



2021

Enrollment Kit

MEDICARE ADVANTAGE

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



THANK YOU!

Thank you for your interest in Essence Healthcare. This enrollment kit includes important information that will help you determine if an Essence Medicare Advantage plan is right for you or a loved one. If you have any questions, please feel free to give us a call. We are here to help.



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MAKING MEDICARE

*Simpler, Easier &
More Affordable*

PLANS STARTING AT A \$0 MONTHLY PREMIUM

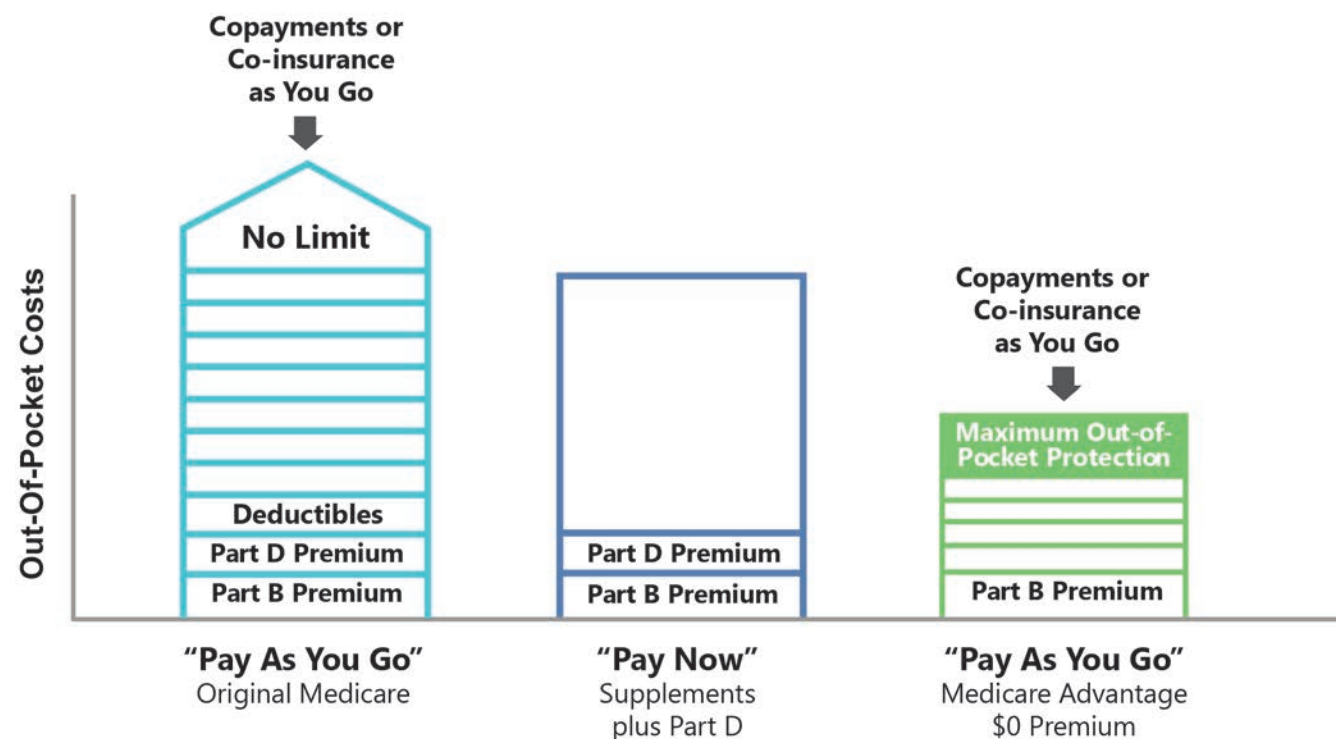
- ✓ All the benefits of Medicare Parts A and B
- ✓ Low copays on thousands of brand and generic medications
- ✓ \$0 for generic drugs at preferred pharmacies
- ✓ No medical or prescription drug deductibles
- ✓ A large network of the St. Louis region's finest doctors and hospitals to choose from
- ✓ Money-saving extra benefits including dental, vision, transportation, fitness club memberships and more
- ✓ Coverage when traveling

And much more...

IT'S GOOD TO HAVE OPTIONS

One of the great things about Medicare is that it lets you choose how to get your health and prescription drug coverage by offering you several options.

When reviewing your options, it is important to consider that Original Medicare (Parts A and B) only covers 80 percent of your medical bills. That leaves 20 percent of the bill up to you and makes budgeting for healthcare nearly impossible. In addition, Original Medicare does not include prescription drug coverage. Without added coverage and protection, an unexpected illness or injury could put your savings at risk. That is why most people, after signing up for Parts A and B, get extra coverage and protection by picking one of these three common options.



OPTION 1: Original Medicare plus a Part D Prescription Drug Plan

Some people choose to pair Original Medicare with a separate Part D drug plan. This coverage option will help you with the cost of prescription drugs, but it will not help you with the medical costs that Original Medicare doesn't cover. Part D plans are run by private companies, and also come with premiums that can vary based on how much they cover.



OPTION 2: Original Medicare plus a Medicare Supplement and a Part D Prescription Drug Plan

Some people purchase a separate Part D drug plan and then add a Medicare supplement policy to make up for the things Medicare Parts A and B don't cover. This means that you will be dealing with three companies to get essential coverage. Medicare supplements can also be expensive, and the premiums vary based on the type of policy you choose and your age and health condition when you sign up. Medicare supplements follow the "pay now" payment method, where you pay the same amount every month even if you don't see your doctor or need medical care. It's also important to note that extra benefits like dental and vision are not offered.



OPTION 3: Medicare Advantage Plan

A popular option is to join a Medicare Advantage (MA) plan. These plans cover all the things that Original Medicare covers, as well as the 20 percent it does not. Most plans include Part D prescription drug coverage. They are also designed to include a built-in "safety net" that puts a limit on the amount you will have to pay out of your own pocket each year. This keeps your savings and retirement safe, even if you would require more extensive care. Several MA plans offer a \$0 premium and operate on a "pay-as-you-go" basis. Often referred to as "all-in-one" plans, MA plans generally offer valuable additional benefits like dental and vision at no extra cost.



THE MANY ADVANTAGES OF MEDICARE ADVANTAGE

As more people in the St. Louis area become familiar with all the benefits of joining a Medicare Advantage plan, this option is becoming very popular. Here are some of the reasons why.

Medicare Advantage plans are provided by private companies that are paid by the government to administer your Medicare benefits. When you join a Medicare Advantage plan, you are still in the Medicare program and have all the same rights and protections of Original Medicare.

