

Let's Medicare Together[®]



Enrollment Kit

MEDICARE ADVANTAGE | 2026

ESSENCE ADVANTAGE SELECT[®] (HMO) - ESSENCE ADVANTAGE[®] (HMO) - ESSENCE ADVANTAGE PLUS[®] (HMO)
ESSENCE ADVANTAGE[®] CHOICE (PPO) - ESSENCE ADVANTAGE[®] PREMIER PLUS (PPO)



Serving the Greater St. Louis area (Missouri and Illinois)

Imagine a health plan that's more than just ... insurance. What if you had a *partner* to help you figure out this whole Medicare thing? What if that partner also worked with your doctor to help them take better care of you? What if we all joined forces and it created a healthier, happier you?

That's healthcare the way it should be. And it's reality with Essence—a health partner committed to collaboration and communication for more than 20 years.



PUTTING YOU FIRST • 20 YEARS AND COUNTING

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Why People Choose Essence.

20+ Years Serving People Just Like You

Our sole focus is Medicare, and that's how it's been from the start. Essence was founded by a group of St. Louis doctors who wanted better care for their Medicare patients. The drive to help people get healthy and stay that way, coupled with our strong collaboration with doctors, lets us provide better overall healthcare—resulting in better benefits, more savings and higher-quality care.



*95 Percent of our members stay with Essence year after year.**

*Based on 10-year member retention average from 2016–2025.



Benefits You Can Actually Afford to Use

Our plans have monthly premiums **as low as \$0** and **no or low copays** on doctor visits, prescriptions and other services. Plus, you'll get **out-of-pocket protection** that limits your annual healthcare costs and protects your savings. You'll see even more savings in our plans if you qualify for Extra Help.



Plans That Fit All Your Needs

Complete Coverage

We've got your back—from medical and hospital care to extras like dental, vision, hearing and more.

With the Doctors You Choose

You know you best. Maybe you want a coordinated experience with a network of doctors. Or maybe you want the freedom to look outside your plan's network for the right fit. Whatever your preference, we've got your plan.



We're Here For You—and Your Doctors

It's How We Keep You Healthy and Happy

Essence collaborates with your doctors to provide resources and technology to help you. We also reach out to you about important benefits and services that keep you healthy. And if you ever need to reach us, we're in the U.S.—ready and trained to help with anything you need.

You can rest easy knowing you have a team of people focused on getting you the care you need and making sure nothing slips through the cracks.

The Essence Protection Package

Unlike other Medicare options, Medicare Advantage plans, like Essence, bundle your hospital, medical and prescription drug coverage together with the extras you need for more protection.

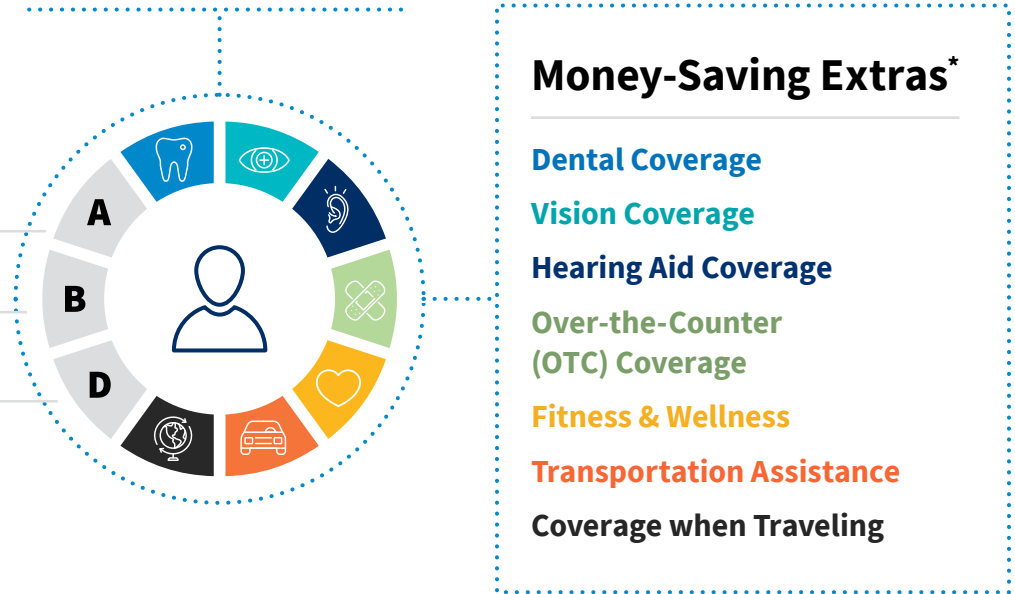
Everything You Want and Need

For a premium as low as **\$0**
+ maximum out-of-pocket protection

Original Medicare

- Hospital Coverage (Part A)
- Medical Coverage (Part B)

Prescription Drug Coverage (Part D)



Money-Saving Extras*

- Dental Coverage
- Vision Coverage
- Hearing Aid Coverage
- Over-the-Counter (OTC) Coverage
- Fitness & Wellness
- Transportation Assistance
- Coverage when Traveling

How do other options compare?

	Original Medicare	Medicare Supplement
Part D prescriptions	Not covered	Not covered
Routine dental	Not covered	Not covered
Routine vision	Not covered	Not covered
Routine hearing	Not covered	Not covered
Fitness	Not covered	Not covered
Out-of-pocket protection	Not covered	Not covered in most plans

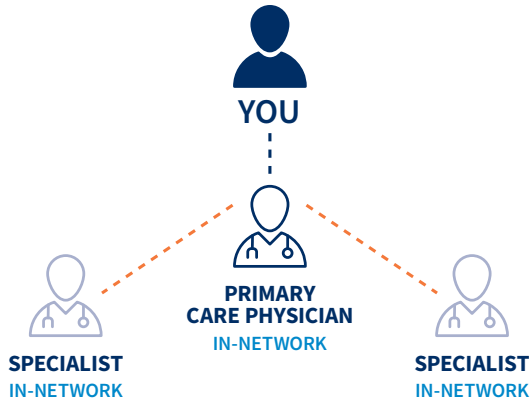
*Benefits and amounts differ by plan. Limitations and exclusions may apply.

A Plan for Everyone

Your health and financial needs come first. Pick an Essence plan that meets both.

HMO

Better coordination, lower cost



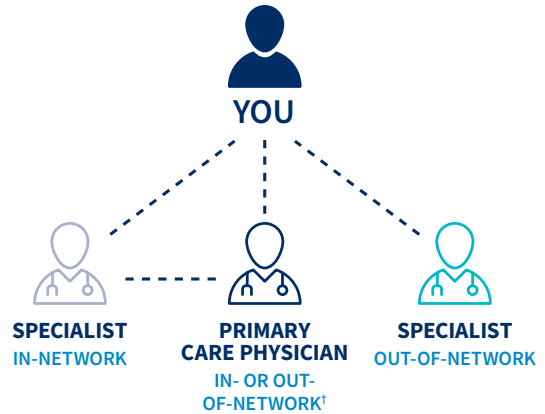
With an **HMO plan**, you have a network of doctors and specialists who communicate to make sure nothing slips through the cracks. You'll usually pay lower costs for in-network services.

