



2021

Summary of Benefits

Essence Advantage (HMO)

Essence Advantage Plus (HMO)

Essence Advantage Select (HMO)

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

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SUMMARY OF BENEFITS

January 1, 2021 – December 31, 2021

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.

This Summary of Benefits booklet gives you a summary of what **Essence Advantage (HMO), Essence Advantage Plus (HMO) and Essence Advantage Select (HMO)** cover and what you pay.

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.Medicare.gov.
- 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, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Essence Advantage, Essence Advantage Plus and Essence Advantage Select**
- Table of Contents
- 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 customer service at 1-866-597-9560 (TTY: 711).

Things to Know About Essence Advantage, Essence Advantage Plus and Essence Advantage Select

Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

Essence Advantage/Essence Advantage Plus/Essence Advantage Select Phone Numbers and Website

- If you have questions, call toll-free 1-866-509-5399 (TTY: 711).
- Our website: www.EssenceHealthcare.com

Who can join?

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

What is an HMO?

An HMO, or Health Maintenance Organization, is a type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage.

Which doctors, hospitals and pharmacies can I use?

Essence Advantage, Essence Advantage Plus and Essence Advantage Select have a network of doctors, hospitals, pharmacies and other providers. If you use the 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 at our website 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.
- 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.

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

	Essence Advantage (HMO)
Monthly Plan Premium	\$0 per month. You must continue to pay your Medicare Part B premium.
Deductibles	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>The maximum out-of-pocket amount is the most that you pay out-of-pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$1,900 for covered hospital and medical services you receive from in-network providers. <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)
Inpatient Hospital Coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$265 copay per day, per stay: days 1–7 • \$0 copay per day, per stay: day 8 and beyond <p>Prior authorization is required.</p>
Outpatient Hospital Coverage	<p>Ambulatory surgical center: \$175 copay</p> <p>Outpatient hospital: \$250 copay or 20% co-insurance, depending on the service or visit</p> <p>Prior authorization is required.</p> <p>A referral is required for outpatient hospital services.</p>

Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<p>\$73 per month. You must continue to pay your Medicare Part B premium.</p>	<p>\$0 per month. You must continue to pay your Medicare Part B premium.</p>
<p>This plan does not have a deductible.</p>	<p>This plan does not have a deductible.</p>
<p>The maximum out-of-pocket amount is the most that you pay out-of-pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$1,700 for covered hospital and medical services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, hospital and medical services are still covered, and we pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.</p>	<p>The maximum out-of-pocket amount is the most that you pay out-of-pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$2,900 for covered hospital and medical services you receive from in-network providers. <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>

Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$195 copay per day, per stay: days 1–9 • \$0 copay per day, per stay: day 10 and beyond <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$300 copay per day, per stay: days 1–7 • \$0 copay per day, per stay: day 8 and beyond <p>Prior authorization is required.</p>
<p>Ambulatory surgical center: \$100 copay</p> <p>Outpatient hospital: \$150 copay or 20% co-insurance, depending on the service or visit</p> <p>Prior authorization is required.</p> <p>A referral is required for outpatient hospital services.</p>	<p>Ambulatory surgical center: \$175 copay</p> <p>Outpatient hospital: \$250 copay or 20% co-insurance, depending on the service or visit</p> <p>Prior authorization is required.</p> <p>A referral is required for outpatient hospital services.</p>

Essence Advantage (HMO)

Doctor Visits (Primary Care Providers and Specialists)

Primary care physician (PCP) visit: \$0 copay

Specialist visit: \$35 copay

A referral is required for specialist visits.

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 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.

Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
Primary care physician (PCP) visit: \$0 copay	Primary care physician (PCP) visit: \$0 copay
Specialist visit: \$30 copay	Specialist visit: \$45 copay
A referral is required for specialist visits.	A referral is required for specialist visits.
You pay nothing.	You pay nothing.
<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • 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 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) 	<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • 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 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.	Any additional preventive services approved by Medicare during the contract year will be covered.

Essence Advantage (HMO)

Emergency Care

\$120 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.

Urgently Needed Services

\$35 copay within the United States

\$120 copay outside of the United States

We provide worldwide coverage.

Diagnostic Services/Labs/ Imaging

(Costs for these services may vary based on place of service)

Lab services: 0% co-insurance

Diagnostic procedures and tests:
20% co-insurance

Diagnostic colonoscopies: \$0 copay

X-rays: \$20 copay

Diagnostic radiology services (such as MRI, CT and PET scans): 20% co-insurance

Therapeutic radiology services (such as radiation treatment for cancer):
20% co-insurance.