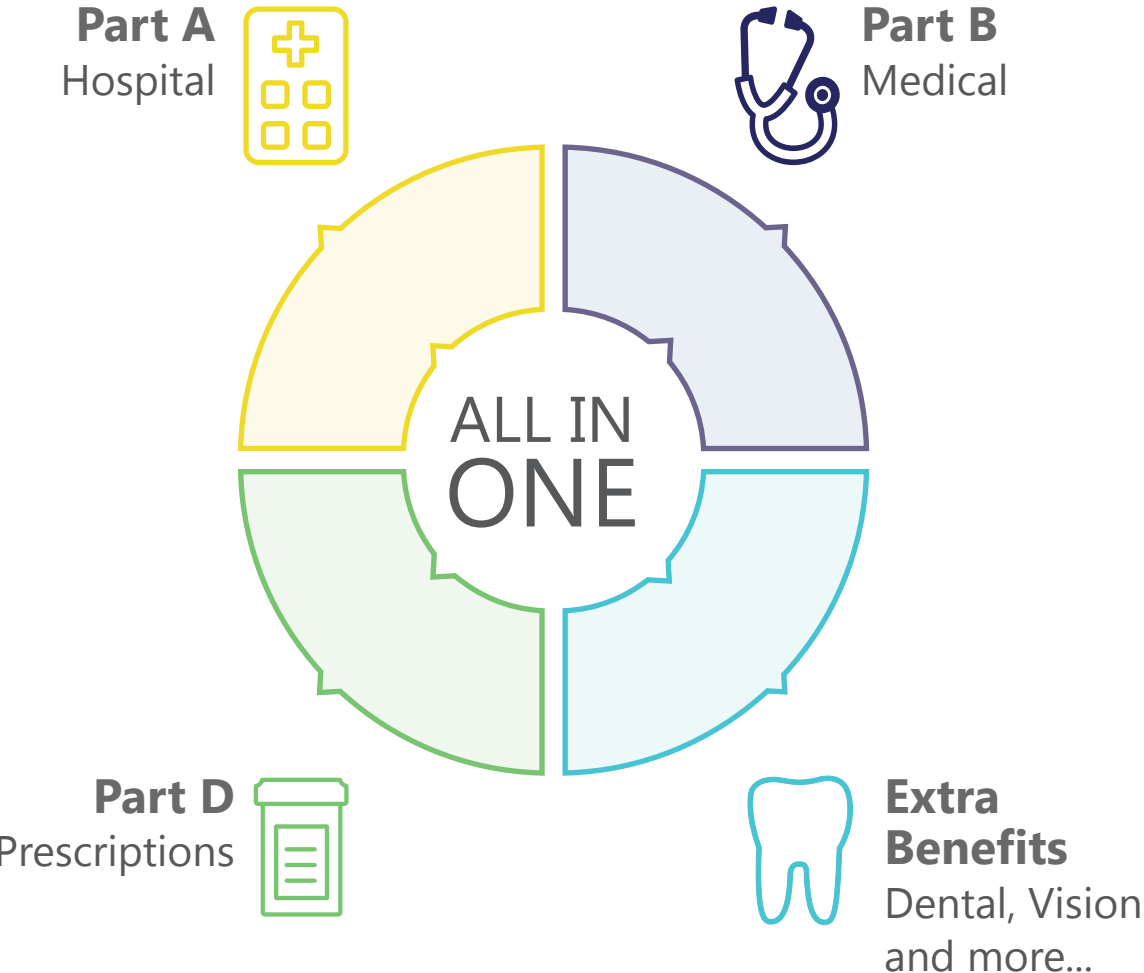
Medicare Advantage plans cover all the things that Original Medicare covers and typically include Part D prescription drug coverage, as well as additional benefits like dental and vision. These “all-in-one” plans are a popular option among those looking for a simpler and more affordable way to get all the coverage they need — without having to pay the expensive premiums found with Medicare supplements and standalone Part D drug plans.

Many people also appreciate the more personal and attentive service they get with Medicare Advantage plans. This level of service is often not available with just Original Medicare or Medicare supplements.

All-in-One Coverage with Medicare Advantage

Most Medicare Advantage plans include medical, hospital and prescription drug coverage, as well as extra benefits not included in Original Medicare or Medicare supplements.

With Medicare Advantage plans, you only pay for the coverage you use as opposed to Medicare supplements where you pay the same amount each month even if you don't use any of your benefits.



DISCOVER WHY SO MANY PEOPLE CHOOSE ESSENCE HEALTHCARE

As a company founded by doctors in St. Louis, we take great pride in serving our friends and neighbors each and every day. Our unique approach to Medicare insurance has helped us become one of the most popular Medicare plans in the St. Louis region. More importantly, it has earned us the trust of more than 65,000 people and the privilege of helping them live happier and healthier lives.

Here are just some of the many reasons people trust Essence to provide them with their Medicare coverage:



All-In-One Coverage

Essence bundles medical, hospital and prescription drug coverage together into one convenient plan. With one insurance card and one number to call, we eliminate the hassle and cost of dealing with multiple insurance companies so you can focus on more important things.



Money-Saving Extra Benefits

Every Essence plan comes with important extra benefits for no additional premium including dental, vision, transportation to and from doctor appointments, free memberships to health clubs through the popular SilverSneakers® program, and coverage on over-the-counter products such as non-prescription drugs and health-related items.



Affordable

At Essence, we not only focus on protecting your health, but also your pocketbook. We are committed to delivering you more value with a plan that has a \$0 monthly premium, that has no deductibles and comes with low predictable copays for doctor visits, hospital stays and prescription drugs.



Focus

We are a private company born and bred in St. Louis. We focus exclusively on serving the needs of people with Medicare throughout the community. This is all we do, and because of that focus, we like to think we do it well. As a member of Essence, you can be confident in knowing that your health is our one and only priority.



Financial Security

All of our plans include out-of-pocket protection that limits your annual healthcare costs and protects your savings in case of an emergency or unexpected illness. This important protection is not offered by traditional Medicare plans.



Coverage When Traveling

Whether you are making a trip out of state or out of the country, we have you covered. If you ever get sick or injured when away from home, you can rest easy knowing you have emergency or urgent care coverage.



Highly Rated

Essence Healthcare is consistently among the highest-rated plans in the nation.* We are also very proud of our A+ rating with the Better Business Bureau.



Service the Way it Should Be

Many people join Essence for the great benefits and stay with us year after year because of our great customer service. If you ever have an issue or question, your call will be promptly answered by one of our friendly and knowledgeable representatives located right here in the St. Louis area. There are no complicated phone trees to navigate, and you'll never be endlessly transferred around to get an answer.



Great Doctors

Essence has handpicked the area's finest doctors and hospitals to participate in the Essence provider network. These providers all share our commitment to delivering high-quality care and personal and attentive service.



Stability

We have been proudly serving our friends and neighbors throughout the St. Louis area since 2004. The overwhelming support of people throughout our community has helped us become one of the area's most popular Medicare plans.

COORDINATED CARE - THE ESSENCE EXPERIENCE

Healthcare is Complicated; It's Good to Have Help Along the Way.

People often turn to highly trained professionals such as lawyers or accountants to look out for them, work in their best interest and guide them to make sound decisions.

“I've been with Essence since the beginning, and I'm really happy I joined.”
Bill K.

