



# Summary of Benefits

MEDICARE ADVANTAGE | 2023

ESSENCE ADVANTAGE® (HMO)



Serving the Missouri county of Boone



# Summary of Benefits

**January 1, 2023 – December 31, 2023**

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 EssenceHealthcare.com.

This Summary of Benefits booklet gives you a summary of what **Essence Advantage (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on 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 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**
- 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 1-866-947-5816 (TTY: 711) to speak with a customer service representative.

# Things to Know About Essence Advantage

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## 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 Phone Number and Website

- If you have questions, call 1-866-947-5816 (TTY: 711).
- Our website: [EssenceHealthcare.com](http://EssenceHealthcare.com)

## Who can join?

To join **Essence Advantage**, 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 county in Missouri: Boone.

## 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** has 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 [EssenceHealthcare.com](http://EssenceHealthcare.com) or call us, and we will send you a copy.

## 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 [EssenceHealthcare.com](http://EssenceHealthcare.com) or call us, and we will send you a copy.

## How will I determine my drug costs?

Our plan groups each medication into one of six tiers. You will need to use your formulary to locate what tier your drug is on to determine 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)	
<b>Monthly Plan Premium</b>	\$0 Per month. You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include Part D 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> <p>\$3,000 for covered hospital and medical services you receive from in-network providers</p> <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)	
<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>• \$310 Copay per day, per stay: days 1–7</li> <li>• \$0 Copay per day, per stay: day 8 and beyond</li> </ul> <p>Prior authorization is required.</p>
<b>Outpatient Hospital Coverage</b>	<p>\$250 Copay or 20% coinsurance, depending on the service or visit</p> <p>Prior authorization may be required.</p>
<b>Ambulatory Surgical Center (ASC)</b>	<p>\$175 Copay</p> <p>Prior authorization may be required.</p>
<b>Doctor Visits</b> <i>(primary care providers and specialists)</i>	<p>Primary care physician (PCP) visit: \$10 copay</p> <p>Specialist visit: \$40 copay</p> <p>A referral is required for specialist visits.</p> <p>Certain Medicare-covered services provided by a physician may require a prior authorization.</p>

## Essence Advantage (HMO)

### Preventive Care

You pay nothing.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease testing
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diabetes self-management training and diabetic services
- Health and wellness education programs
- HIV screening
- Immunizations (pneumonia, hepatitis B, COVID-19 and influenza)
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy to promote sustained weight loss
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for lung cancer with low-dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Vision care
- “Welcome to Medicare” preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered.

<b>Essence Advantage (HMO)</b>	
<b>Emergency Care</b>	<p>\$125 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>\$30 Copay within the United States</p> <p>\$125 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>Lab services: \$20 copay</p> <p>Diagnostic procedures and tests: 20% coinsurance</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Diagnostic radiology services (such as MRI, CT and PET scans): 20% coinsurance</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance</p> <p>X-rays: \$20 copay</p> <p>Prior authorization may be required.</p>
<b>Hearing Services</b>	<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>Hearing aids are not covered.</p>
<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>• Comprehensive oral exam (1 every 3 calendar years)</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: \$40 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>

## Essence Advantage (HMO)

<p><b>Vision Services</b></p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$40 copay</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>
<p><b>Mental Health Services</b></p>	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$295 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: \$15 copay</p> <p>Outpatient group visit: \$10 copay</p> <p>Prior authorization may be required.</p>
<p><b>Skilled Nursing Facility (SNF)</b></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>• \$20 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>



Essence Advantage (HMO)	
<b>Physical Therapy</b>	<p>\$40 Copay</p> <p>A referral is required.</p>
<b>Ambulance</b>	<p>\$200 Copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>
<b>Transportation</b>	<p>\$0 Copay</p> <p>Limited to 20 one-way trips to plan-approved health-related locations every year.</p>
<b>Medicare Part B Drugs</b>	<p>For Part B drugs such as chemotherapy drugs: 20% coinsurance</p> <p>Other Part B drugs, including insulin administered via a durable medical equipment insulin pump: 20% coinsurance</p> <p>Prior authorization may be required.</p> <p>Amounts you pay for Part B drugs count toward your maximum out-of-pocket amount; they do not count toward your Part D initial coverage limit or true out-of-pocket cost of \$7,400.</p>

## Part D Prescription Drug Benefits

		Essence Advantage (HMO)		
<b>Deductible</b>	This plan does not have a deductible.			
<b>Initial Coverage</b>	<p>You pay the following until your total yearly drug costs reach \$4,660. 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.</p>			
<b>Preferred Retail Cost-Sharing</b>	<b>30-Day Supply</b>	<b>60-Day Supply</b>	<b>90-Day Supply</b>	
<b>Tier 1</b> <i>(Preferred Generic)</i>	\$0 Copay	\$0 Copay	\$0 Copay	
<b>Tier 2</b> <i>(Generic)</i>	\$0 Copay	\$0 Copay	\$0 Copay	
<b>Tier 3</b> <i>(Preferred Brand)</i>	\$42 Copay	\$84 Copay	\$126 Copay	
<b>Tier 4</b> <i>(Non-Preferred Brand)</i>	\$85 Copay	\$170 Copay	\$255 Copay	
<b>Tier 5</b> <i>(Specialty Drug)</i>	33% Coinsurance	Not offered	Not offered	
<b>Tier 6</b> <i>(Insulins)</i>	\$0 Copay	\$0 Copay	\$0 Copay	
<b>Standard Retail Cost-Sharing</b>	<b>30-Day Supply</b>	<b>60-Day Supply</b>	<b>90-Day Supply</b>	
<b>Tier 1</b> <i>(Preferred Generic)</i>	\$7 Copay	\$14 Copay	\$21 Copay	
<b>Tier 2</b> <i>(Generic)</i>	\$12 Copay	\$24 Copay	\$36 Copay	
<b>Tier 3</b> <i>(Preferred Brand)</i>	\$47 Copay	\$94 Copay	\$141 Copay	
<b>Tier 4</b> <i>(Non-Preferred Brand)</i>	\$95 Copay	\$190 Copay	\$285 Copay	
<b>Tier 5</b> <i>(Specialty Drug)</i>	33% Coinsurance	Not offered	Not offered	
<b>Tier 6</b> <i>(Insulins)</i>	\$0 Copay	\$0 Copay	\$0 Copay	

