b>	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$5-\$35 copay  <b>All Plans</b> Diabetic eye exams performed by a contracted specialist: \$0 copay  A referral is required for Medicare-covered eye exams.  Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay  Medicare-covered eyeglass frames or contact lenses after each cataract surgery: \$0 copay  See page 12 for information on optional supplemental vision coverage that can be purchased separately.	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0-\$20 copay	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$5-\$35 copay	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0-\$30 copay
<b>Mental Health Services</b>	Inpatient visit:  Our plan covers an unlimited number of days for an inpatient hospital stay. • \$270 copay per day, per stay: days 1-6 • \$0 copay per day, per stay: day 7 and beyond  Outpatient individual visit: \$30 copay  Outpatient group visit: \$20 copay  Prior authorization may be required.	Inpatient visit:  Our plan covers an unlimited number of days for an inpatient hospital stay. • \$270 copay per day, per stay: days 1-6 • \$0 copay per day, per stay: day 7 and beyond  Outpatient individual visit: \$20 copay  Outpatient group visit: \$10 copay  Prior authorization may be required.	Inpatient visit:  Our plan covers an unlimited number of days for an inpatient hospital stay. • \$270 copay per day, per stay: days 1-6 • \$0 copay per day, per stay: day 7 and beyond  Outpatient individual visit: \$30 copay  Outpatient group visit: \$20 copay  Prior authorization may be required.	Inpatient visit:  Our plan covers an unlimited number of days for an inpatient hospital stay. • \$270 copay per day, per stay: days 1-6 • \$0 copay per day, per stay: day 7 and beyond  Outpatient individual visit: \$20 copay  Outpatient group visit: \$10 copay  Prior authorization may be required.

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
<b>Skilled Nursing Facility (SNF)</b>	The plans cover up to 100 days each benefit period. No prior hospital stay is required. • \$0 copay per day, per stay: days 1–20 • \$150 copay per day, per stay: days 21–100  Prior authorization is required.  Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.	The plans cover up to 100 days each benefit period. No prior hospital stay is required. • \$0 copay per day, per stay: days 1–20 • \$100 copay per day, per stay: days 21–100  Prior authorization is required.  Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.	The plans cover up to 100 days each benefit period. No prior hospital stay is required. • \$0 copay per day, per stay: days 1–20 • \$150 copay per day, per stay: days 21–100  Prior authorization is required.  Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.	The plans cover up to 100 days each benefit period. No prior hospital stay is required. • \$0 copay per day, per stay: days 1–20 • \$100 copay per day, per stay: days 21–100  Prior authorization is required.  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>	\$30 copay A referral is required.	\$20 copay A referral is required.	\$30 copay A referral is required.	\$20 copay A referral is required.
<b>Ambulance</b>	\$210 copay  This copay applies to each one-way trip.  Prior authorization is required for non-emergent transportation by ambulance.	\$200 copay  This copay applies to each one-way trip.  Prior authorization is required for non-emergent transportation by ambulance.	\$210 copay  This copay applies to each one-way trip.  Prior authorization is required for non-emergent transportation by ambulance.	\$200 copay  This copay applies to each one-way trip.  Prior authorization is required for non-emergent transportation by ambulance.
<b>Transportation</b>	\$0 copay  Limited to 24 one-way trips to plan-approved locations every year.	\$0 copay  Limited to 36 one-way trips to plan-approved locations every year.	\$0 copay  Limited to 24 one-way trips to plan-approved locations every year.	\$0 copay  Limited to 24 one-way trips to plan-approved locations every year.

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
<b>Transportation</b> <i>(continued)</i>	<p><b>All Plans</b></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>			