We believe healthcare should be no different, and that having a trusted relationship with a primary care physician is one of the most important things when it comes to great healthcare.

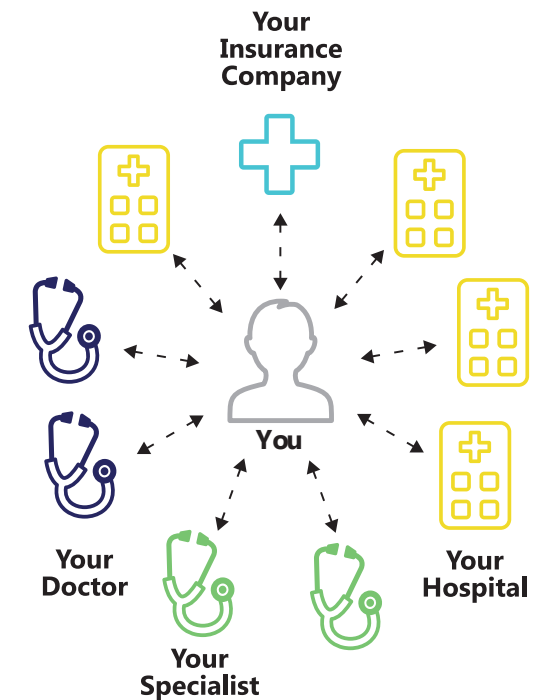
At Essence, we work closely with your doctor—providing tools, information and funding that affords your doctor more time to sit and listen to you, help you stay healthy and coordinate your care if you are sick or injured.

Your doctor becomes your “go-to” person when you have a health issue that may require special care or a visit to the hospital. He or she will help you find the best specialist to diagnose or treat you and then work with your specialist to monitor how you are doing and make sure nothing slips through the cracks.

With Essence, you are not alone. You can rest easy knowing you have a local team of doctors, nurses and healthcare professionals who are focused on making sure you get the medical care you need.

Uncoordinated Care

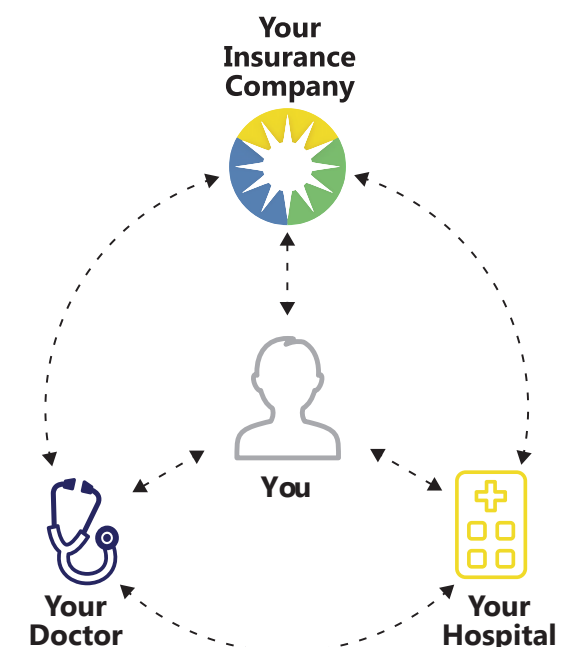
With other Medicare coverage options, you are often left on your own to figure things out. When sick or injured, it is often up to you or a loved one to try and coordinate everything and make sure all those responsible for your care know what the other is doing. This is typically the last thing you want to have to do — especially when you are sick. Unfortunately, this is fairly common in healthcare. If this has ever happened to you or a loved one, you are not alone.



VS.

Coordinated Care

We believe a coordinated approach is better, and that people shouldn't have to go it alone. When you are an Essence member, your doctor and a team of healthcare professionals are there to help. Think of them as an extra set of eyes always looking out for your best interest and making sure you get the care you need.



BENEFITS AT A GLANCE

Hospital & Medical Coverage

For more details and a complete list of all benefits, please review our Summary of Benefits. As always, one of our helpful Medicare experts will be happy to walk through any of the details with you by phone or in person.

The following tables highlight just some of the many benefits included in our plans.

	Essence Advantage® (HMO)	Essence Advantage Plus® (HMO)	Essence Advantage Select® (HMO)
Monthly Premium	<\$0>	<\$73>	<\$0>
Maximum Out-of-Pocket Limit	<\$1,900 Per Year>	<\$1,700 Per Year>	<\$2,900 Per Year>
Annual Deductible	<\$0>	<\$0>	<\$0>
Preventive Care/Screenings	<\$0 Copay>	<\$0 Copay>	<\$0 Copay>
Primary Care Physician Visits	<\$0 Copay>	<\$0 Copay>	<\$0 Copay>
Specialist Doctor Visits	<\$35 Copay>	<\$30 Copay>	<\$45 Copay>
Urgent Care	<\$35 Copay>	<\$25 Copay>	<\$35 Copay>
Emergency Care	<\$120 Copay>	<\$120 Copay>	<\$120 Copay>
Lab Services	<0% Co-insurance>	<0% Co-insurance>	<0% Co-insurance>
Home Health Care	<100% Coverage>	<100% Coverage>	<100% Coverage>
Chiropractic Care	<\$20 Copay>	<\$15 Copay>	<\$20 Copay>
Inpatient Hospital Care	<\$265 Per Day for Days 1-7,> <\$0 Per Day for Day 8 and Beyond>	<\$195 Per Day for Days 1-9,> <\$0 Per Day for Day 10 and Beyond>	<\$300 Per Day for Days 1-7,> <\$0 Per Day for Day 8 and Beyond>
Outpatient Surgery at Hospital	<\$250 Copay>	<\$150 Copay>	<\$250 Copay>
Outpatient Surgery at Ambulatory Surgery Center	<\$175 Copay>	<\$100 Copay>	<\$175 Copay>

Part D Drug Coverage

Each Essence plan also includes generous prescription drug coverage. While we offer low copays at all participating pharmacies, you also have the option of saving even more if you get your prescriptions filled at a preferred pharmacy.

	Essence Advantage (HMO)		Essence Advantage Plus (HMO)		Essence Advantage Select (HMO)	
	Preferred Pharmacies	Other Network Pharmacies	Preferred Pharmacies	Other Network Pharmacies	Preferred Pharmacies	Other Network Pharmacies
Annual Deductible	<\$0>	<\$0 >	<\$0>	<\$0>	<\$0>	<\$0>
Tier 1 - Preferred Generics	<\$0 Copay >	<\$4 Copay>	<\$0 Copay>	<\$4 Copay >	<\$0 Copay>	<\$4 Copay>
Tier 2 - Generics	<\$0 Copay >	<\$12 Copay>	<\$0 Copay >	<\$12 Copay >	<\$0 Copay>	<\$12 Copay>
Tier 3 - Preferred Brands	<\$39 Copay >	<\$47 Copay>	<\$34 Copay >	<\$42 Copay >	<\$39 Copay >	<\$47 Copay>
Tier 4 - Non-Preferred Brands	<\$75 Copay >	<\$100 Copay>	<\$65 Copay>	<\$80 Copay >	<\$75 Copay >	<\$100 Copay>
Tier 5 - Specialty Drugs	<33% Co-insurance>	<33% Co-insurance>	<33% Co-insurance>	<33% Co-insurance>	<33% Co-insurance>	<33% Co-insurance>
Tier 6 - Insulins	<\$0 Copay >	<\$0 Copay>	<\$0 Copay >	<\$0 Copay >	<\$0 Copay>	<\$0 Copay>
Initial Coverage Limit	<\$4,130 Per Year>	<\$4,130 Per Year>	<\$4,130 Per Year>	<\$4,130 Per Year>	<\$4,130 Per Year>	<\$4,130 Per Year>

Extra Benefits

Every Essence plan also includes valuable extra benefits for no additional premium. See the following page for more details about these great additional benefits.