"I like that my doctors keep in touch with each other to make sure I'm getting what I need for my health conditions. And, I like that my primary care doctor refers me to specialists he trusts."

—John, age 72

PPO

Out-of-network coverage options



PPO plans offer more flexibility to see doctors inside or outside of your plan's network. You might pay more for out-of-network care, but not always.

"I like having the option to choose any doctor I want, without having to ask for a referral. I also appreciate how many in-network doctors I can choose from. It saves me money and gives me peace of mind."

—Elizabeth, age 65

From HMO and PPO to costs and coverage, there's an Essence plan for every need.

Learn more about all your options in our Benefit Highlights section, starting on page 20.

†While a primary care physician is encouraged, our PPO plans don't require you to choose one. Quotes on this page are for illustration purposes only.

Explore our provider network.

Scan this code to shop our plans and search for providers.



The Essence Benefit: Hospital & Medical Coverage

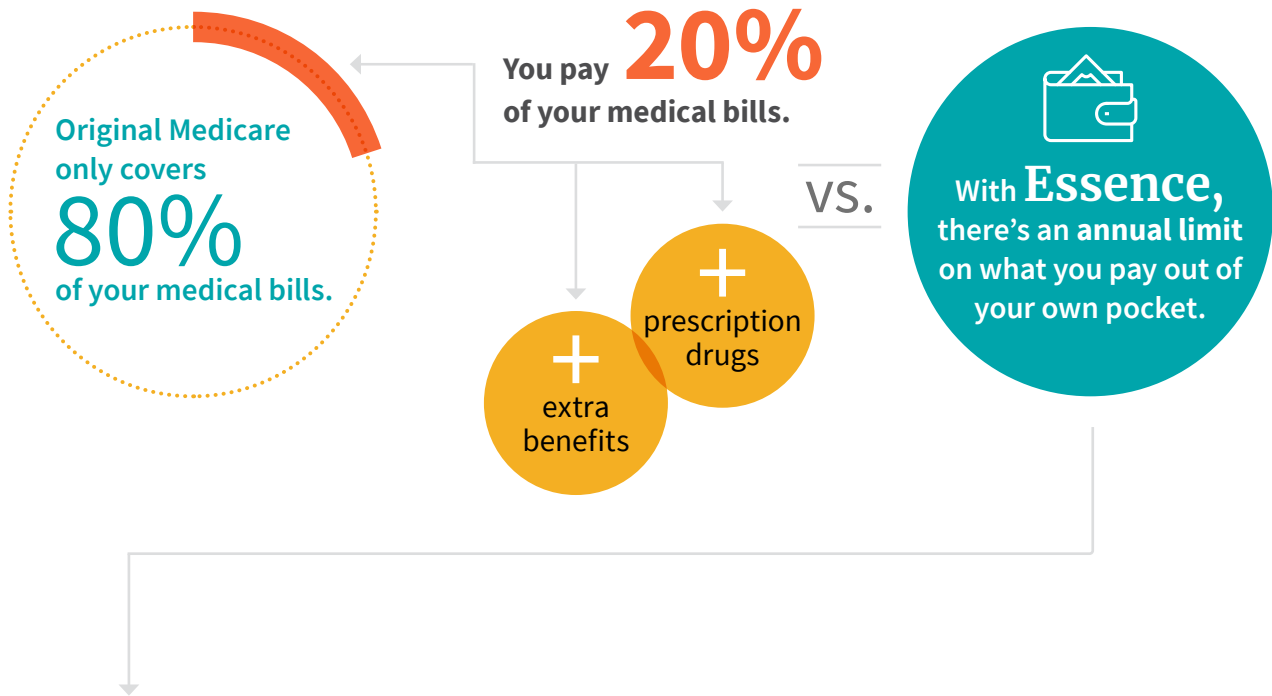


All the Basics—More Protection

Essence provides all the hospital (Part A) and medical (Part B) coverage you get with Original Medicare (things like hospital stays, surgeries, doctor visits, lab tests and more). But there are some key differences that we think you'll like.

If you're familiar with Original Medicare, you may know that you're responsible for 20 percent of your costs. The issue with this is that you don't know what your actual out-of-pocket costs will be, and there's no limit to what you might have to pay each year. This makes it hard to budget for healthcare expenses and leaves your savings and retirement at risk in the case of an unexpected illness or injury.

With Original Medicare, there's **no limit** to your expenses.



With Essence, you'll pay a low copay for the majority of your hospital and medical services and, in some instances, no copay at all. We also don't include any medical or hospital deductibles in our plans, which means we start covering you on day one.

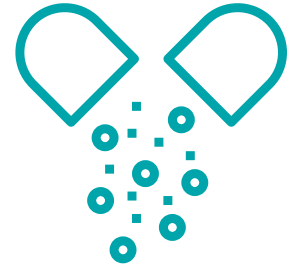
Unlike Original Medicare, we put a limit on what you pay out of your own pocket each year for any hospital and medical services.

This limit is referred to as maximum out-of-pocket protection (MOOP). No matter what happens, you'll never pay more than the MOOP limit.

Did You Know?

Your maximum out-of-pocket limit is different than a deductible. A MOOP limit is the total amount that you could pay annually for covered hospital and medical services. Once you meet this limit, you won't have to pay any more money for covered services during that year. Note that there are some services that don't count toward your MOOP limit, such as certain eyewear or dental work. A deductible is the amount that you must pay out of pocket before a plan starts paying their share of a covered service. With Essence, you won't have a medical or hospital deductible.

The Essence Benefit: Prescription Drug Coverage



Prescriptions You Need. Prices You'll Love.

Regularly taking medications can be an important part of maintaining your health and wellness. Unfortunately, the cost for those medications can really add up. That's why every Essence plan includes generous Part D prescription drug coverage for thousands of generic and brand-name medications.

Extra Help, Extra Savings

Essence plans are built to save you money when it matters most. If you qualify for Extra Help, you could save even more. That may include reduced premiums and drug deductibles—possibly as low as **\$0**—and greater savings on your prescription costs.

Save More with Preferred and Mail-Order Pharmacies!

While you have thousands of pharmacies to choose from nationwide, you'll save money at preferred pharmacies. We're talking **\$0 copays** for preferred generic medications and reduced copays for brand-name medications.

Mail order is another great way to save—not just money, but time. Get 90 days worth of your prescriptions delivered right to your door—for the cost of just a two-month supply.*

Preferred pharmacies:



Note: Other preferred pharmacies are available in our network.

Mail-order pharmacy:

Express Scripts

By EVERNORTH



\$0 Insulin for People with Diabetes

If you have diabetes and take insulin, then you know how costly it can be. That's why we cover insulin for as little as a \$0 copay.



Most of our medications are free of charge, so that's a big plus.

**-Robert G.,
Essence member**

*You must meet your deductible (if applicable) before standard cost-sharing will apply.

Explore our covered drugs.