Prior authorization and a referral are required.

There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they are ordered as a preventive service.

Hearing Services

Medicare-covered exam to diagnose hearing and balance issues: \$20 copay

Routine hearing exam: \$20 copay

A referral is required for Medicare-covered hearing services.

\$1,000 allowance for up to 2 hearing aids every 2 years (both ears combined)

One fitting/evaluation for hearing aids every 2 years: \$0 copay

Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<p>\$120 copay</p> <p>If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the "Inpatient Hospital Care" section of this booklet for other costs.</p> <p>We provide worldwide coverage.</p>	<p>\$120 copay</p> <p>If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the "Inpatient Hospital Care" section of this booklet for other costs.</p> <p>We provide worldwide coverage.</p>
<p>\$25 copay within the United States</p> <p>\$120 copay outside of the United States</p> <p>We provide worldwide coverage.</p>	<p>\$35 copay within the United States</p> <p>\$120 copay outside of the United States</p> <p>We provide worldwide coverage.</p>
<p>Lab services: 0% co-insurance</p> <p>Diagnostic procedures and tests: 20% co-insurance</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>X-rays: \$20 copay</p> <p>Diagnostic radiology services (such as MRI, CT and PET scans): 20% co-insurance</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance.</p> <p>Prior authorization and a referral are required.</p> <p>There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they are ordered as a preventive service.</p>	<p>Lab services: 0% co-insurance</p> <p>Diagnostic procedures and tests: 20% co-insurance</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>X-rays: \$20 copay</p> <p>Diagnostic radiology services (such as MRI, CT and PET scans): 20% co-insurance</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance.</p> <p>Prior authorization and a referral are required.</p> <p>There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they are ordered as a preventive service.</p>
<p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay</p> <p>Routine hearing exam: \$20 copay</p> <p>A referral is required for Medicare-covered hearing services.</p> <p>\$1,000 allowance for up to 2 hearing aids every 2 years (both ears combined)</p> <p>One fitting/evaluation for hearing aids every 2 years: \$0 copay</p>	<p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay</p> <p>Routine hearing exam: \$20 copay</p> <p>A referral is required for Medicare-covered hearing services.</p> <p>Hearing aids are not covered.</p>

Dental Services

Essence Advantage (HMO)

Preventive dental services: \$0 copay

Preventive services include:

- Periodic oral evaluation (2 every calendar year)
- Routine cleaning (2 every calendar year)
- Fluoride treatment (1 every calendar year)
- Horizontal bitewing X-ray(s) (up to 4, once every calendar year)

Medicare-covered dental services: \$35 copay

A referral is required to visit an oral surgeon for Medicare-covered services and those services require a prior authorization.

Essence Advantage Plus (HMO)

Preventive dental services: \$0 copay

Preventive services include:

- Periodic oral evaluation (2 every calendar year)
- Routine cleaning (2 every calendar year)
- Fluoride treatment (1 every calendar year)
- Horizontal bitewing X-ray(s) (up to 4, once every calendar year)

Medicare-covered dental services: \$30 copay

A referral is required to visit an oral surgeon for Medicare-covered services and those services require a prior authorization.

Essence Advantage Select (HMO)

Covered diagnostic and preventive dental services: \$0 copay

Preventive services include:

- Periodic oral, limited oral evaluation, comprehensive oral exam (2 every calendar year)
- Horizontal bitewing X-ray images (up to 4 once every calendar year)
- Routine cleaning (2 every calendar year)
- Fluoride treatment (topical application once every calendar year)

Medicare-covered dental services: \$45 copay

A visit to an oral surgeon for Medicare-covered services requires a prior authorization.

*Comprehensive services include (but are not limited to):

Yearly Deductible: \$100 (must be met before benefits for comprehensive dental services are available)

Restorative Services (Amalgam/Resin fillings, Inlays/Onlays, Protective restorations, Crowns/Post and core or crown buildup, Crown Repair when material failure and Retrograde filling):

20-50% co-insurance after deductible

Endodontics (Root canal treatment, Retreatment root canal therapy, Apicoectomy and Pulpotomy):

50% co-insurance after deductible

Periodontics (Periodontal surgery, Scaling and root planning, Full mouth debridement, Clinical crown lengthening and Gingivectomy):