## Optional Supplemental Benefits

OSB Package 1 (Dental (DHMO) and Vision)	
<b>Monthly Plan Premium</b>	An additional \$20 per month
<b>Deductibles</b>	This plan does not have a deductible.
<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 (2 every calendar year)</li> <li>• Horizontal bitewing X-ray(s) (1 series, once every 6 months)</li> <li>• Intraoral complete series of radiographic images (1 series, once every 2 calendar years)</li> </ul> <p><u>Comprehensive services include (but are not limited to*):</u></p> <p>Non-routine services (non-routine cleaning, inspection of removable denture and home bleaching tray and gel): \$0-\$125 copay</p> <p>Diagnostic services (radiographic images and post-operative re-evaluation visit): \$0-\$5 copay</p> <p>Restorative services (amalgam fillings and titanium crowns): \$8-\$395 copay</p> <p>Endodontics (pulp cap and mandibular partial dentures): \$5-\$395 copay</p> <p>Periodontics (scaling for severe gingival inflammation and osseous surgery): \$5-\$385 copay</p> <p>Extractions (extraction of an erupted tooth and coronectomy): \$14-\$140 copay</p> <p>Prostodontics, other oral/maxillofacial surgery and other services (adjusting complete or partial dentures and 3/4 cast high noble metal retainer crown): \$18-\$445 copay</p> <p>*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.</p>
<b>Vision Services</b>	<p>1 routine eye exam every calendar year: \$25 copay</p> <p>Eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every 2 calendar years: \$25 copay</p> <p>\$150 allowance for eyeglass frames or contact lenses, every 2 calendar years: \$25 copay</p> <p>Upgrades may be available at an additional cost.</p>

OSB Package 2 (Dental (PPO) and Vision)	
<b>Monthly Plan Premium</b>	An additional \$38 per month
<b>Deductible</b>	This plan does not have a deductible.
<b>Dental Services</b>	<p>Preventive dental (diagnostic and preventive services): 0% co-insurance (preferred providers) or 20% co-insurance (non-preferred providers)</p> <p><u>Diagnostic and 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 (2 every calendar year)</li> <li>• Horizontal bitewing X-ray(s) (1 series, once every 6 months)</li> <li>• Intraoral complete series of radiographic images (1 series, once every 2 calendar years)</li> </ul> <p>Preventive dental (sealants): 40% co-insurance (preferred providers) or 50% co-insurance (non-preferred providers)</p> <p><u>Comprehensive services include (but are not limited to*):</u></p> <p>Diagnostic services (radiographic images and post-operative re-evaluation visit): 0% co-insurance (preferred providers) or 20% co-insurance (non-preferred providers)</p> <p>Restorative services (amalgam fillings and titanium crowns): 40-60% co-insurance (preferred providers) or 50-60% co-insurance (non-preferred providers)</p> <p>Endodontics (pulp cap and mandibular partial dentures): 40% co-insurance (preferred providers) or 50% co-insurance (non-preferred providers)</p> <p>Periodontics (scaling for severe gingival inflammation and osseous surgery): 40% co-insurance (preferred providers) or 50% co-insurance (non-preferred providers)</p> <p>Extractions (extraction of an erupted tooth and Coronectomy): 40% co-insurance (preferred providers) or 50% co-insurance (non-preferred providers)</p> <p>Prostodontics, other oral/maxillofacial surgery and other services (adjusting complete or partial dentures and 3/4 cast high noble metal retainer crown): 40%-60% co-insurance (preferred providers) or 50%-60% co-insurance (non-preferred providers)</p> <p>Yearly maximum benefit for preventive and comprehensive services: \$1,500</p> <p>*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.</p>
<b>Vision Services</b>	<p>1 routine eye exam every calendar year: \$25 copay</p> <p>Eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every 2 calendar years: \$25 copay</p> <p>\$275 allowance for eyeglass frames or contact lenses, every 2 calendar years: \$25 copay</p> <p>Upgrades may be available at an additional cost.</p>