Scan this code to shop our plans and search for prescription drugs.



The Essence Benefit: Dental Coverage



Another Reason to Smile

It's easy to put on a smile. It's not always easy—or affordable—to make sure your smile is healthy and pain free. At Essence, we want to make sure you have the option for complete health protection. That's why **most of our plans include dental coverage, and for no additional premium.**

Preventive dental services, such as exams, X-rays and a fluoride treatment come standard with our HMO plans.

Preventive Dental Coverage Now with  **LIBERTY
DENTAL PLAN.**

If you want **more extensive dental coverage**, including preventive services as well as fillings, extractions, root canals and more, consider choosing a plan with our preloaded Flexible Benefits Card. Flex Card allowances are as much as **\$2,900** depending on the plan you choose. What's more is that you can use your Flex Card for services at the dentist of your choice.



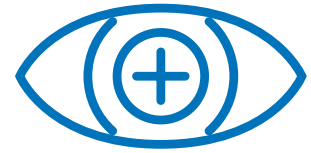
Flex Card Eligible!

See pages 21 and 25 to learn how you can get additional coverage for dental services and products.

Did You Know?

Your oral health is more important than you might realize. Problems in your mouth can affect the rest of your body. Oral bacteria and the inflammation associated with a severe form of gum disease might play a role in some diseases such as endocarditis, cardiovascular disease and pneumonia. Conditions like diabetes and osteoporosis can affect your oral health. Taking care of your oral health is an investment in your overall health.

The Essence Benefit: Vision Coverage



Seeing Is Believing

The quality of your vision and your eye health are so important to your overall health and well-being. If you need correction for your vision, most Essence plans include a **generous allowance for frames, lenses or contacts**, but our vision coverage doesn't end there.

Because an eye exam can tell your doctors so much about your overall health, most plans also include coverage for routine checkups and visits with vision specialists to make sure your eyes (and the rest of you) are healthy.

We also cover vision services such as eye surgery, diabetic retinopathy screenings and screenings for people at high risk for glaucoma.



Flex Card Eligible!

See pages 21 and 25 to learn how to get additional coverage for eyewear.

Did You Know?

Optometrists can spot many health conditions and vision problems just by taking a glance into your eyes. During an eye exam, doctors can often detect serious medical problems such as high blood pressure, diabetes, some cancers, autoimmune diseases, thyroid issues and high cholesterol.

Also, early treatment is key in preventing some common eye diseases from causing permanent vision loss or blindness.

The Essence Benefit: Hearing Coverage



From Hearing Aids to Exams

Hearing loss is a lot more common than most people realize. According to the Hearing Health Foundation, nearly one out of every three adults between the ages of 64 and 75 has experienced some level of hearing loss, and that number grows to nearly half of all adults after the age of 75.

All of our senses are important, but being able to hear clearly is especially critical for overall health, happiness, personal safety and the safety of others. All of our plans cover important **hearing exams and screenings**, and because **hearing aids** can get expensive, our plans also include an allowance to help with the cost.



Flex Card Eligible!

See pages 21 and 25 to learn how to get additional coverage for hearing products.

Did You Know?

Hearing is one of your most important senses. Hearing loss can be connected to stress, anger, depression, loneliness, memory loss and many other problems. Hearing problems can get worse or become permanent if you ignore them—so get help early.

If needed, hearing aids can improve your overall quality of life in addition to reducing brain decline and the risk for developing dementia.

The Essence Benefit: Over-the-Counter Coverage

Whenever, However You Need It

Think of all the money you've spent on things like pain relievers, vitamins, first aid products and other over-the-counter (OTC) supplies. Now imagine your health plan giving you an allowance to help purchase them in the future.

If you choose an Essence HMO plan, you'll get a **quarterly allowance to use on health-related OTC items**. Your allowance is loaded onto a Flexible Benefits Card that you can use at eligible retail locations and the online Essence OTC Store.



Here's just a small list of the types of eligible items:

- Allergy relief
- Antacids and acid reducers
- Antidiarrheal, laxatives and digestive health aids
- Cold and flu medications
- Dental and denture care
- Eye, ear and foot care
- First aid items
- Incontinence supplies
- Pain relief aids (creams, heating pads, ice packs, etc.)
- Pain relievers and fever reducers
- Skin and sun care creams
- Sleep aids
- Supports and braces
- Vitamins and minerals



Flex Card Eligible!

See pages 21 and 25 for more information.

Did You Know?

OTC items can be an expensive part of your healthcare. Also, without these items, it's likely you'd seek professional medical treatment for minor ailments. An OTC allowance will help save you money and possibly reduce the number of visits with your doctor.

The Essence Benefit: Flexible Benefits Card



Your Extras. Your Way.

Having extra benefits is fantastic, but the **freedom to choose** how you use those extras is even better. That's where our Flex Card comes in handy.

Most Essence plans include a Flex Card, and that card is **preloaded** with your entire annual allowance. Use your card on what matters most to you in any of the allowed categories (**non-Medicare-covered dental, vision and hearing**). One Essence plan even allows you to use your Flex Card for **medical copays!**

If you're an HMO plan member, you'll also get an allowance for **OTC items**. This allowance is applied quarterly and is separate from the Flex Card allowance for other categories.



What You Can Purchase

The following non-Medicare-covered items and services:

- Eyewear
- Hearing aids
- Dental X-rays, fillings, crowns, etc.

Health-related OTC items (HMO plans):

- Pain relievers
- Vitamins
- First aid products
- So much more

Medical copays (some plans):

- Doctor visits
- Urgent care
- Diagnostic tests (labs, MRIs, CTs, etc.)
- Medicare-covered dental, vision and hearing exams



Where To Use the Card

Use your Flex Card with in- or out-of-network providers. For medical copays, providers must be in network.

For plans with OTC coverage, choose from thousands of physical retail locations nationwide, or use the online **Essence OTC Store**.



Making It Easy to Manage Your Flex Card

The **Essence Flex Spend mobile app** lets you manage your card from the palm of your hand. Use it to check your card balance, scan OTC items and more.

For more Flex Card details, including rules and restrictions, see the Summary of Benefits starting on page **28**. The Mastercard circles design is a registered trademark of Mastercard International Incorporated.

The Essence Benefit: Fitness & Wellness



Stay Active. Stay Healthy.

Staying active can help you live your life to the fullest. That’s why we’ve partnered with **SilverSneakers®** to give you free access to participating gyms, health clubs and a host of different classes for any fitness level.

Sometimes, all it takes to get moving are the right options:

Class Locations		Class Types	
Live (online)	✓	Balance	Cardio
On Demand (online)	✓	Chair- or Water-Based	Dance
In Person	when offered at participating facilities	Mind Improvement	Muscle Conditioning
In Your Community	when offered	Strength Training	Flexibility/Range of Movement

From national gyms to local community centers, there are more than 22,000 fitness locations nationwide to choose from. And that’s good to know because you can use your SilverSneakers membership at any participating fitness center anywhere in the country. Visit [SilverSneakers.com/Locations](https://www.silversneakers.com/Locations) to find one near you.