	Essence Advantage (HMO)	Essence Advantage Plus (HMO)	Essence Advantage Select (HMO)
Vision Care	<\$0 Copay for routine eye exam > <\$0 Copay for a pair of eyeglass frames>	<\$0 Copay for routine eye exam> <\$0 Copay for a pair of eyeglass frames>	<\$0 Copay for routine eye exam> <\$0 Copay for a pair of eyeglass frames>
Preventive Dental Care	<\$0 Copay>	<\$0 Copay>	<\$0 Copay>
Comprehensive Dental Care	<No Coverage>	<No Coverage>	<\$100 Deductible> <\$1,000 Maximum Benefit Per Year>
Over-the-Counter (OTC) Items	<\$100 Per Quarter>	<\$100 Per Quarter>	<\$100 Per Quarter>
Hearing	<\$1,000 allowance for up to 2 hearing aids every 2 years (both ears combined)>	<\$1,000 allowance for up to 2 hearing aids every 2 years (both ears combined)>	<\$20 Copay for hearing exam>
Transportation Assistance	<\$0 Copay for 24 one-way trips to approved locations per year>	<\$0 Copay for 24 one-way trips to approved locations per year>	<\$0 Copay for 24 one-way trips to approved locations per year>
SilverSneakers®	<Included at no additional cost>	<Included at no additional cost>	<Included at no additional cost>
Travel Benefits	<Emergency or urgent care coverage if you are making a trip out of state or country>	<Emergency or urgent care coverage if you are making a trip out of state or country>	<Emergency or urgent care coverage if you are making a trip out of state or country>

EXTRA BENEFITS FOR OUR MEMBERS

In addition to comprehensive medical, hospital and Part D prescription drug coverage, Essence plans also include many valuable extras not offered by Original Medicare or Medicare supplements at no additional cost to you — just another way of helping you stay healthy while saving you money.



Dental Coverage

Healthy teeth and gums can play an important role in your overall health, but dental care can be expensive. That's why we include preventive dental coverage with every Essence plan for no additional premium. One of our plan options also includes comprehensive dental coverage for no additional premium. (See page <35> for more details.)



Vision Coverage

The cost for eyeglasses, contacts and eye exams can really add up. To help you manage those costs, we include additional coverage for these items. This is important coverage not offered by Original Medicare or Medicare supplements.



SilverSneakers®

We believe staying active can help you live your life to the fullest. That's why we have partnered with SilverSneakers to give you free access to participating health clubs and a host of different classes for any fitness level. Whether you're an active gym member or just getting started, we know you will appreciate this great added benefit.

Do You Have Diabetes?

We know that managing diabetes is vital to staying healthy, and we don't ever want cost to get in the way of managing your health and treatment. That's why we offer \$0 copays for insulins, diabetic supplies and diabetic eye exams for our members with diabetes. Two of our plan options also offer members with diabetes an additional \$50 allowance per quarter for over-the-counter items.



Over-the-Counter Coverage

We know that over-the-counter (OTC) items can play an important role in helping you get and stay healthy. That's why we include coverage on OTC products such as non-prescription drugs and health-related items at no additional cost to you. OTC items include antihistamines, antacids, first aid and medical supplies, vitamins and minerals and many more.



Additional Savings at Preferred Pharmacies

Taking your medications is an important part of good health, but it can also be a big part of your overall healthcare expenses. That is why we partnered with local pharmacies to offer \$0 copays on most generic medications, as well as additional savings on other brand name medications when you fill your prescriptions at these pharmacies.

Please Note:

While many of our members take advantage of this great benefit, you are not required to use a Preferred Pharmacy as an Essence member and can choose to get your prescriptions filled at hundreds of other pharmacies.



Transportation Assistance

Regular visits to the doctor are extremely important in maintaining your health, so we never want transportation issues to prevent you from seeing your doctor. Every Essence plan includes transportation assistance to doctors and authorized medical facilities at no additional cost to you.



Hearing Aids

As we age, we may develop hearing-related needs. Because the cost of hearing aids can be overwhelming, two of our plan options provide additional coverage for hearing aids.

FREQUENTLY ASKED QUESTIONS

Q. How can you offer a plan for a \$0 premium?

A Medicare pays private insurance companies, like Essence Healthcare, to manage Medicare Advantage plans and better serve people with Medicare. By working cooperatively with doctors and hospitals, eliminating waste and focusing on helping our members stay healthy, we are able to save money. We then pass those savings on to our members in the form of generous benefits, lower copays and \$0 premiums.

Q. Does your plan come with a deductible?

A No. As an Essence member, you will not have to meet a deductible. Your coverage begins with the first dollar you spend. Typically, Original Medicare's Part B does come with a deductible, but when you sign up for an Essence plan, we cover that deductible for you so that you can start enjoying the many benefits we offer as soon as you join our plan.

Q. If I join Essence, will I lose my Original Medicare coverage?

A No. When you join Essence, you are still participating in Medicare and still have all the rights and protections you're entitled to as a Medicare beneficiary.

Q. Is this a Medicare supplement?

A No. We are not a Medicare supplement. A Medicare supplement is a private company that charges up-front monthly premiums to help cover what Original Medicare does not. It's important to note that supplements do not include Part D prescription drug coverage or extra benefits like dental and vision. Essence Healthcare is a Medicare Advantage (MA) plan. Medicare pays companies like Essence to manage MA plans. Because of this, we are able to offer all-in-one plans that include hospital, medical and Part D prescription drug coverage, as well as valuable extras like dental and vision benefits for as low as a \$0 monthly premium.

Q. How do I find out if my doctors are in the Essence provider network?

A Essence is proud to work with the finest doctors and hospitals in the area. Most likely, your doctor is in our network, but to confirm, you can go to www.EssenceHealthcare.com and search our Provider Directory. You can also call us or your insurance representative for assistance.

Q. Do I need to meet certain health conditions to be an Essence member?

A You can become an Essence member regardless of your current health. You will be covered even if you have a pre-existing condition, and your monthly premium will not increase.