50% co-insurance after deductible

Extractions (Simple extractions/Surgical extractions, General anesthesia – when clinically necessary):

20-50% co-insurance after deductible

Major Restoratives - Prosthodontics (Dentures (complete, partial, or immediate) and Fixed bridges):

20-50% co-insurance after deductible

Other oral surgical procedures, including alveoloplasty and vestibuloplasty:

20-50% co-insurance after deductible

Prosthetic Maintenance (Bridge or Denture Repair, Adjustment to Dentures, Tissue Conditioning, Repair, Replace or Add Teeth to Existing Partial or Full Dentures, Rebase and reline dentures and Recement bridges, crowns, onlays and inlays crowns):

20-50% co-insurance after deductible

Yearly Maximum Benefit for Preventive and Comprehensive services: \$1,000

*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.

Essence Advantage (HMO)

Vision Services

Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$35 copay

Diabetic eye exams performed by a specialist such as an ophthalmologist or optometrist: \$0 copay

A referral from your PCP is required.

1 pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay

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

1 routine eye exam every calendar year: \$0 copay

Refraction covered as part of exam

1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every 24 months: \$0 copay

1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) every 2 calendar years. Our plan pays up to \$200 every 2 calendar years for eyeglass frames or contact lenses: \$0 copay

Upgrades may come at an additional cost.

Mental Health Services

Inpatient visit:

Our plan covers an unlimited number of days for an inpatient hospital stay.

- \$250 copay per day, per stay: days 1–7
- \$0 copay per day, per stay: day 8 and beyond
- Outpatient individual visit: \$35 copay
- Outpatient group visit: \$25 copay

Prior authorization is required.

Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$30 copay</p> <p>Diabetic eye exams performed by a specialist such as an ophthalmologist or optometrist: \$0 copay</p> <p>A referral from your PCP is required.</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 24 months: \$0 copay</p> <p>1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) every 2 calendar years. Our plan pays up to \$200 every 2 calendar years for eyeglass frames or contact lenses: \$0 copay</p> <p>Upgrades may come at an additional cost.</p>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$45 copay</p> <p>Diabetic eye exams performed by a specialist such as an ophthalmologist or optometrist: \$0 copay</p> <p>A referral from your PCP is required.</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 24 months: \$0 copay</p> <p>1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) every 2 calendar years. Our plan pays up to \$200 every 2 calendar years for eyeglass frames or contact lenses: \$0 copay</p> <p>Upgrades may come at an additional cost.</p>
<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$195 copay per day, per stay: days 1–6 • \$0 copay per day, per stay: day 7 and beyond • Outpatient individual visit: \$35 copay • Outpatient group visit: \$25 copay <p>Prior authorization is required.</p>	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> • \$290 copay per day, per stay: days 1–6 • \$0 copay per day, per stay: day 7 and beyond • Outpatient individual visit: \$40 copay • Outpatient group visit: \$35 copay <p>Prior authorization is required..</p>

Essence Advantage (HMO)

Skilled Nursing Facility

The plan covers up to 100 days each benefit period. No prior hospital stay is required.

- \$0 copay per day, per stay: days 1–20
- \$125 copay per day, per stay: days 21–100

Prior authorization is required.

Physical Therapy

\$30 copay

A referral is required.

Ambulance

\$220 copay

This copay applies to each one-way trip.

Prior authorization may be required for non-emergent transportation by ambulance.

Transportation

\$0 copay

Limited to 24 one-way trips to plan-approved locations every year.

Prescription Drugs

Essence Advantage (HMO)

Medicare Part B Drugs

For Part B drugs such as chemotherapy drugs: 20% co-insurance

Other Part B drugs: 20% co-insurance

Prior authorization is required.

Deductible

This plan does not have a deductible.

Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<p>The plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 copay per day, per stay: days 1–20 • \$125 copay per day, per stay: days 21–100 <p>Prior authorization is required.</p>	<p>The plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> • \$0 copay per day, per stay: days 1–20 • \$170 copay per day, per stay: days 21–100 <p>Prior authorization is required.</p>
<p>\$20 copay</p> <p>A referral is required.</p>	<p>\$40 copay</p> <p>A referral is required.</p>
<p>\$150 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>	<p>\$220 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>
<p>\$0 copay</p> <p>Limited to 24 one-way trips to plan-approved locations every year.</p>	<p>\$0 copay</p> <p>Limited to 24 one-way trips to plan-approved locations every year.</p>

Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<p>For Part B drugs such as chemotherapy drugs: 20% co-insurance</p> <p>Other Part B drugs: 20% co-insurance</p> <p>Prior authorization is required.</p>	<p>For Part B drugs such as chemotherapy drugs: 20% co-insurance</p> <p>Other Part B drugs: 20% co-insurance</p> <p>Prior authorization is required.</p>
<p>This plan does not have a deductible.</p>	<p>This plan does not have a deductible.</p>

Essence Advantage (HMO)

Initial Coverage

You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and your Part D plan.