Now Included with Most Essence Plans

WHAT WE OFFER

OURA



A First-of-Its-Kind Smart Ring

Oura Ring is a smart, comfortable wearable that turns complex health data into easy-to-understand insights. Combined with the Oura App, it becomes a personal wellness guide, right at your fingertips, day and night.

Track your:

- Heart health
- Activity
- Temperature trends
- Sleep patterns
- Average blood oxygen
- Stress indicators
- Plus so much more

Put the power of Oura Ring to work for you on your wellness journey.

To learn more, visit EssenceHealthcare.com/Benefits/Oura-Ring.



Many colors/finishes available



Using Oura Ring opened my eyes to how my sleep and habits affect my health. It's helped me understand my body's needs and feel more in control of my wellness than ever before.

-Jill S., Essence Member

Share your Oura Ring data with your doctor for more proactive, productive visits.

The Essence Benefit: Transportation Assistance



Your Ride to Better Health

Uber

Transportation shouldn't be a barrier to getting the care you need. That's why, on the Essence Advantage and Advantage Plus plans, we've included a simple, flexible way to get to medical appointments and pharmacies—with Uber.

How it works:

- 20 One-way rides to approved medical locations within the U.S. (scheduled or on-demand), in comfortable Uber vehicles
- Door-to-door rides available, including wheelchair-accessible vehicles (WAV)*
- Request rides by phone, or use the convenient Uber app to request rides and track your driver in real time**

Where are you headed?

- Your doctor's office
- The pharmacy
- Rehab clinics
- Dental, vision and hearing appointments




No worries! If it's connected to your medical benefits, we'll help you get there.

*Door-to-door and WAV rides available for request via phone only.

**Uber app scheduling subject to availability.





Plan Benefit Highlights (HMO): Hospital, Medical and Extras

For more details and benefits, please see the **Summary of Benefits** starting on page **28**.

 = Flex Card eligible ASC = ambulatory surgical center	Essence Advantage Select (HMO) \$0 Monthly premium	Essence Advantage (HMO) \$0 Monthly premium	Essence Advantage Plus (HMO) \$59 Monthly premium
Annual Deductible	\$0 Per calendar year	\$0 Per calendar year	\$0 Per calendar year
Preventive Care/ Screenings	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Physician Visits*	\$0 Copay	\$0 Copay	\$0 Copay
Specialist Doctor Visits*	\$30 Copay	\$30 Copay	\$30 Copay 
Urgent Care	\$35 Copay	\$40 Copay	\$30 Copay 
Emergency Care	\$150 Copay	\$150 Copay	\$125 Copay
Lab Services	\$0 Copay	\$0 Copay	\$0 Copay
Inpatient Hospital Care	Days 1–7: \$240 Copay/day Day 8 & beyond: \$0 Copay/day	Days 1–7: \$325 Copay/day Day 8 & beyond: \$0 Copay/day	Days 1–7: \$250 Copay/day Day 8 & beyond: \$0 Copay/day
Outpatient Surgery at Hospital	\$325 Copay	\$300 Copay	\$250 Copay
Outpatient Surgery at ASC	\$175 Copay	\$175 Copay	\$125 Copay
Maximum Out-of-Pocket Limit	\$3,900 Per calendar year	\$3,400 Per calendar year	\$2,900 Per calendar year

BENEFIT HIGHLIGHTS HMO

*If your doctor offers **telehealth visits**, you'll have the same copay as an in-office visit.

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Preloaded Flexible Benefits Card 	\$2,900 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services	\$250 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services	\$2,000 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services, plus medical copays See Summary of Benefits for approved medical copay categories.
	\$40 Quarterly allowance for OTC items	\$45 Quarterly allowance for OTC items	\$40 Quarterly allowance for OTC items
	All Plans The Flex Card can be used with both in- and out-of-network providers. For medical copays, providers must be in network.		
Dental	\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more Additional preventive and comprehensive services via Flex Card		
Vision	All Plans \$0 Copay for routine eye exam		
	Both Plans \$200 Allowance for routine eyewear (frames, lenses or contact lenses) every calendar year	\$300 Allowance for routine eyewear (frames, lenses or contact lenses) every calendar year	
Hearing	All Plans \$20 Copay for routine hearing exam \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years)		
Fitness/Gym Membership	All Plans SilverSneakers included at no additional cost		
Wellness Tracker	Oura Ring wearable device, Oura App and Oura Membership at no additional cost	Not covered	Oura Ring wearable device, Oura App and Oura Membership at no additional cost
Transportation Assistance	Not covered	Both Plans \$0 Copay for 20 one-way trips to approved locations per calendar year**	

**Health-related locations, including provider offices, adult day care, rehabilitation clinics, dental offices, pharmacies and more.

Plan Benefit Highlights (HMO): Part D Drug Coverage

For more details and benefits, please see the **Summary of Benefits** starting on page **28**.

Extra Help, Extra Savings

Some Essence plans already offer \$0 premiums, \$0 drug deductibles and low or even no costs on many prescription drugs.

For plans that have premiums and prescription drug deductibles, Extra Help can lower these costs—or eliminate them entirely—depending on your income level and category of Extra Help. You'll also pay less for your medications.

BENEFIT HIGHLIGHTS HMO

Preferred & Mail Order Pharmacy Benefits (30-day retail*/90-day retail/90-day mail order)						
\$ = Copay % = Coinsurance	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Drug	Tier 5** Specialty Drug	Tier 6 Select Care Drugs
	Essence Advantage Select (HMO)	\$0/\$0/\$0	\$3/\$9/\$6	\$45/\$135/\$90	\$75/\$225/\$150	29%/NA/NA
			\$340 Deductible for tiers 3–5 (applies once regardless of pharmacy type)			
Essence Advantage (HMO)	\$0/\$0/\$0	\$3/\$9/\$6	\$45/\$135/\$90	\$75/\$225/\$150	33%/NA/NA	\$0/\$0/\$0
Essence Advantage Plus (HMO)	\$0/\$0/\$0	\$3/\$9/\$6	\$45/\$135/\$90	\$95/\$285/\$190	33%/NA/NA	\$0/\$0/\$0

*Important—you won't pay more than **\$35** for a one-month supply of each **insulin** product covered by our plans.

**The Centers for Medicare & Medicaid Services limits tier 5 drugs to a 30-day supply.

Part D Coverage Phases



BENEFIT HIGHLIGHTS HMO



Save Even More with Mail Order

Get 90 days worth of your prescriptions delivered right to your door—for the cost of just a two-month supply.

Standard Pharmacy Benefits

(30-day retail*/90-day retail)

\$ = Copay
% = Coinsurance

	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Drug	Tier 5** Specialty Drug	Tier 6 Select Care Drugs
Essence Advantage Select (HMO)	\$4/\$12	\$12/\$36	\$47/\$141	\$100/\$300	29%/NA	\$0/\$0
\$340 Deductible for tiers 3–5 (applies once regardless of pharmacy type)						
Essence Advantage (HMO)	\$4/\$12	\$12/\$36	\$47/\$141	\$100/\$300	33%/NA	\$0/\$0
Essence Advantage Plus (HMO)	\$4/\$12	\$12/\$36	\$47/\$141	\$100/\$300	33%/NA	\$0/\$0

*Important—you won't pay more than **\$35** for a one-month supply of each **insulin** product covered by our plans.