Q. What is the Maximum Out-of-Pocket limit?

A The maximum out-of-pocket limit, often referred to as the "MOOP," puts a limit on what you have to pay out of your own pocket each year for covered medical expenses. Once you reach your MOOP in a given year, you will no longer have to pay copays or co-insurance for medical or hospital-related services. This is a great feature that protects your savings and makes it easy to budget for your healthcare costs, because you know you will never pay more than the maximum out-of-pocket limit for covered medical expenses.

Q. Am I covered if I travel out of the area or country?

A Whether you are making a trip out of state or out of the country, we have you covered. If you ever get sick or injured when away from home, you can rest easy knowing you have emergency or urgent care coverage.

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SUMMARY OF BENEFITS

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ENROLLMENT INFORMATION

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MEDICARE ENROLLMENT PERIODS

Medicare has different enrollment periods for Medicare beneficiaries. The chart below explains the different enrollment periods, their time frames and requirements for enrolling during that time.

Enrollment Period	Time Frame	About Enrollment Period
Annual Enrollment Period (AEP)	October 15 – December 7	During the Annual Enrollment Period, you can switch, drop or join a different Medicare plan.
Open Enrollment Period (OEP)	January 1 – March 31	This is limited to Medicare Advantage enrollees. You can make a one-time election to leave your plan and switch to another Medicare Advantage plan or Original Medicare. You can also add or drop Part D coverage during this time.
Initial Enrollment Period (IEP)	Three months before to three months after you become eligible for Medicare.	This is limited to those who are turning 65 or qualify as Medicare disabled and, therefore, are becoming eligible for Medicare for the first time.
Special Enrollment Period (SEP)	Year-round	Only in certain cases can those who are eligible for Medicare qualify for an SEP to enroll in a Medicare plan. Examples of when you would be eligible for the SEP include a recent move that made new Medicare options available to you or leaving employer or union coverage. To find out if you are eligible for the Special Enrollment Period, see the Attestation of Eligibility in the back of this booklet, talk to your licensed healthcare advisor or visit www.medicare.gov .

HOW TO ENROLL

Below are ways you can enroll in an Essence Healthcare plan.



Enroll with your licensed Essence Healthcare agent or insurance broker

Your agent or broker can help you choose the best plan for you and help you complete the Enrollment Application.



Enroll over the phone

Simply give us a call and an Essence representative will be happy to enroll you over the phone. Toll-free: 1-866-947-5816 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.



Enroll online

Go to www.EssenceHealthcare.com and click "Enroll."



Enroll on your own

Complete the Enrollment Application located in the back of this kit and mail it in using the postage-paid envelope included. Use the Enrollment Application Checklist on page <58> to help walk you through filling out your enrollment application.

WHAT TO EXPECT AFTER ENROLLMENT

Within two weeks of your enrollment form being accepted by the Centers for Medicare and Medicaid Services (CMS), you will receive the following from Essence Healthcare:



Receipt of your completed enrollment application

This confirms you submitted an enrollment application. You will receive either a copy of the receipt or confirmation number depending on how you enroll.



Outbound enrollment and verification letter

This letter is sent to confirm your intent to enroll in an Essence plan and summarize the conditions and terms of becoming an Essence member.



Member ID Card

You will receive two Member ID cards in the mail. Be sure to bring your new Member ID card every time you visit the doctor, hospital, pharmacy or dentist. It's a good idea to keep your ID card in your wallet so it is always there when you need it.



Welcome Kit

This kit includes important plan information such as the Enrollment Letter, Evidence of Coverage, New Member Guide and more.



Altegra Health Assistance Letter

If you qualify, you may receive a letter on how to get extra help with your Medicare premiums and other healthcare costs.



Essence Advantage Plus (HMO) plan members only: Premium Charge

If you enrolled in the Essence Advantage Plus (HMO) plan, you will receive a bill for your premium.

ENROLLMENT APPLICATION CHECKLIST

To get started, you'll need an enrollment application (located in the back of this booklet), your Medicare ID card and a pen.* Use the Enrollment Application Checklist below to help ensure all parts of the application are filled out.

Enrollment Application Checklist

	Done
1. Select a plan. Be sure to choose only one plan name.	<input type="radio"/>
2. Fill in your: <input type="radio"/> Name <input type="radio"/> Birthdate <input type="radio"/> Phone number <input type="radio"/> Address <input type="radio"/> Mailing address (if different than your permanent residence address) <input type="radio"/> Emergency contact <input type="radio"/> Email address (optional)	<input type="radio"/>
3. Fill out your Medicare Number.	<input type="radio"/>
4. Fill out your Medicare Part A and Part B effective dates, located on your Medicare ID card. If you don't have the dates, don't worry. It will not slow down the application process.	<input type="radio"/>
5. Select a payment option if you chose a plan with a premium. If the plan you selected does not have a premium, skip to the next question.	<input type="radio"/>
6. Answer the Yes/No questions. If you answer "Yes," to a question, please fill out the additional information necessary.	<input type="radio"/>
7. Fill in your primary care physician ID# and name. You can find it in the Provider Directory online or by calling the number listed below.	<input type="radio"/>
8. Read the Statement of Understanding for an explanation on enrollment periods and your rights under this plan.	<input type="radio"/>
9. Sign the Enrollment Application. You or your authorized representative must sign and date the form.	<input type="radio"/>
10. Mail your application to the address listed on the Enrollment Application.	<input type="radio"/>

**If you are enrolling in Medicare for the first time or changing your Medicare coverage outside of the AEP, fill out the Attestation of Eligibility form.*

Have questions about the Enrollment Application?

We would be happy to help. Just give us a call. Toll-free: 1-866-947-5816 (TTY: 711)

Our telephone lines are open 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.

FOR THE BEST MEDICARE ADVANTAGE PLAN, LOOK TO THE STARS

Each year the Centers for Medicare & Medicaid Services (CMS), the government agency that oversees Medicare, rates how well Medicare Advantage plans perform in many different categories. Ratings are based on surveys of existing health plan members, information collected from doctors, information submitted by the various health plans and results from CMS monitoring.

Star Ratings Scale

- ★ ★ ★ ★ ★ = Excellent
- ★ ★ ★ ★ = Above Average
- ★ ★ ★ = Average
- ★ ★ = Below Average
- ★ = Poor



Why are Star Ratings Important?

Star Ratings give you an unbiased view of a health plan by offering a single summary score that makes it easy for you to compare different plans based on quality and performance. They are a lot like Consumer Reports®, but specific to Medicare plans. It is important to note that Star Ratings are assessed every year and can change from one year to the next. New ratings come each October. You can always find the latest Star Ratings for all the different plans at www.medicare.gov.

Where Does Essence Rank?

Essence Healthcare is consistently among the highest-rated plans in the nation. For our latest Star Rating, please see the insert in the back of this kit. You can also visit www.medicare.gov to see how our Star Rating compares to other plans in the area.*

Essence Enrollment Applications	<0>
Attestation of Eligibility Form	<0>
Star Ratings	<0>





Please contact Essence Healthcare (HMO) if you need information in another language or format (Braille, large print, etc.)

