



Annual Notice of Change

MEDICARE ADVANTAGE | 2023

ESSENCE DUAL ADVANTAGE (HMO D-SNP)



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

Essence Dual Advantage (HMO D-SNP) offered by Essence Healthcare, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of **Essence Dual Advantage**. Next year, there will be changes to the plan's costs and benefits. *Please see page 6 for a Summary of Important Costs, including Premium.*

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

What to do now

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

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at Medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you don't join another plan by December 7, 2022, you will stay in Essence Dual Advantage.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Essence Dual Advantage.
- Look in section 2, page 20 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number at 314-209-2700 or 1-866-597-9560 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.
- This document may be available in other formats such as braille, large print, or other alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [IRS.gov/Affordable-Care-Act/Individuals-and-Families](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

About *Essence Dual Advantage*

- 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.
 - When this document says “we,” “us,” or “our,” it means Essence Healthcare, Inc. When it says “plan” or “our plan,” it means Essence Dual Advantage.
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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-597-9560 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-597-9560 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-597-9560 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-597-9560 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsalaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-597-9560 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-597-9560 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-597-9560 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-597-9560 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-597-9560 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-597-9560 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (711) 1-866-597-9560. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी पश्नर् का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं हैं। दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-597-9560 (TTY: 711) पर कॉल करें। अंगरेजी/ भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निशुल्क सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-597-9560 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-597-9560 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-597-9560 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-597-9560 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-597-9560 (TTY:711)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Essence Dual Advantage in several important areas. **Please note this is only a summary of costs.**

To remain eligible for Essence Dual Advantage, you must be eligible for both Medicare and Medicaid with Qualified Medicare Beneficiary (QMB) or QMB+ status.

As an eligible member of this plan, you pay \$0 for your medical deductible (including service level deductibles), doctor office visits, and inpatient hospital stays because you receive Medicare cost-sharing assistance under Medicaid.

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	<p>\$33.40</p> <p>As an eligible member of this plan, you do not pay a monthly premium because your monthly plan premium is paid on your behalf via "Extra Help" from Medicare.</p>	<p>\$36.30</p> <p>As an eligible member of this plan, you do not pay a monthly premium because your monthly plan premium is paid on your behalf via "Extra Help" from Medicare.</p>

Cost	2022 (this year)	2023 (next year)
<p>Deductible</p>	<p>This plan does not have an annual medical deductible.</p> <p>Service level deductibles:</p> <p>\$1,484 for inpatient hospital services, per admission, per benefit period.</p> <p>\$1,484 for inpatient psychiatric services, per admission, per benefit period.</p> <p>As an eligible member of this plan, you pay \$0 for your service level deductibles because you receive Medicare cost-sharing assistance under Medicaid.</p>	<p>This plan does not have an annual medical deductible.</p> <p>Service level deductibles:</p> <p>\$1,568 for inpatient hospital services, per admission, per benefit period.</p> <p>\$1,568 for inpatient psychiatric services, per admission, per benefit period.</p> <p>As an eligible member of this plan, you pay \$0 for your service level deductibles because you receive Medicare cost-sharing assistance under Medicaid.</p>
<p>Doctor office visits</p>	<p>Primary care visits: 20% coinsurance per visit</p> <p>Specialist visits: 20% coinsurance per visit</p> <p>As an eligible member of this plan, you pay \$0 per visit because you receive Medicare cost-sharing assistance under Medicaid.</p>	<p>Primary care visits: 20% coinsurance per visit</p> <p>Specialist visits: 20% coinsurance per visit</p> <p>As an eligible member of this plan, you pay \$0 per visit because you receive Medicare cost-sharing assistance under Medicaid.</p>

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays</p>	<p>\$0 copay per day, per stay: Days 1-60, following a \$1,484 deductible.</p> <p>\$371 copay per day, per stay: Days 61-90.</p> <p>\$742 copay per day, per stay: Days 91-365.</p> <p>Benefit applies to each admission.</p> <p>As an eligible member of this plan, you pay \$0 because you receive Medicare cost-sharing assistance under Medicaid.</p>	<p>\$0 copay per day, per stay: Days 1-60, following a \$1,568 deductible.</p> <p>\$392 copay per day, per stay: Days 61-90.</p> <p>\$784 copay per day, per stay: Days 91-365.</p> <p>Benefit applies to each admission.</p> <p>As an eligible member of this plan, you pay \$0 because you receive Medicare cost-sharing assistance under Medicaid.</p>
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$480</p> <p>As an eligible member of this plan with QMB or QMB+ status, you pay \$0 for your Part D deductible because you receive "Extra Help" from Medicare to help pay for your Medicare-covered prescription drugs.</p> <p>Copay/Coinsurance as applicable during the Initial Coverage Stage:</p>	<p>Deductible: \$505</p> <p>As an eligible member of this plan with QMB or QMB+ status, you pay \$0 for your Part D deductible because you receive "Extra Help" from Medicare to help pay for your Medicare-covered prescription drugs.</p> <p>Coinsurance as applicable during the Initial Coverage Stage:</p>