**The Centers for Medicare & Medicaid Services limits tier 5 drugs to a 30-day supply.

Plan Benefit Highlights (PPO): Hospital, Medical and Extras

For more details and benefits, please see the **Summary of Benefits** starting on page **43**.





 = Flex Card eligible

INN = in-network
OON = out-of-network
ASC = ambulatory surgical center

	Essence Advantage Choice (PPO) \$0 Monthly premium	Essence Advantage Premier Plus (PPO) \$254 Monthly premium
Annual Deductible	\$0 Per calendar year	\$0 Per calendar year
Preventive Care Screenings	\$0 Copay (INN & OON)	\$0 Copay (INN & OON)
Primary Care Physician Visits*	\$0 Copay (INN) 40% Coinsurance (OON)	\$0 Copay (INN & OON)
Specialist Doctor Visits*	\$40 Copay (INN) 40% Coinsurance (OON)	\$0 Copay (INN & OON)
Urgent Care	\$40 Copay (always considered INN)	\$0 Copay (always considered INN)
Emergency Care	\$130 Copay (always considered INN)	\$0 Copay (always considered INN)
Lab Services	\$0 Copay (INN) 40% Coinsurance (OON)	\$0 Copay (INN & OON)
Inpatient Hospital Care	Days 1–7: \$330 Copay/day (INN) 40% Coinsurance (OON) Day 8 & beyond: \$0 Copay/day (INN) 40% Coinsurance (OON)	\$500 Copay per stay (INN & OON)
Outpatient Surgery at Hospital	\$395 Copay (INN) 40% Coinsurance (OON)	\$0 Copay (INN & OON)
Outpatient Surgery at ASC	\$295 Copay (INN) 40% Coinsurance (OON)	\$0 Copay (INN & OON)
Maximum Out-of-Pocket Limit	\$5,400 Per calendar year (INN) \$7,400 Per calendar year (INN & OON combined)	\$2,000 Per calendar year (INN & OON combined)

BENEFIT HIGHLIGHTS PPO

*If your in-network doctor offers **telehealth visits**, you'll have the same copay as an in-office visit. Telehealth is not covered with out-of-network providers.

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
Preloaded Flexible Benefits Card 	\$1,840 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services The Flex Card can be used with both in- and out-of-network providers.	Not covered
Dental	Preventive and comprehensive services via Flex Card 	Medicare-covered services only
Vision	\$0 Copay for routine eye exam (INN & OON)  \$200 Allowance for routine eyewear (frames, lenses or contact lenses) every calendar year (INN & OON combined)	Medicare-covered services only
Hearing	\$20 Copay for routine hearing exam  \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) (INN & OON) \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON)	\$0 Copay for routine hearing exam (INN & OON) \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) (INN & OON) \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON)
Fitness/Gym Membership	Both Plans SilverSneakers included at no additional cost	
Wellness Tracker	Oura Ring wearable device, Oura App and Oura Membership at no additional cost	Not covered

Plan Benefit Highlights (PPO): Part D Drug Coverage

For out-of-network costs and more benefit details, please see the **Summary of Benefits** starting on page **43**.



Save Even More with Mail Order

Get 90 days worth of your prescriptions delivered right to your door—for the cost of just a two-month supply.

BENEFIT HIGHLIGHTS PPO

Preferred & Mail Order Pharmacy Benefits

(30-day retail*/90-day retail/90-day mail order)

\$ = Copay
% = Coinsurance

	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Drug	Tier 5** Specialty Drug
Essence Advantage Choice (PPO)	\$0/\$0/\$0	\$5/\$15/\$10	\$47/\$141/\$94	50%/50%/50%	29%/NA/NA
			\$340 Deductible for tiers 3–5 (applies once regardless of pharmacy type)		
Essence Advantage Premier Plus (PPO)	\$0/\$0/\$0	\$3/\$9/\$6	\$47/\$141/\$94	50%/50%/50%	25%/NA/NA
			\$615 Deductible for tiers 3–5 (applies once regardless of pharmacy type)		

***Insulins** are covered under tiers 1-5. Important—you won't pay more than **\$35** for a one-month supply of each insulin product covered by our plans. During the catastrophic coverage phase, you'll pay \$0 for all covered insulin products. **The Centers for Medicare & Medicaid Services limits tier 5 drugs to a 30-day supply.

Part D Coverage Phases



BENEFIT HIGHLIGHTS PPO

Standard Pharmacy Benefits

(30-day retail*/90-day retail)

	Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Drug	Tier 5** Specialty Drug
	Essence Advantage Choice (PPO)	\$4/\$12	\$12/\$36	\$47/\$141	50%/50%
	\$340 Deductible for tiers 3–5 (applies once regardless of pharmacy type)				
Essence Advantage Premier Plus (PPO)	\$15/\$45	\$20/\$60	\$47/\$141	50%/50%	25%/NA
	\$615 Deductible for tiers 3–5 (applies once regardless of pharmacy type)				

***Insulins** are covered under tiers 1-5. Important—you won't pay more than **\$35** for a one-month supply of each insulin product covered by our plans. During the catastrophic coverage phase, you'll pay \$0 for all covered insulin products. **The Centers for Medicare & Medicaid Services limits tier 5 drugs to a 30-day supply.

2026

Summary of Benefits

January 1, 2026 – December 31, 2026

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, view the Evidence of Coverage online at EssenceHealthcare.com.

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at Medicare.gov, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Sections in This Booklet

- Things to Know About **Essence Advantage Select, Essence Advantage** and **Essence Advantage Plus**
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call 1-866-947-5816 (TTY: 711) to speak with a customer service representative.

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.

Phone Number and Website

- If you have questions, call 1-866-947-5816 (TTY: 711) to speak with a customer service representative.
- Our website: EssenceHealthcare.com

Essence Advantage Select (HMO)

Essence Advantage (HMO)

Essence Advantage Plus (HMO)

Things to Know About Our HMO Plans

Who can join?

To join **Essence Advantage Select**, **Essence Advantage** or **Essence Advantage Plus**, 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 St. Louis City, the Missouri counties of Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, Warren and Washington, and the Illinois counties of Bond, Clinton, Jersey, Macoupin, Madison, Monroe and St. Clair.

What's 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.

Which doctors, hospitals and pharmacies can I use?

Essence Advantage Select, **Essence Advantage** and **Essence Advantage Plus** have a network of doctors, hospitals, pharmacies and other providers. If you use providers that aren't in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's Provider Directory on [EssenceHealthcare.com](https://www.essencehealthcare.com) or call us, and we'll send you a copy.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get *more* than what's covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

What drugs do we cover?

We cover Part D drugs. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on [EssenceHealthcare.com](https://www.essencehealthcare.com) or call us, and we'll send you a copy. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

How will I determine my Part D drug costs?