TO ENROLL IN An Essence Healthcare (HMO) PLAN, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Please check which plan you want to enroll in:

- Essence Healthcare *Advantage*® (HMO) (St. Louis Area) - \$0 per month
- Essence Healthcare *Advantage Plus*® (HMO) (St. Louis Area) - \$73 per month
- Essence Healthcare *Advantage*® (HMO) (Boone County) - \$0 per month
- Essence Healthcare *Advantage*® Select (HMO) (St. Louis Area) - \$0 per month

Last Name:		First Name:		Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birth Date: (__ / __ / ____) (M M / D D / Y Y Y Y)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: ()		Alternate Phone Number: ()
Permanent Residence Street Address (P.O. boxes not allowed)					County:
City:		State:		Zip Code:	
Mailing Street Address (only if different from your Permanent Residence Address):					
City:		State:		Zip:	
E-mail Address (optional):					
Emergency Contact:				Phone Number:	
Relationship to You:					

PLEASE PROVIDE YOUR MEDICARE INSURANCE INFORMATION

<p>Please take out your red, white, and blue Medicare card to complete this section:</p> <ul style="list-style-type: none"> • Fill out the information as it appears on your Medicare card. -OR- • Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. <p>You must have Medicare Part A and Part B to join a Medicare Advantage plan.</p>	Name (as it appears on your Medicare card):
	Medicare Number: _____
	Is Entitled To
	Effective Date:
Hospital (Part A)	___ / ___ / _____
Medical (Part B)	___ / ___ / _____

PAYING YOUR PLAN PREMIUM

If you enroll in a zero-premium plan and it is determine that you owe a late enrollment penalty, (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can choose to pay by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check, electronic funds transfer (EFT) from your bank, credit card, debit card or online check via a secure website, or check via mail. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by SSA. You will be responsible for paying this extra amount in addition to your monthly charges. You will either have the amount withheld from your SSA benefit check or be billed directly by Medicare or the RRB. DO NOT pay Essence Healthcare the Part D-IRMAA.

If you enroll in a plan with a premium: You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month.

You can also choose to pay your premium by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check, each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Essence Healthcare the Part D-IRMAA.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs (Low Income Subsidy/LIS), Medicare will pay all or portion of your plan premium. If Medicare pays only a portion of this premium, we will invoice you for the amount that Medicare doesn't cover.

If you don't select one of the payment options below, you will receive a monthly invoice.

Social Security Administration (SSA) OR Railroad Retirement Board (RRB)

It can take up to 90 days to receive SSA/RRB withhold acceptance. SSA/RRB will be deducting on the date of acceptance. Members will receive an invoice for any months prior to the withhold acceptance date by SSA/RRB, which will be their responsibility to pay. In limited circumstances, Medicare may not allow for the SSA/RRB deduction option and may instruct the plan to directly bill the member. If this occurs, you will be notified in writing.

Electronic Funds Transfer (EFT)

If you choose to have the funds taken directly out of your checking account this is referred to as Electronic Funds Transfer (EFT). If you elect this method of payment, you will receive a letter from the plan requesting a Voided Check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 10 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 1st day of the month for the current month's coverage.

Direct Pay

You will receive a monthly invoice containing payment instructions.

PLEASE READ AND ANSWER THESE IMPORTANT QUESTIONS

1 Do you have End Stage Renal Disease (ESRD)? Yes No

If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2 Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Essence Healthcare? Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

3 Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes," please provide the following information:

Name of Institution: _____

Address & Phone Number of Institution: (number and street) _____

4 Are you enrolled in your State Medicaid program? Yes No

If "yes," please provide your Medicaid number: _____

5 Do you or your spouse work? Yes No

PLEASE CHOOSE THE NAME OF A PRIMARY CARE PHYSICIAN

Primary Care Physician (PCP):

PCP # from Provider Directory:

Is this your current physician?

Dr. _____

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Yes No

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:

- Spanish German Chinese French Vietnamese
- Braille Large Print

Please contact Essence Healthcare at 1-866-509-5399 if you need information in another format or language than what is listed above. Our office hours are 8 a.m. – 8 p.m. seven days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. TTY users should call 711.



PLEASE READ THIS IMPORTANT INFORMATION



If you currently have health coverage from an employer or union, joining Essence Healthcare could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Essence Healthcare. Read the communications your employer or union sends you. If you have questions, visit their website or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

PLEASE READ AND SIGN BELOW

By completing this enrollment application, I agree to the following:

Essence Healthcare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Essence Healthcare serves a specific service area. If I move out of the area that Essence Healthcare serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Essence Healthcare, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Essence Healthcare when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date my Essence Healthcare coverage begins I must get all of my healthcare from Essence Healthcare, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Essence Healthcare and other services contained in my Essence Healthcare Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR ESSENCE HEALTHCARE WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Essence Healthcare, he or she may be paid based on my enrollment in Essence Healthcare.

Release of Information: By joining this Medicare health plan, I acknowledge that Essence Healthcare will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that Essence Healthcare will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Essence Healthcare or by Medicare.

Signature:	Today's Date:
-------------------	----------------------

If you are the authorized representative, you must sign above and provide the following information:			
Name:	Relationship to Enrollee:	Phone Number:	
Address:	City:	State:	Zip:

FOR OFFICE USE ONLY						
Confirmation # (Quick Entry or Phone Enroll):						
Plan ID#:			Effective Date of Coverage:			
Election Periods:	<input type="checkbox"/> ICEP (I)	<input type="checkbox"/> IEP (E)	<input type="checkbox"/> 2nd IEP (F)	<input type="checkbox"/> AEP (A)	<input type="checkbox"/> OEP	<input type="checkbox"/> OEPI (T)
Special Election Periods: (Check all that apply)						
FPO						
SEP (S)		SEP (V)		SEP (W)		SEP (U)
<input type="checkbox"/> SPAP <input type="checkbox"/> Loss of SNP <input type="checkbox"/> Retro Entitlement <input type="checkbox"/> Involuntary Loss/Cred. Coverage <input type="checkbox"/> Contract/Plan Non-Renewal <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate <input type="checkbox"/> Contract Term – MAO <input type="checkbox"/> Contract Term – CMS <input type="checkbox"/> CMS Sanction <input type="checkbox"/> Not informed/Cred. Coverage <input type="checkbox"/> Error/Fed Employee		<input type="checkbox"/> Permanent Move		<input type="checkbox"/> Gain or Loss of Employer Coverage		<input type="checkbox"/> Dual Eligible <input type="checkbox"/> Medicaid Loss <input type="checkbox"/> Non-Dual with LIS <input type="checkbox"/> Non-Dual LIS loss/Redeeming <input type="checkbox"/> Non-Dual LIS loss/Determining
<input type="checkbox"/> Not Eligible						
Producer Name:		Producer NPN:		Application Receipt Date:		



Please return completed application to:
 Essence Healthcare
 P.O. Box 12487
 St. Louis, MO 63132

Please call 1-866-509-5399 for more information, including free language translation services, regarding your Essence Healthcare plan. TTY users call the national relay service toll free at 711. Our telephone lines are open seven days a week from 8 a.m. to 8 p.m. You may receive 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. Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare part B premium.