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage (continued)</p>	<p><u>Preferred Retail Pharmacy 30-day Supply</u></p> <ul style="list-style-type: none"> • Drug Tier 1: \$0.00 • Drug Tier 2: \$0.00 • Drug Tier 3: \$42.00 • Drug Tier 4: \$95.00 • Drug Tier 5: 25% coinsurance • Drug Tier 6: \$0.00 <p><u>Standard Retail Pharmacy 30-day Supply</u></p> <ul style="list-style-type: none"> • Drug Tier 1: \$5.00 • Drug Tier 2: \$10.00 • Drug Tier 3: \$47.00 • Drug Tier 4: \$100.00 • Drug Tier 5: 25% coinsurance • Drug Tier 6: \$0.00 <p>As an eligible member of this plan, you receive "Extra Help" from Medicare to help pay for your Medicare-covered prescription drugs. Your costs for covered drugs will depend on the level of "Extra Help" you receive.</p>	<p><u>Standard Retail Pharmacy 30-day Supply</u></p> <ul style="list-style-type: none"> • 25% coinsurance <p>There are no drug tiers. All covered Part D prescription drugs are covered at the above-mentioned coinsurance.</p> <p>As an eligible member of this plan, you receive "Extra Help" from Medicare to help pay for your Medicare-covered prescription drugs. Your costs for covered drugs will depend on the level of "Extra Help" you receive.</p>

Cost	2022 (this year)	2023 (next year)
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$7,550</p> <p>As an eligible member of this plan, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services because you receive Medicare cost-sharing assistance under Medicaid.</p>	<p>\$8,300</p> <p>As an eligible member of this plan, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services because you receive Medicare cost-sharing assistance under Medicaid.</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
<p>Monthly premium</p> <p>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	<p>\$33.40</p> <p>As an eligible member of the plan, you do not pay a monthly premium. The plan's monthly premium, referenced above, is paid on your behalf via Extra Help. See your Evidence of Coverage for more information.</p>	<p>\$36.30</p> <p>As an eligible member of the plan, you do not pay a monthly premium. The plan's monthly premium, referenced above, is paid on your behalf via Extra Help. See your Evidence of Coverage for more information.</p>

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

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

Cost	2022 (this year)	2023 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>As an eligible member of this plan, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services because you receive Medicare cost-sharing assistance under Medicaid.</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$7,550</p>	<p style="text-align: center;">\$8,300</p> <p>Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

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

There are changes to our network of providers for next year. **Please review the 2023 Provider/Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Provider/Pharmacy Directory to see which pharmacies are in our network.**

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

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

To remain eligible for Essence Dual Advantage, you must be eligible for both Medicare and Medicaid with Qualified Medicare Beneficiary (QMB) or QMB+ status.

As an eligible member of this plan, you pay nothing for covered Part A and Part B services because you get Medicare cost-sharing assistance from Medicaid, as long as you follow the plan's rules for getting your care (see Evidence of Coverage for more information).

Medicaid may also provide other benefits to you by covering health care services that are not usually covered under Medicare. Please refer to the Summary of Benefits for more information or call Missouri Medicaid (MO HealthNet). See section 6.3.

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

Cost	2022 (this year)	2023 (next year)
Emergency care	<p>You pay a \$90 copay for Medicare-covered emergency care services.</p> <p>You pay a \$90 copay for worldwide emergency coverage.</p>	<p>You pay a \$95 copay for Medicare-covered emergency care services.</p> <p>You pay a \$95 copay for worldwide emergency coverage.</p>
Inpatient hospital care	<p>You pay a \$0 copay per day, per stay: Days 1-60, following a \$1,484 deductible.</p> <p>You pay a \$371 copay per day, per stay: Days 61-90.</p> <p>You pay a \$742 copay per day, per stay: Days 91-365.</p> <p>Benefit applies to each admission.</p>	<p>You pay a \$0 copay per day, per stay: Days 1-60, following a \$1,568 deductible.</p> <p>You pay a \$392 copay per day, per stay: Days 61-90.</p> <p>You pay a \$784 copay per day, per stay: Days 91-365.</p> <p>Benefit applies to each admission.</p>
Inpatient mental health care	<p>You pay a \$0 copay per day, per stay: Days 1-60, following a \$1,484 deductible.</p> <p>You pay a \$371 copay per day, per stay: Days 61-90.</p> <p>You pay a \$742 copay per day, per stay: Days 91-365.</p> <p>Benefit applies to each admission.</p>	<p>You pay a \$0 copay per day, per stay: Days 1-60, following a \$1,568 deductible.</p> <p>You pay a \$392 copay per day, per stay: Days 61-90.</p> <p>You pay a \$784 copay per day, per stay: Days 91-365.</p> <p>Benefit applies to each admission.</p>