Our plans group each medication into one of six tiers. You'll 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, your deductible (if applicable) and what stage of the benefit you've reached. Later in this document, we discuss the benefit stages that occur: initial coverage and catastrophic coverage. If you have questions about the different benefit stages, please contact the plan for more information or access the Evidence of Coverage on our website.

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

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Monthly Plan Premium	\$0 Per month	\$0 Per month	\$59 Per month
	<p>All Plans</p> <p>You must continue to pay your Medicare Part B premium.</p>		
Deductibles	<p>All Plans</p> <p>These plans don't have medical or hospital deductibles.</p>		
Maximum Out-of-Pocket Responsibility <i>(does not include Part D prescription drugs)</i>	<p>All Plans</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: \$3,900 for covered hospital and medical services you receive from in-network providers</p>	<p>Your yearly limit(s) in this plan: \$3,400 for covered hospital and medical services you receive from in-network providers</p>	<p>Your yearly limit(s) in this plan: \$2,900 for covered hospital and medical services you receive from in-network providers</p>
	<p>All Plans</p> <p>If you reach the limit on out-of-pocket costs, hospital and medical services are still covered, and we pay the full cost for the rest of the year.</p> <p>Please note that you'll still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>		

Covered Medical and Hospital Benefits

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Inpatient Hospital Coverage	<p>All Plans</p> <p>Our plans cover an unlimited number of days for an inpatient hospital stay.</p>		
	<ul style="list-style-type: none"> • Days 1–7: \$240 copay/day, per stay • Day 8 and beyond: \$0 copay/day, per stay 	<ul style="list-style-type: none"> • Days 1–7: \$325 copay/day, per stay • Day 8 and beyond: \$0 copay/day, per stay 	<ul style="list-style-type: none"> • Days 1–7: \$250 copay/day, per stay • Day 8 and beyond: \$0 copay/day, per stay
	<p>All Plans</p> <p>Prior authorization is required.</p>		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Outpatient Hospital Coverage	\$325 Copay for outpatient hospital services, including surgery	\$300 Copay for outpatient hospital services, including surgery	\$250 Copay for outpatient hospital services, including surgery
	<p>All Plans</p> <p>Copay is charged per surgery.</p> <p>Prior authorization may be required.</p>		
Ambulatory Surgical Center (ASC)	\$175 Copay	\$175 Copay	\$125 Copay
	<p>All Plans</p> <p>Prior authorization may be required.</p>		
Doctor Visits <i>(primary care providers and specialists)</i>	<p>All Plans</p> <p>Primary care physician (PCP) visit: \$0 copay</p> <p>Specialist visit: \$30 copay</p> <p>A referral is required for specialist visits, and certain Medicare-covered services provided by a physician may require a prior authorization.</p>		
			For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39 .
Preventive Care	<p>All Plans</p> <p>You pay nothing. Our plans cover 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, COVID-19 and influenza) 		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Preventive Care <i>(continued)</i>	<p>All Plans</p> <ul style="list-style-type: none"> • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for hepatitis C virus infection • 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>Any additional preventive services approved by Medicare during the contract year will be covered.</p>		
Emergency Care	\$150 Copay	\$150 Copay	\$125 Copay
	<p>All Plans</p> <p>If you’re 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>Emergency services are always considered in-network.</p> <p>We provide worldwide coverage.</p>		
Urgently Needed Services	<p>\$35 Copay within the United States</p> <p>\$150 Copay outside of the United States</p>	<p>\$40 Copay within the United States</p> <p>\$150 Copay outside of the United States</p>	<p>\$30 Copay within the United States</p> <p>\$125 Copay outside of the United States</p>
	<p>All Plans</p> <p>Urgently needed services are always considered in-network.</p> <p>We provide worldwide coverage.</p>		
			<p>For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39.</p>

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
<p>Diagnostic Services/Labs/Imaging</p> <p><i>(Costs for these services may vary based on place of service.)</i></p>	<p>All Plans</p> <p>Lab services: \$0 copay</p> <p>Diagnostic procedures and tests: \$30 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Diagnostic radiology services (such as MRI, CT and PET scans): \$200 copay</p> <p>Diagnostic mammograms: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance</p> <p>X-rays: \$20 copay</p> <p>Prior authorization may be required.</p>		<p>For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39.</p>
<p>Hearing Services</p>	<p>All Plans</p> <p>Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay</p> <p>A referral is required for Medicare-covered visits.</p> <p>Routine hearing exam: \$20 copay</p> <p>\$1,000 Allowance for up to 2 hearing aids every 2 calendar years (both ears combined), no network restrictions</p> <p>One fitting/evaluation for hearing aids every 2 calendar years: \$0 copay</p> <p>For details on an additional shared allowance that can be used on hearing services and products, see the Flexible Benefits Card section on page 39.</p>		
<p>Dental Services</p>	<p>All Plans</p> <p>Preventive dental services: \$0 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> • Periodic, comprehensive or limited oral exam (2 every calendar year) • Routine cleaning (2 every calendar year) • Fluoride treatment (2 every calendar year) • Bitewing images (2 series every calendar year) • 1 Panoramic film (once every 3 calendar years) <p>Medicare-covered dental services: \$30 copay</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.</p> <p>For details on a shared allowance that can be used on dental services and products, see the Flexible Benefits Card section on page 39.</p>		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Vision Services	<p>All Plans</p> <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 contracted specialist: \$0 copay</p> <p>A referral is required for specialist visits.</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 contact lenses after each cataract surgery: \$0 copay</p> <p>1 Routine eye exam every calendar year: \$0 copay</p> <p>Eye refractions and dilation are covered as part of the exam.</p> <p>Upgrades may be available at an additional cost.</p>		
	<p>Both Plans</p> <p>Our plans pay up to \$200 for one routine eyewear item such as eyeglasses (lenses and frames) or contact lenses every calendar year.</p>		<p>Our plan pays up to \$300 for one routine eyewear item such as eyeglasses (lenses and frames) or contact lenses every calendar year.</p>
	<p>For details on an additional shared allowance that can be used on vision services and eyewear, see the Flexible Benefits Card section on page 39.</p>		
Mental Health Services	<p>All Plans</p> <p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p>		
	<ul style="list-style-type: none"> • Days 1–7: \$240 copay/day, per stay • Day 8 and beyond: \$0 copay/day, per stay 	<ul style="list-style-type: none"> • Days 1–7: \$325 copay/day, per stay • Day 8 and beyond: \$0 copay/day, per stay 	<ul style="list-style-type: none"> • Days 1–7: \$250 copay/day, per stay • Day 8 and beyond: \$0 copay/day, per stay
	<p>All Plans</p> <p>Outpatient individual visit: \$15 copay</p> <p>Outpatient group visit: \$10 copay</p> <p>Prior authorization may be required for outpatient and inpatient mental health services.</p>		
			<p>For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39.</p>