## Prescription Drug Benefits

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties		
<b>Medicare Part B Drugs</b>	<b>All Plans</b> For Part B drugs such as chemotherapy drugs: 20% co-insurance Other Part B drugs: 20% co-insurance Prior authorization is required.					
<b>Deductible</b>	<b>All Plans</b> These plans do not have a deductible.					
<b>Initial Coverage</b>	<b>All Plans</b> You pay the amounts listed in the following tables 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.  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.					
<b>Additional Drug Coverage</b> <i>(Insulin Savings Program)</i>	<b>All Plans</b> As an Essence member, you'll have low, predictable copays on Select Insulins through our Insulin Savings Program. <sup>†</sup> Costs for Select Insulins will remain the same during the Initial Coverage and Coverage Gap phases of your prescription drug benefit. The program doesn't apply during the Catastrophic Coverage stage. Note that this program isn't available if you receive Extra Help from the government.					
<b>Standard Retail Cost Sharing</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>
<b>Tier 1</b> <i>(Preferred Generic)</i>	\$5 copay	\$10 copay	\$15 copay	\$5 copay	\$10 copay	\$15 copay
<b>Tier 2</b> <i>(Generic)</i>	\$15 copay	\$30 copay	\$45 copay	\$15 copay	\$30 copay	\$45 copay
Select Insulins <sup>†</sup>	\$15 copay	\$30 copay	\$45 copay	\$15 copay	\$30 copay	\$45 copay

<sup>†</sup>Select Insulins are those that are part of the Insulin Savings Program and therefore will incur low, consistent copays through the coverage gap. For information regarding which insulins are Select Insulins under the plan's benefit, refer to the plan's Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information.

	Essence Advantage Gold (HMO) Santa Clara County		Essence Advantage Platinum (HMO) Santa Clara County		Essence Advantage Gold (HMO) Alameda and San Mateo counties		Essence Advantage Platinum (HMO) Alameda and San Mateo counties		
<b>Standard Retail Cost Sharing</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>
<b>Tier 3</b> <i>(Preferred Brand)</i>	\$47 copay	\$94 copay	\$141 copay	\$47 copay	\$94 copay	\$141 copay	\$47 copay	\$94 copay	\$141 copay
Select Insulins <sup>†</sup>	\$35 copay	\$70 copay	\$105 copay	\$35 copay	\$70 copay	\$105 copay	\$35 copay	\$70 copay	\$105 copay
<b>Tier 4</b> <i>(Non-Preferred Brand)</i>	\$100 copay	\$200 copay	\$300 copay	\$100 copay	\$200 copay	\$300 copay	\$100 copay	\$200 copay	\$300 copay
<b>Tier 5</b> <i>(Specialty Drug)</i>	33% co-insurance	Not Offered		33% co-insurance	Not Offered		33% co-insurance	Not Offered	
<b>Tier 6</b> <i>(Select Care Drugs)**</i>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Standard Mail Order Cost Sharing</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>
<b>Tier 1</b> <i>(Preferred Generic)</i>	Not Offered		\$10 copay	Not Offered		\$10 copay	Not Offered		\$10 copay
<b>Tier 2</b> <i>(Generic)</i>	Not Offered		\$30 copay	Not Offered		\$30 copay	Not Offered		\$30 copay
Select Insulins <sup>†</sup>	Not Offered		\$30 copay	Not Offered		\$30 copay	Not Offered		\$30 copay
<b>Tier 3</b> <i>(Preferred Brand)</i>	Not Offered		\$94 copay	Not Offered		\$94 copay	Not Offered		\$94 copay
Select Insulins <sup>†</sup>	Not Offered		\$94 copay	Not Offered		\$94 copay	Not Offered		\$94 copay
<b>Tier 4</b> <i>(Non-Preferred Brand)</i>	Not Offered		\$200 copay	Not Offered		\$200 copay	Not Offered		\$200 copay
<b>Tier 5</b> <i>(Specialty Drug)</i>	Not Offered			Not Offered			Not Offered		
<b>Tier 6</b> <i>(Select Care Drugs)**</i>	Not Offered		\$0 copay	Not Offered		\$0 copay	Not Offered		\$0 copay

\*\*Select Care Drugs are generic drugs on Tier 6.

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties		
<b>Coverage Gap</b>	<p><b>All Plans</b></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> <p>During the coverage gap, your costs for Tier 1 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>If you’re eligible for the Insulin Savings Program, your cost-share for Select Insulins won’t increase during the coverage gap.</p>					
<b>Standard Retail Cost Sharing</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>
<b>Tier 1 (Preferred Generic)</b>	\$5 copay	\$10 copay	\$15 copay	\$5 copay	\$10 copay	\$15 copay
<b>Tier 6 (Select Care Drugs)**</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Standard Mail Order Cost Sharing</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>60-day supply</b>	<b>90-day supply</b>
<b>Tier 1 (Preferred Generic)</b>	Not Offered		\$10 copay	Not Offered		\$10 copay
<b>Tier 6 (Select Care Drugs)**</b>	Not Offered		\$0 copay	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>					