Preferred Retail Cost Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$39 copay	\$78 copay	\$117 copay
Tier 4 (Non-Preferred Brand)	\$75 copay	\$150 copay	\$225 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered
Tier 6 (Insulins)	\$0 copay	\$0 copay	\$0 copay

Standard Retail Cost Sharing

Standard Retail Cost Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$36 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered
Tier 6 (Insulins)	\$0 copay	\$0 copay	\$0 copay

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.

Standard Mail Order Cost Sharing

Standard Mail Order Cost Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	Not Offered	Not Offered	\$0 copay
Tier 2 (Generic)	Not Offered	Not Offered	\$0 copay
Tier 3 (Preferred Brand)	Not Offered	Not Offered	\$97.50 copay
Tier 4 (Non-Preferred Brand)	Not Offered	Not Offered	\$187.50 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered
Tier 6 (Insulins)	Not Offered	Not Offered	\$0 copay

Essence Advantage Plus (HMO)			Essence Advantage Select (HMO)		
You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and your Part D plan.			You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and your Part D plan.		
30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$34 copay	\$68 copay	\$102 copay	\$39 copay	\$78 copay	\$117 copay
\$65 copay	\$130 copay	\$195 copay	\$75 copay	\$150 copay	\$225 copay
33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered
\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
\$4 copay	\$8 copay	\$12 copay	\$4 copay	\$8 copay	\$12 copay
\$12 copay	\$24 copay	\$36 copay	\$12 copay	\$24 copay	\$36 copay
\$42 copay	\$84 copay	\$126 copay	\$47 copay	\$94 copay	\$141 copay
\$80 copay	\$160 copay	\$240 copay	\$100 copay	\$200 copay	\$300 copay
33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered
\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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.

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.

30-Day Supply	60-Day Supply	90-Day Supply	30-Day Supply	60-Day Supply	90-Day Supply
Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay
Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay
Not Offered	Not Offered	\$85 copay	Not Offered	Not Offered	\$97.50 copay
Not Offered	Not Offered	\$162.50 copay	Not Offered	Not Offered	\$187.50 copay
33% co-insurance	Not Offered	Not Offered	33% co-insurance	Not Offered	Not Offered
Not Offered	Not Offered	\$0 copay	Not Offered	Not Offered	\$0 copay

Essence Advantage (HMO)

Coverage Gap

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 \$4,130.

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 costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Preferred Retail Cost Sharing

Tier 1 (Preferred Generic)

Tier 2 (Generic)

Tier 6 (Insulins)

Standard Retail Cost Sharing

Tier 1 (Preferred Generic)

Tier 2 (Generic)

Tier 6 (Insulins)

Standard Mail Order Cost Sharing

Tier 1 (Preferred Generic)

Tier 2 (Generic)

Tier 6 (Insulins)

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:

- 5% co-insurance or
- \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.
- Plan may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Essence Advantage Plus (HMO)

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 \$4,130.

After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs until your out-of-pocket costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Under this plan, you may pay even less for the generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.

Essence Advantage Select (HMO)

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 \$4,130.

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 costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Drugs Covered	30-Day Supply	60-Day Supply	90-Day Supply
All	\$0 copay	\$0 copay	\$0 copay
All	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay
Drugs Covered	30-Day Supply	60-Day Supply	90-Day Supply
All	\$4 copay	\$8 copay	\$12 copay
All	\$12 copay	\$24 copay	\$36 copay
	\$0 copay	\$0 copay	\$0 copay
Drugs Covered	30-Day Supply	60-Day Supply	90-Day Supply
All	Not Offered	Not Offered	\$0 copay
All	Not Offered	Not Offered	\$0 copay
	Not Offered	Not Offered	\$0 copay

After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:

- 5% co-insurance or
- \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.
- Plan may offer supplemental benefits in addition to Part C benefits and Part D benefits.