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Skilled Nursing Facility (SNF)	<p>All Plans</p> <p>Our plans cover up to 100 days each benefit period. No prior hospital stay is required.</p>		
	<ul style="list-style-type: none"> Days 1–20: \$0 copay/day, per stay Days 21–100: \$170 copay/day, per stay 	<ul style="list-style-type: none"> Days 1–20: \$0 copay/day, per stay Days 21–100: \$125 copay/day, per stay 	<ul style="list-style-type: none"> Days 1–20: \$0 copay/day, per stay Days 21–100: \$125 copay/day, per stay
	<p>All Plans</p> <p>Prior authorization is required.</p> <p>Admission to a new or different SNF within the same benefit period may start a new stay for copay administration purposes.</p>		
Physical Therapy	\$35 Copay	\$30 Copay	\$20 Copay
	<p>All Plans</p> <p>A referral is required.</p>		
			For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39 .
Ambulance	\$220 Copay	\$220 Copay	\$160 Copay
	<p>All Plans</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization may be required for non-emergent transportation by ambulance.</p>		
Transportation	Not covered	<p>Both Plans</p> <p>\$0 Copay</p> <p>Limited to 20 one-way trips to plan-approved health-related locations every calendar year</p>	
Medicare Part B Drugs	<p>All Plans</p> <p>Part B drugs (other than Part B insulin): You'll pay the lesser of 20% or the adjusted beneficiary coinsurance amount as provided by the Centers for Medicare & Medicaid Services (CMS).</p> <p>Part B insulin (insulin administered through a durable medical equipment pump): You'll pay the lesser of \$35 or 20% coinsurance, for a one-month supply.</p> <p>Prior authorization may be required.</p> <p>Amounts you pay for Part B drugs count toward your maximum out-of-pocket amount; they don't count toward your Part D initial coverage limit of \$2,100.</p>		

Part D Prescription Drug Benefits

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Deductible	<p>\$340 Per calendar year (applies for tiers 3–5 only)</p> <p>You must meet this deductible before standard cost-sharing will apply.</p>	<p>Both Plans</p> <p>These plans don't have a deductible.</p>	
Initial Coverage	<p>All Plans</p> <p>You pay the amounts listed in the following tables until your total Part D out-of-pocket costs reach \$2,100. You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan for all cost-sharing tiers.</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out of network.</p>		

	Essence Advantage Select (HMO)		Essence Advantage (HMO)		Essence Advantage Plus (HMO)	
Preferred Retail Cost-Sharing	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day
<p>\$ = Copay</p> <p>% = Coinsurance</p>						
Tier 1 <i>(Preferred Generic)</i>	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 <i>(Generic)</i>	\$3	\$9	\$3	\$9	\$3	\$9
Tier 3 <i>(Preferred Brand)</i>	\$45	\$135	\$45	\$135	\$45	\$135
Tier 4 <i>(Non-Preferred Drug)</i>	\$75	\$225	\$75	\$225	\$95	\$285
Tier 5* <i>(Specialty Drug)</i>	29%	N/A	33%	N/A	33%	N/A
Tier 6 <i>(Select Care Drugs)</i>	\$0	\$0	\$0	\$0	\$0	\$0

PLAN DETAILS HMO

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

*The Centers for Medicare & Medicaid Services limits tier 5 drugs to a 30-day supply.

	Essence Advantage Select (HMO)		Essence Advantage (HMO)		Essence Advantage Plus (HMO)	
Standard Retail Cost-Sharing	30-Day	90-Day	30-Day	90-Day	30-Day	90-Day
\$ = Copay % = Coinsurance						
Tier 1 (Preferred Generic)	\$4	\$12	\$4	\$12	\$4	\$12
Tier 2 (Generic)	\$12	\$36	\$12	\$36	\$12	\$36
Tier 3 (Preferred Brand)	\$47	\$141	\$47	\$141	\$47	\$141
Tier 4 (Non-Preferred Drug)	\$100	\$300	\$100	\$300	\$100	\$300
Tier 5* (Specialty Drug)	29%	N/A	33%	N/A	33%	N/A
Tier 6 (Select Care Drugs)	\$0	\$0	\$0	\$0	\$0	\$0
Standard Mail-Order Cost-Sharing	90-Day		90-Day		90-Day	
\$ = Copay % = Coinsurance						
Tier 1 (Preferred Generic)	\$0		\$0		\$0	
Tier 2 (Generic)	\$6		\$6		\$6	
Tier 3 (Preferred Brand)	\$90		\$90		\$90	
Tier 4 (Non-Preferred Drug)	\$150		\$150		\$190	
Tier 5* (Specialty Drug)	N/A		N/A		N/A	
Tier 6 (Select Care Drugs)	\$0		\$0		\$0	
Catastrophic Coverage	All Plans After your yearly out-of-pocket drug costs reach \$2,100 , you pay \$0 for all covered Part D drugs.					

PLAN DETAILS HMO

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

*The Centers for Medicare & Medicaid Services limits tier 5 drugs to a 30-day supply.

Other Covered Benefits

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Acupuncture	<p>All Plans</p> <p>Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$30 copay per visit</p>		
			<p>For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39.</p>
Chiropractic Care	<p>All Plans</p> <p>Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p>A referral is required.</p>		
			<p>For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39.</p>
Diabetes Supplies and Services	<p>All Plans</p> <p>Diabetes self-management training: \$0 copay</p> <p>Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips): \$0 copay</p> <p>When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott and Roche products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance</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 more details.</p>		
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i>	<p>All Plans</p> <p>20% Coinsurance</p> <p>Prior authorization may be required.</p>		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Flexible Benefits Card	\$2,900 Shared annual credit for certain non-Medicare-covered dental, vision and hearing products and services	\$250 Shared annual credit for certain non-Medicare-covered dental, vision and hearing products and services	\$2,000 Shared annual credit for certain medical copays and certain non-Medicare-covered dental, vision and hearing products and services
	<p>Notes</p> <p>Members will receive one debit card, supplied by WEX.</p> <p>For dental, vision and hearing, the following are some examples of approved items and services (not a complete list): dental X-rays, fillings, crowns, eyewear, hearing aids, routine vision and hearing exams).</p> <p>Medical copay coverage (available only on Essence Advantage Plus), includes the following Medicare-covered categories: doctor/provider visits (including telehealth, occupational, speech and physical therapy, substance abuse, outpatient mental health sessions, podiatry), opioid treatment program services, urgent care, outpatient diagnostic tests and therapeutic services and supplies, and dental, eye exam, hearing exam, acupuncture and chiropractic visits.</p> <p>There are no restrictions on how much of the allowance can be spent in each allowed category. Any unused balance expires at the end of the calendar year.</p> <p>Flex Card may be used with both in-network and out-of-network providers for dental, vision and hearing services. For medical copay coverage (available only on Essence Advantage Plus), plan members must use in-network providers. The Flex Card isn't a credit card. It can't be converted to cash or used to pay plan premiums or for non-covered Flex Card services. For more information, please see the Evidence of Coverage.</p>		
Foot Care <i>(podiatry services)</i>	All Plans		
	<p>\$30 Copay</p> <p>A referral is required.</p>		For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39 .
Home Healthcare	<p>All Plans</p> <p>\$0 Copay</p> <p>A referral may be required.</p>		
Hospice	<p>All Plans</p> <p>When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not Essence Healthcare.</p>		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Outpatient Substance Abuse	<p>All Plans</p> <p>Individual visit: \$15 copay</p> <p>Group visit: \$10 copay</p> <p>Prior authorization may be required.</p>		
			For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39 .
Outpatient Rehabilitation Services	Cardiac and pulmonary rehabilitation services: \$20 copay per day	Cardiac and pulmonary rehabilitation services: \$25 copay per day	Cardiac and pulmonary rehabilitation services: \$20 copay per day
	Occupational and speech therapy visits: \$35 copay	Occupational and speech therapy visits: \$30 copay	Occupational and speech therapy visits: \$20 copay
	<p>All Plans</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>		
			For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39 .
Over-the-Counter (OTC) Coverage	\$40 Quarterly credit	\$45 Quarterly credit	\$40 Quarterly credit
	<p>All Plans</p> <p>Credit is supplied in the form of a debit card (Flexible Benefits Card). All Flex Card allowances, including those for other benefits, will be loaded onto one Flex Card. See the Flex Card section on page 39 for other Flex-Card-eligible benefits.</p> <p>Eligible OTC items include pain relievers, vitamins, first aid products and more.</p> <p>The OTC credit is applied quarterly and can be used on OTC items only, at approved retail locations and the online Essence OTC Store. Any unused balance expires at the end of each quarter.</p>		
Prosthetic Devices	<p>All Plans</p> <p>Prosthetic devices: 20% coinsurance</p> <p>Related medical supplies: 20% coinsurance</p> <p>Prior authorization may be required.</p>		