\*\*Select Care Drugs are generic drugs on Tier 6.  
Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

## Other Covered Benefits

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
<b>Chiropractic Care</b>	<p><b>All Plans</b></p> <p>Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p>A referral is required.</p>			
<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 copay</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott/Lifescan products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: \$0 copay</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><b>All Plans</b></p> <p>20% co-insurance</p> <p>Prior authorization may be required.</p>			
<b>Foot Care (podiatry services)</b>	\$35 copay A referral is required.	\$20 copay A referral is required.	\$35 copay A referral is required.	\$30 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>	Individual visit: \$30 copay Group visit: \$20 copay Prior authorization is required.	Individual visit: \$20 copay Group visit: \$10 copay Prior authorization is required.	Individual visit: \$30 copay Group visit: \$20 copay Prior authorization is required.	Individual visit: \$20 copay Group visit: \$10 copay Prior authorization is required.

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
<b>Over-the-Counter Coverage (OTC)</b>	Not Offered	\$75 credit per quarter to use on approved health products that can be ordered online, by phone or by mail.  Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.	Not Offered	\$50 credit per quarter to use on approved health products that can be ordered online, by phone or by mail.  Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.
<b>Prosthetic Devices</b>	<p><b>All Plans</b>                      Prosthetic devices: 20% co-insurance                      Related medical supplies: 20% co-insurance                      Prior authorization may be required.</p>			
<b>Outpatient Rehabilitation Services</b>	Cardiac rehabilitation services: \$30 copay per day  Occupational, speech and language therapy visits: \$30 copay  A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.  A referral is required.	Cardiac rehabilitation services: \$25 copay per day  Occupational, speech and language therapy visits: \$20 copay  A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.  A referral is required.	Cardiac rehabilitation services: \$30 copay per day  Occupational, speech and language therapy visits: \$30 copay  A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.  A referral is required.	Cardiac rehabilitation services: \$25 copay per day  Occupational, speech and language therapy visits: \$20 copay  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>	<p><b>All Plans</b>                      Primary Care Physician Telehealth Visits: \$10 copay                       Services offered through Teladoc® App on your iPhone or Android smart-phone, via Teladoc.com or by calling toll free at 1-800-Teladoc (1-800-835-2362)</p>			

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
<b>Wellness Programs</b>	Not Offered	Health club membership/fitness classes through Silver&Fit®: \$0 copay	Not Offered	Health club membership/fitness classes through Silver&Fit®: \$0 copay
<b>Acupuncture</b>	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$35 copay per visit	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$20 copay per visit  Supplemental services, up to 15 visits per calendar year: \$10 copay per visit	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$35 copay per visit	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$30 copay per visit  Supplemental services, up to 15 visits per calendar year: \$10 copay per visit
<b>Meal Benefit</b>	<p><b>All Plans</b>                      Immediately following surgery or inpatient hospital stay: \$0 copay for up to 28 days, maximum of 56 meals per calendar year                      Limited to 1 occurrence per calendar year                       Chronic conditions, including, but not limited to, some cardiovascular disorders, COPD or diabetes: \$0 copay for up to 14 days, maximum of 28 meals per calendar year                      Limited to 1 occurrence per calendar year</p>			
<b>Additional Smoking and Tobacco Cessation Counseling</b>	<p><b>All Plans</b>                      In addition to the 8 visits covered under Original Medicare, all of our plans include coverage for up to an additional 8 group visits at no cost to you.</p>			
<b>Nurse Hotline</b>	<p><b>All Plans</b>                      24-hour nursing hotline available at no additional cost (1-844-546-8773, TTY: 711)</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 1-855-923-3102 (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 1-855-923-3102 (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 California counties of Alameda, San Mateo or Santa Clara.

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.

Out-of-network/non-contracted providers are under no obligation to treat Essence Healthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

**Toll free: 1-855-923-3102**

**TTY users call: 711**

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

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Participating facilities and fitness chains may vary by location and are subject to change. Kits are subject to change.



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