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Please contact Essence Healthcare (HMO) if you need information in another language or format (Braille, large print, etc.)

TO ENROLL IN An Essence Healthcare (HMO) PLAN, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Please check which plan you want to enroll in:

Essence Healthcare *Advantage*® (HMO) (St. Louis Area) - \$0 per month
 Essence Healthcare *Advantage Plus*® (HMO) (St. Louis Area) - \$73 per month
 Essence Healthcare *Advantage*® (HMO) (Boone County) - \$0 per month
 Essence Healthcare *Advantage*® Select (HMO) (St. Louis Area) - \$0 per month

Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birth Date: (___ / ___ / _____) (M M / D D / Y Y Y Y)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: ()	Alternate Phone Number: ()
Permanent Residence Street Address(P.O. Box is not allowed):			County:
City:	State:	Zip Code:	
Mailing Street Address (only if different from your Permanent Residence Address):			
City:	State:	Zip:	
E-mail Address (optional):			
Emergency Contact:			Phone Number:
Relationship to You:			

PLEASE PROVIDE YOUR MEDICARE INSURANCE INFORMATION

Please take out your red, white, and blue Medicare card to complete this section: <ul style="list-style-type: none"> Fill out the information as it appears on your Medicare card. -OR- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. You must have Medicare Part A and Part B to join a Medicare Advantage plan.	Name (as it appears on your Medicare card):
	Medicare Number: _____
	Is Entitled To Effective Date:
	Hospital (Part A) ___ / ___ / _____
	Medical (Part B) ___ / ___ / _____

PAYING YOUR PLAN PREMIUM

If you enroll in a zero-premium plan and it is determine that you owe a late enrollment penalty, (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can choose to pay by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check, electronic funds transfer (EFT) from your bank, credit card, debit card or online check via a secure website, or check via mail. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by SSA. You will be responsible for paying this extra amount in addition to your monthly charges. You will either have the amount withheld from your SSA benefit check or be billed directly by Medicare or the RRB. DO NOT pay Essence Healthcare the Part D-IRMAA.

If you enroll in a plan with a premium: You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month.

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You can also choose to pay your premium by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check, each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Essence Healthcare the Part D-IRMAA.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs (Low Income Subsidy/LIS), Medicare will pay all or portion of your plan premium. If Medicare pays only a portion of this premium, we will invoice you for the amount that Medicare doesn't cover.

If you don't select one of the payment options below, you will receive a monthly invoice.

Social Security Administration (SSA) OR Railroad Retirement Board (RRB)

It can take up to 90 days to receive SSA/RRB withhold acceptance. SSA/RRB will be deducting on the date of acceptance. Members will receive an invoice for any months prior to the withhold acceptance date by SSA/RRB, which will be their responsibility to pay. In limited circumstances, Medicare may not allow for the SSA/RRB deduction option and may instruct the plan to directly bill the member. If this occurs, you will be notified in writing.

Electronic Funds Transfer (EFT)

If you choose to have the funds taken directly out of your banking account this is referred to as Electronic Funds Transfer (EFT). If you elect this method of payment, you will receive a letter from the plan requesting a Voided Check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 10 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 9th day of the month for the current month's coverage.

Direct Pay

You will receive a monthly invoice containing payment instructions.

PLEASE READ AND ANSWER THESE IMPORTANT QUESTIONS

1 Do you have End Stage Renal Disease (ESRD)? Yes No

If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

2 Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Essence Healthcare? Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

3 Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes," please provide the following information:

Name of Institution: _____

Address & Phone Number of Institution: (number and street) _____

4 Are you enrolled in your State Medicaid program? Yes No

If "yes," please provide your Medicaid number: _____

5 Do you or your spouse work? Yes No

PLEASE CHOOSE THE NAME OF A PRIMARY CARE PHYSICIAN

Primary Care Physician (PCP):

PCP # from Provider Directory:

Is this your current physician?

Dr. _____

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(First Name) (Last Name)

Yes No

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:

- Spanish German Chinese French Vietnamese
 Braille Large Print

Please contact Essence Healthcare at 1-866-509-5399 if you need information in another format or language than what is listed above. Our office hours are 8 a.m. – 8 p.m. seven days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. TTY users should call 711.



PLEASE READ THIS IMPORTANT INFORMATION



If you currently have health coverage from an employer or union, joining Essence Healthcare could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Essence Healthcare. Read the communications your employer or union sends you. If you have questions, visit their website or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

PLEASE READ AND SIGN BELOW

By completing this enrollment application, I agree to the following:

Essence Healthcare is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in on one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Essence Healthcare serves a specific service area. If I move out of the area that Essence Healthcare serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Essence Healthcare, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Essence Healthcare when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date my Essence Healthcare coverage begins I must get all of my healthcare from Essence Healthcare, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Essence Healthcare and other services contained in my Essence Healthcare Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR ESSENCE HEALTHCARE WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Essence Healthcare, he or she may be paid based on my enrollment in Essence Healthcare.

Release of Information: By joining this Medicare health plan, I acknowledge that Essence Healthcare will release my information to Medicare and other plans as is necessary for treatment, payment and healthcare operations. I also acknowledge that Essence Healthcare will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Essence Healthcare or by Medicare.

Signature:	Today's Date:
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If you are the authorized representative, you must sign above and provide the following information:			
Name:	Relationship to Enrollee:	Phone Number:	
Address:	City:	State:	Zip:

FOR OFFICE USE ONLY						
Confirmation # (Quick Entry or Phone Enroll):						
Plan ID#:			Effective Date of Coverage:			
Election Periods:	<input type="checkbox"/> ICEP (I)	<input type="checkbox"/> IEP (E)	<input type="checkbox"/> 2 nd IEP (F)	<input type="checkbox"/> AEP (A)	<input type="checkbox"/> OEP	<input type="checkbox"/> OEPI (T)
Special Election Periods: (Check all that apply)						
SEP (S) <input type="checkbox"/> SPAP <input type="checkbox"/> Loss of SNP <input type="checkbox"/> Retro Entitlement <input type="checkbox"/> Involuntary Loss/Cred. Coverage <input type="checkbox"/> Contract/Plan Non-Renewal <input type="checkbox"/> Contract Violations <input type="checkbox"/> Contract Term – Immediate <input type="checkbox"/> Contract Term – MAO <input type="checkbox"/> Contract Term – CMS <input type="checkbox"/> CMS Sanction <input type="checkbox"/> Not informed/Cred. Coverage <input type="checkbox"/> Error/Fed Employee		SEP (V) <input type="checkbox"/> Permanent Move SEP (W) <input type="checkbox"/> Gain or Loss of Employer Coverage		SEP (U) <input type="checkbox"/> Dual Eligible <input type="checkbox"/> Medicaid Loss <input type="checkbox"/> Non-Dual with LIS <input type="checkbox"/> Non-Dual LIS loss/Redeeming <input type="checkbox"/> Non-Dual LIS loss/Determining		
<input type="checkbox"/> Not Eligible						
Producer Name:		Producer NPN:		Application Receipt Date:		



Please return completed application to:
 Essence Healthcare
 P.O. Box 12487
 St. Louis, MO 63132

Please call 1-866-509-5399 for more information, including free language translation services, regarding your Essence Healthcare plan. TTY users call the national relay service toll free at 711. Our telephone lines are open seven days a week from 8 a.m. to 8 p.m. You may receive 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. Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare part B premium.