Essence Advantage (HMO)			
Standard Mail-Order Cost Sharing	30-Day Supply	60-Day Supply	90-Day Supply
<b>Tier 1</b> (Preferred Generic)	Not offered	Not offered	\$0 Copay
<b>Tier 2</b> (Generic)	Not offered	Not offered	\$0 Copay
<b>Tier 3</b> (Preferred Brand)	Not offered	Not offered	\$105 Copay
<b>Tier 4</b> (Non-Preferred Brand)	Not offered	Not offered	\$212.50 Copay
<b>Tier 5</b> (Specialty Drug)	33% Coinsurance	Not offered	Not offered
<b>Tier 6</b> (Insulins)	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 \$4,660.</p> <p><b>Important</b>—You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan for all cost-sharing tiers.</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 \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% Coinsurance or</li> <li>• \$4.15 Copay for generic (including brand-name drugs treated as generic) or a \$10.35 copay for other drugs (one-month supply)</li> </ul> <p><b>Important</b>—You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan for all cost-sharing tiers.</p>		

Cost-sharing may change depending on the pharmacy you choose.

## Other Covered Benefits

	Essence Advantage (HMO)
<b>Acupuncture</b>	Medicare-covered services (chronic low back pain): \$40 copay
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation: \$20 copay A referral is required.
<b>Diabetes Supplies and Services</b>	Diabetes self-management training: \$0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 0% coinsurance When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products. Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). *See Evidence of Coverage for a complete listing.
<b>Durable Medical Equipment</b> <i>(wheelchairs, oxygen, etc.)</i>	20% Coinsurance Prior authorization may be required.
<b>Foot Care</b> <i>(podiatry services)</i>	\$40 Copay A referral is required.
<b>Home Healthcare</b>	\$0 Copay A referral is required.
<b>Hospice</b>	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.

<b>Essence Advantage (HMO)</b>	
<b>Outpatient Rehabilitation Services</b>	<p>Cardiac rehabilitation services: \$20 copay per day</p> <p>Occupational, speech and language therapy visits: \$40 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>Outpatient Substance Abuse</b>	<p>Individual visit: \$15 copay</p> <p>Group visit: \$10 copay</p> <p>Prior authorization may be required.</p>
<b>Over-the-Counter (OTC) Coverage/ Flexible Benefits Card</b>	<p>\$55 Credit per quarter, supplied in the form of a debit card (Flexible Benefits Card), provided by WEX, to use on health-related OTC items</p> <p>Any unused balance will not carry over from quarter to quarter and will expire at the end of the calendar year.</p> <p>For more information, please see the Evidence of Coverage.</p>
<b>Prosthetic Devices</b>	<p>Prosthetic devices: 20% coinsurance</p> <p>Related medical supplies: 20% coinsurance</p> <p>Prior authorization may be required.</p>
<b>Virtual/ Telehealth Visits</b>	<p>\$10–\$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>Health club membership/fitness classes through SilverSneakers®: \$0 copay</p>

# Index

Acupuncture.....	12
Ambulance.....	9
Ambulatory Surgical Center (ASC).....	5
Chiropractic Care.....	12
Deductible.....	5
Dental Services.....	7
Diabetes Supplies and Services.....	12
Diagnostic Services/Labs/Imaging.....	7
Doctor Visits.....	5
Durable Medical Equipment.....	12
Emergency Care.....	7
Foot Care.....	12
Hearing Services.....	7
Home Healthcare.....	12
Hospice.....	12
Inpatient Hospital Coverage.....	5
Maximum Out-of-Pocket Responsibility.....	5
Medicare Part B Drugs.....	9
Mental Health Services.....	8
Monthly Plan Premium.....	5
Outpatient Hospital Coverage.....	5
Outpatient Rehabilitation Services.....	13
Outpatient Substance Abuse.....	13
Over-the-Counter (OTC) Coverage/Flexible Benefits Card.....	13
Part D Prescription Drug Benefits.....	10
Deductible.....	10
Initial Coverage.....	10
Coverage Gap.....	11
Catastrophic Coverage.....	11
Physical Therapy.....	9
Preventive Care.....	6
Prosthetic Devices.....	13
Skilled Nursing Facility (SNF).....	8
Transportation.....	9
Urgently Needed Services.....	7
Virtual/Telehealth Visits.....	13
Vision Services.....	8
Wellness Programs.....	13

# Pre-Enrollment Checklist

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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 customer service representative at 1-866-947-5816 (TTY: 711).

## Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit [EssenceHealthcare.com](https://www.essencehealthcare.com) or call 1-866-947-5816 (TTY: 711) to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the Provider Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

- 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/coinsurance may change on January 1, 2024.
- 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 includes HMO, HMO-POS and PPO plans with Medicare contracts. Essence Healthcare also includes an HMO D-SNP plan with a contract with Medicare and the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal. All Essence plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the plan service area.

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 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.

**Toll-free: 1-866-947-5816 (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.



13900 Riverport Drive  
Maryland Heights, MO 63043  
EssenceHealthcare.com