After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:

- 5% co-insurance or
- \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.
- Plan may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Other Covered Benefits

	Essence Advantage (HMO)
Chiropractic Care	<p>Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p>A referral is required.</p>
Diabetes Supplies and Services	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 0% co-insurance</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps)..</p> <p>*See Evidence of Coverage for a complete listing.</p>
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i>	<p>20% co-insurance</p> <p>Prior authorization may be required.</p>
Foot Care <i>(podiatry services)</i>	<p>\$35 copay</p> <p>A referral is required.</p>
Home Health Care	<p>\$0 copay</p> <p>A referral is required.</p>
Hospice	<p>You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.</p>
Outpatient Substance Abuse	<p>Individual visit: \$35 copay</p> <p>Group visit: \$25 copay</p> <p>Prior authorization is required.</p>
Over-the-Counter Coverage (OTC)	<p>\$95 credit per quarter to use on approved health products that can be ordered online, by phone or by mail.</p> <p>Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.</p> <p>Members with diabetes receive an extra \$50 OTC allowance per quarter.</p>

Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
<p>Manual manipulation of the spine to correct subluxation: \$15 copay</p> <p>A referral is required.</p>	<p>Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p>A referral is required.</p>
<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 0% co-insurance</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps)..</p> <p>*See Evidence of Coverage for a complete listing.</p>	<p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 0% co-insurance</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps)..</p> <p>*See Evidence of Coverage for a complete listing.</p>
<p>20% co-insurance</p> <p>Prior authorization may be required.</p>	<p>20% co-insurance</p> <p>Prior authorization may be required.</p>
<p>\$30 copay</p> <p>A referral is required.</p>	<p>\$45 copay</p> <p>A referral is required.</p>
<p>\$0 copay</p> <p>A referral is required.</p>	<p>\$0 copay</p> <p>A referral is required.</p>
<p>You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.</p>	<p>You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.</p>
<p>Individual visit: \$35 copay</p> <p>Group visit: \$25 copay</p> <p>Prior authorization is required.</p>	<p>Individual visit: \$40 copay</p> <p>Group visit: \$35 copay</p> <p>Prior authorization is required.</p>
<p>\$95 credit per quarter to use on approved health products that can be ordered online, by phone or by mail.</p> <p>Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.</p> <p>Members with diabetes receive an extra \$50 OTC allowance per quarter.</p>	<p>\$95 credit per quarter to use on approved health products that can be ordered online, by phone or by mail.</p> <p>Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.</p>

Essence Advantage (HMO)

Prosthetic Devices	<p>Prosthetic devices: 20% co-insurance</p> <p>Related medical supplies: 20% co-insurance</p> <p>Prior authorization may be required.</p>
Outpatient Rehabilitation Services	<p>Cardiac rehabilitation services: \$30 copay per day</p> <p>Occupational, speech and language therapy visits: \$30 copay</p> <p>A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p> <p>A referral is required.</p>
Virtual/Telehealth Visits	<p>\$0-\$35 copay</p> <p>You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office.*</p> <p>A referral is not required for a PCP visit, but a referral is required for a specialist visit. An authorization is needed for a visit to a mental health provider.</p> <p>*Applies to select providers.</p>
Wellness Programs	<p>Health club membership/fitness classes through SilverSneakers®: \$0 copay</p>
Acupuncture	<p>Medicare-Covered services (chronic low back pain) Copay: \$35</p> <p>Prior authorization and a referral are required.</p>

Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.	Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.
Cardiac rehabilitation services: \$20 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: \$40 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.
\$0-\$35 copay You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office.* A referral is not required for a PCP visit, but a referral is required for a specialist visit. An authorization is needed for a visit to a mental health provider. *Applies to select providers.	\$0-\$45 copay You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office.* A referral is not required. An authorization is required for a visit to a mental health provider. *Applies to select providers.
Health club membership/fitness classes through SilverSneakers®: \$0 copay	Health club membership/fitness classes through SilverSneakers®: \$0 copay
Medicare-Covered services (chronic low back pain) Copay: \$30 Prior authorization and a referral are required.	Medicare-Covered services (chronic low back pain) Copay: \$45 Prior authorization and a referral are required.

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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 customer service representative at 1-866-597-9560 (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 or call 1-866-597-9560 (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, 2022.
- 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.

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.

**13900 Riverport Drive
Maryland Heights, MO 63043
www.EssenceHealthcare.com**

**Local: 314-209-2700
Toll-free: 1-866-597-9560
TTY users dial: 711
8 a.m. to 8 p.m., seven days a week**

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