Cost	2022 (this year)	2023 (next year)
<p>Over-the-counter items</p>	<p>There is a quarterly credit of \$305 for up to two orders per quarter for items found in the OTC catalog.</p> <p>No rollover of dollars from quarter to quarter.</p> <p>Provided by Convey.</p>	<p>There is a quarterly credit of \$530 via the Flexible Benefit Card.</p> <p>The Flexible Benefit Card provides a combined benefit to be used for over-the-counter (OTC) items and Healthy Groceries.</p> <p>No rollover of dollars from quarter to quarter.</p> <p>Provided by WEX.</p> <p>Please refer to Chapter 4, Section 2.2 in your 2023 Evidence of Coverage for specific details on the over-the-counter items.</p>
<p>Partial hospitalization services</p>	<p>You pay a \$55 copay for Medicare-covered partial hospitalization services.</p>	<p>You pay a \$60 copay for Medicare-covered partial hospitalization services.</p>
<p>Personal Emergency Response System (PERS)</p>	<p>Not covered.</p>	<p>You pay a \$0 copay for one personal emergency response system (PERS) device and monthly monitoring provided by NationsResponse.</p>
<p>Physician/Practitioner services, including doctor’s office visits</p>	<p>Prior authorization is <u>not</u> required for Medicare-covered physician specialist services or for Medicare-covered services provided by other health care professionals.</p>	<p>Prior authorization <u>may</u> be required for Medicare-covered physician specialist services or for Medicare-covered services provided by other health care professionals.</p>

Cost	2022 (this year)	2023 (next year)
<p>Skilled nursing facility (SNF) care</p>	<p>You pay a \$0 copay per day, per stay: Days 1-20.</p> <p>You pay a \$185.50 copay per day, per stay: Days 21-100.</p>	<p>You pay a \$0 copay per day, per stay: Days 1-20.</p> <p>You pay a \$196 copay per day, per stay: Days 21-100.</p>
<p>Special supplemental benefits for the chronically ill (SSBCI)</p>	<p>Not covered.</p>	<p>There is a quarterly credit of \$530 via the Flexible Benefit Card.</p> <p>The Flexible Benefit Card provides a combined benefit to be used for over-the-counter (OTC) items and Healthy Groceries.</p> <p>No rollover of dollars from quarter to quarter.</p> <p>Provided by WEX.</p> <p>SSBCI is available to members who meet certain chronic conditions.</p> <p>Please refer to Chapter 4, Section 2.2 in your 2023 Evidence of Coverage for specific details on SSBCI.</p>
<p>Urgently needed services</p>	<p>You pay a \$90 copay for worldwide urgently needed care visits outside the U.S.</p>	<p>You pay a \$95 copay for worldwide urgently needed care visits outside the U.S.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Please note the following changes regarding excluded prescription drug coverage:

Plan Year 2022	Plan Year 2023
We covered the following excluded prescription drugs: limited quantities of certain oral generic drugs used for treatment of erectile dysfunction (ED) at Tier-2 cost-sharing level.	We will no longer cover the following excluded prescription drugs: limited quantities of certain oral generic drugs used for treatment of erectile dysfunction (ED) at Tier-2 cost-sharing level.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

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

Changes to Prescription Drug Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by October 15, 2022, please call Customer Service and ask for the “LIS Rider.”

To remain eligible for Essence Dual Advantage, you must be eligible for both Medicare and Medicaid with Qualified Medicare Beneficiary (QMB) or QMB+ status.

As an eligible member of this plan, because you receive "Extra Help" from Medicare to help pay for your Medicare-covered prescription drugs, you will pay \$0 for your Part D deductible and your costs for covered drugs will depend on the level of "Extra Help" you receive.