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Name _____
 Address _____
 City, State, Zip _____
 Phone _____



Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or assisted-living facility). I moved/will move into/out of the facility on (insert date) _____.
- I recently left a PACE program on (insert date) _____.

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- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- I am leaving employer or union coverage on (insert date) _____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Essence Healthcare at 1-877-709-9168 (TTY users should call 711) to see if you're eligible to enroll. We are open 8:00 AM to 8:00 PM, seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays.

Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.

FPO

FPO



Name

Address

City, State, Zip

Phone

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area of my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date)_____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date)_____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or assisted-living facility). I moved/will move into/out of the facility on (insert date) _____.
- I recently left a PACE program on (insert date) _____.

Essence Healthcare - H2610

2020 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan’s quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan’s performance to other plans. The two main types of Star Ratings are:

- 1. An Overall Star Rating that combines all of our plan's scores.
- 2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2020, Essence Healthcare received the following Overall Star Rating from Medicare.

★★★★★ 4 Stars

We received the following Summary Star Rating for Essence Healthcare’s health/drug plan services:

Health Plan Services:

EPO ★★★★★ 4 Stars

Drug Plan Services:

The number of stars shows how well our plan performs.

- ★★★★★★ 5 stars - excellent
- ★★★★★ 4 stars - above average
- ★★★★ 3 stars - average
- ★★★ 2 stars - below average
- ★ 1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 1-866-509-5398 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Current members please call 1-866-597-9560 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.

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- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare’s). I lost my drug coverage on (insert date) _____.
- I am leaving employer or union coverage on (insert date) _____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date)_____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you are not sure, please contact Essence Healthcare at 1-877-709-9168 (TTY users should call 711) to see if you are eligible to enroll. We are open 8:00 AM to 8:00 PM, seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays.

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AGENT USE ONLY

Agent Checklist	<0>
Scope of Appointment	<0>
Enrollment Receipt	<0>

Agent Checklist



Agent: _____ Person(s) Visited: _____

Date: _____ Scope of Appointment YES NO

Do you currently have a Power of Attorney (POA) or a Legal Representative authorized to make decisions on your behalf? (Person 1) YES NO
 (Person 2) YES NO

If YES, please provide the following information for this individual in the section below (please print):

_____	_____	_____	_____	_____
First Name (Person 1)	M.I.	Last Name	Telephone Number	Relationship
_____	_____	_____	_____	_____
First Name (Person 2)	M.I.	Last Name	Telephone Number	Relationship

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Getting Started

- Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.
- Most people with ESRD are ineligible to enroll.
- Members must continue to pay their Medicare Part B premium.
- Members must reside within our service area.
- Members must have both Medicare Part A and Part B to enroll.
- Members can enroll only during specific times of the year.
- Penalties apply for late enrollment in Parts B and D.



Other Benefits

- SilverSneakers®
- Preventive Dental
- Comprehensive Dental (if applicable)
- Vision
- Transportation
- Over-the-Counter Coverage

Medical Summary of Benefits

- PCP Copays
- Specialist Copays
- Hospital Copays
- Other Copays
- Referrals to Specialists
- Use of Network Providers

Part D Pharmacy

- Formulary Tiers
- Pharmacy Copays
- Initial Coverage Limit
- Gap Coverage
- TrOOP
- Use of Network Pharmacies
- Extra Help Eligibility

I understand Essence members must use plan (network) providers for routine care and that specialty care requires a referral from a network primary care physician.

(Person 1) *Initial here:* _____

(Person 2) *Initial here:* _____

The person that is discussing plan options with you is either employed by or contracted with Essence Healthcare and may be compensated based on your enrollment in a plan. Your enrollment may be facilitated with an electronic mechanism. By signing this form, you acknowledge and attest that the information listed above has been adequately explained to you.

Beneficiary Signature (Person 1) Date

Beneficiary Telephone Number

POA/Legal Representative Signature Date

Beneficiary Signature (Person 2) Date

Beneficiary Telephone Number

POA/Legal Representative Signature Date

Agent Signature Date

Y0027_18-098_MK_C

Scope of Appointment

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

(Refer to page 2 for product type descriptions)

- Stand-alone Medicare Prescription Drug Plans (Part D)**
- Medicare Advantage Plans (Part C) and Cost Plans**
- Dental/Vision/Hearing Products**
- Hospital Indemnity Products**
- Medicare Supplement (Medigap) Products**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal Government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:
To be completed by Agent:	
Agent Name:	Agent Phone Number:
Beneficiary Name:	Beneficiary Phone Number:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the Agent Represented During This Meeting:	Date Appointment Completed:

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Scope of Appointment documentation is subject to CMS record retention requirements

Y0027_18-095_MK_C

Stand-alone Medicare Prescription Drug Plans (Part D)
Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
Medicare Advantage Plans (Part C) and Cost Plans
Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergent or urgent situations).
Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan: A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital, and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare Point of Service (POS) Plan: A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.
Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
Medicare Medical Savings Account (MSA) Plan: MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
Medicare Cost Plan: In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.
Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.
Dental/Vision/Hearing Products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
Hospital Indemnity Products
Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.
Medicare Supplement (Medigap) Products
Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

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Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:
To be completed by Agent:	
Agent Name:	Agent Phone Number:
Beneficiary Name:	Beneficiary Phone Number:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the Agent Represented During This Meeting:	Date Appointment Completed:

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Receipt of Application

Use this form to record the receipt of your signed and completed Essence Healthcare application form. Make sure to keep this document for your files.

Online Enrollment

Confirmation Code: _____

Paper Enrollment

Agent Name: _____

Date: _____

Agent Phone Number: _____

FPO

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Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. All Essence plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the Missouri counties of Jefferson, St. Charles, St. Louis or St. Louis City, or in the Illinois counties of Madison, Monroe or St. Clair.

You must continue to pay your Medicare Part B premium. Please note that enrollment is limited to specific times of the year.

Members must use plan providers except in emergency or urgent care situations. If a member obtains routine care from an out-of-network provider without prior approval from Essence, neither Medicare nor Essence will be responsible for the costs.

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

*Every year, Medicare evaluates plans based on a 5-star rating system. Based on October 2019 Star Rating data provided by the Centers for Medicare and Medicaid Services.



13900 Riverport Drive
Maryland Heights, MO 63043

www.EssenceHealthcare.com

Toll-free: 1-866-947-5816

TTY users call: 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.