There are four “drug payment stages.” The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$480.</p> <p>As an eligible member of this plan, you pay \$0 for your Part D deductible because of the level of "Extra Help" you receive from Medicare to help pay for your Medicare-covered prescription drugs.</p>	<p>The deductible is \$505.</p> <p>As an eligible member of this plan, you pay \$0 for your Part D deductible because of the level of "Extra Help" you receive from Medicare to help pay for your Medicare-covered prescription drugs.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Preferred Generic Tier, Generic Tier, Preferred Brand Tier, Non-Preferred Brand Tier, and Insulin Tier, your cost sharing in the initial coverage stage is changing from a copay to coinsurance. Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>For 2022 you paid a \$5 copay at the standard cost-sharing and a \$0 copay at the preferred cost-sharing, for drugs on the Preferred Generic Tier. For 2023 you will pay a 25% coinsurance for all drugs per prescription.</p> <p>For 2022 you paid a \$10 copay at the standard cost-sharing and a \$0 copay at the preferred cost-sharing, for drugs on the Generic Tier. For 2023 you will pay a 25% coinsurance for all drugs per prescription.</p> <p>For 2022 you paid a \$47 copay at the standard cost-sharing and a \$42 copay at the preferred cost-sharing, for drugs on the Preferred Brand Tier. For 2023 you will pay a 25% coinsurance for all drugs per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Preferred Generic Tier: <i>Standard cost sharing:</i> You pay \$5 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Generic Tier: <i>Standard cost sharing:</i> You pay \$10 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <p>Preferred Brand Tier: <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$42 per prescription.</p> <p>Non-Preferred Brand Tier: <i>Standard cost sharing:</i> You pay \$100 per prescription. <i>Preferred cost sharing:</i> You pay \$95 per prescription.</p> <p>Specialty Tier: <i>Standard cost sharing:</i> You pay 25% coinsurance per prescription. <i>Preferred cost sharing:</i> You pay 25% coinsurance per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Standard Retail: You pay 25% coinsurance per prescription.</p> <p>There are no drug tiers. All covered Part D prescription drugs are covered at the above-mentioned coinsurance.</p>

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage (continued) For 2022 you paid a \$100 copay at the standard cost-sharing and a \$95 copay at the preferred cost-sharing, for drugs on the Non-Preferred Brand Tier. For 2023 you will pay a 25% coinsurance for all drugs per prescription.</p> <p>For 2022 you paid a \$0 coinsurance at the standard cost-sharing and a \$0 coinsurance at the preferred cost-sharing, for drugs on the Insulin Tier. For 2023 you will pay a 25% coinsurance for all drugs per prescription.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Insulin Tier: <i>Standard cost sharing:</i> You pay \$0 coinsurance per prescription. <i>Preferred cost sharing:</i> You pay \$0 coinsurance per prescription.</p> <p>As an eligible member of this plan, you receive "Extra Help" from Medicare to help pay for your Medicare-covered prescription drugs. Your costs for covered drugs will depend on the level of "Extra Help" you receive.</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>As an eligible member of this plan, you receive "Extra Help" from Medicare to help pay for your Medicare-covered prescription drugs. Your costs for covered drugs will depend on the level of "Extra Help" you receive.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Essence Dual Advantage

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

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2). As a reminder, Essence Healthcare, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Essence Dual Advantage.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Essence Dual Advantage.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 6.1 of this document).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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

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

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

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

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Missouri, the SHIP is called Community Leaders Assisting the Insured of Missouri (CLAIM).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. CLAIM counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call CLAIM toll free at 1-800-390-3330 (TTY: 711). You can learn more about CLAIM by visiting their website (MissouriClaim.org).

For questions about your Missouri Medicaid (MO HealthNet) benefits, contact Missouri Medicaid (MO HealthNet), at 573-751-3425 or toll-free at 1-855-373-4636, or TTY at 1-800-735-2966, Monday through Friday, 8:00 a.m. to 4:45 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your Missouri Medicaid (MO HealthNet) coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Missouri AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 573-751-6439 (TTY: 711).

SECTION 6 Questions?

Section 6.1 – Getting Help from Essence Dual Advantage

Questions? We’re here to help. Please call Customer Service at 314-209-2700 or 1-866-597-9560. (TTY only, call 711.) We are available for phone calls seven days a week from 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Essence Dual Advantage. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of

the *Evidence of Coverage* is located on our website at [EverythingEssence.com](https://www.EverythingEssence.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

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

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website ([Medicare.gov/pubs/pdf/10050-medicare-and-you.pdf](https://www.Medicare.gov/pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 – Getting Help from Medicaid

To get information from Medicaid you can call Missouri Medicaid (MO HealthNet) at 573-751-3425 or 1-855-373-4636, Monday through Friday 8:00 a.m. to 4:45 p.m. TTY users should call 1-800-735-2966.

Essence Healthcare is an HMO D-SNP plan with a contract with Medicare and the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal.

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

Toll-free: 1-866-597-9560 (TTY: 711)
8 a.m. to 8 p.m., seven days a week

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



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