	Essence Advantage Select (HMO)	Essence Advantage (HMO)	Essence Advantage Plus (HMO)
Virtual/ Telehealth Visits	\$0-\$35 Copay	\$0-\$30 Copay	\$0-\$30 Copay
	<p>All Plans</p> <p>You'll pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office.</p> <p>A referral or authorization may be required (matches requirement for in-person visits).</p>		
			For details on a shared allowance that can be used on medical copays, see the Flexible Benefits Card section on page 39 .
Wellness Programs	<p>All Plans</p> <p>Health club membership/fitness classes through SilverSneakers®: \$0 copay</p>		
	Oura Ring wellness tracker, Oura App and Oura Membership. For more information, see the Evidence of Coverage.		Oura Ring wellness tracker, Oura App and Oura Membership. For more information, see the Evidence of Coverage.

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 1-866-947-5816 (TTY: 711).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit EssenceHealthcare.com or call 1-866-947-5816 (TTY: 711) to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. See Understanding Important Rules for information regarding the rules for seeing providers outside of our network.
- Review the Provider Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- 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/coinsurance may change on January 1, 2027.
- For our HMO plans, 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).
- Our PPO plans allow you to see providers outside of our network (non-contracted providers). However, while we pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

2026

Summary of Benefits

January 1, 2026 – December 31, 2026

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, view the Evidence of Coverage online at [EssenceHealthcare.com](https://www.essencehealthcare.com).

If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at [Medicare.gov](https://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 Choice** and **Essence Advantage Premier Plus**
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call 1-866-947-5816 (TTY: 711) to speak with a customer service representative.

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.

Phone Number and Website

- If you have questions, call 1-866-947-5816 (TTY: 711) to speak with a customer service representative.
- Our website: [EssenceHealthcare.com](https://www.EssenceHealthcare.com)

Things to Know About Our PPO Plans

Who can join?

To join **Essence Advantage Choice** or **Essence Advantage Premier Plus**, 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 St. Louis City, the Missouri counties of Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, Warren and Washington, and the Illinois counties of Bond, Clinton, Jersey, Macoupin, Madison, Monroe and St. Clair.

What's a PPO?

A PPO, or Preferred Provider Organization, is a health insurance plan that offers a network of providers but also allows you to seek care from out-of-network providers. You may pay less if you use providers that belong to the plan's network.

Which doctors, hospitals and pharmacies can I use?

Essence Advantage Choice and **Essence Advantage Premier Plus** have a network of doctors, hospitals, pharmacies and other providers. If you use providers that aren't in our network, they must agree to treat you. Except in emergency or urgent situations, out-of-network providers may deny care. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plans' Provider Directory on EssenceHealthcare.com or call us, and we'll send you a copy.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get *more* than what's covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

What drugs do we cover?

We cover Part D drugs. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on EssenceHealthcare.com or call us, and we'll send you a copy. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

How will I determine my Part D drug costs?

Our plans group each medication into one of five tiers. You'll 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, your deductible (if applicable) and what stage of the benefit you've reached. Later in this document, we discuss the benefit stages that occur: initial coverage and catastrophic coverage. If you have questions about the different benefit stages, please contact the plan for more information or access the Evidence of Coverage on our website.

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

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
	Key: INN = in-network, OON = out-of-network	
Monthly Plan Premium	\$0 Per month	\$254 Per month
	Both Plans You must continue to pay your Medicare Part B premium.	
Deductibles	Both Plans These plans don't have medical or hospital deductibles.	
Maximum Out-of-Pocket Responsibility <i>(does not include Part D prescription drugs)</i>	Both Plans The maximum out-of-pocket amount is the most that you pay out of pocket during the calendar year for INN or combined INN and OON covered hospital and medical services.	
	Your yearly limit(s) in this plan: \$5,400 for covered hospital and medical services you receive from INN providers \$7,400 for covered hospital and medical services you receive from INN and OON providers	Your yearly limit(s) in this plan: \$2,000 for covered hospital and medical services you receive from INN and OON providers
	Both Plans If you reach the limit on out-of-pocket costs, hospital and medical services are still covered, and we pay the full cost for the rest of the year. Please note that you'll still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	

PLAN DETAILS **PPO**

Covered Medical and Hospital Benefits

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
	Key: INN = in-network, OON = out-of-network	
Inpatient Hospital Coverage	Both Plans (INN & OON) Our plans cover an unlimited number of days for an inpatient hospital stay.	
	<ul style="list-style-type: none"> Days 1–7: \$330 copay/day, per stay (INN), 40% coinsurance (OON) Day 8 and beyond: \$0 copay/day, per stay (INN), 40% coinsurance (OON) 	\$500 Per stay (INN & OON)
	Both Plans (INN) Prior authorization is required.	

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
	Key: INN = in-network, OON = out-of-network	
Outpatient Hospital Coverage	\$395 Copay (INN), 40% coinsurance (OON) for outpatient hospital services, including surgery	\$0 Copay for outpatient hospital services, including surgery (INN & OON)
	Both Plans (INN & OON) Copay is charged per surgery.	
	Both Plans (INN) Prior authorization may be required.	
Ambulatory Surgical Center (ASC)	\$295 Copay (INN), 40% coinsurance (OON)	\$0 Copay (INN & OON)
	Both Plans (INN) Prior authorization may be required.	
Doctor Visits <i>(primary care providers and specialists)</i>	Primary care physician (PCP) visit: \$0 copay (INN), 40% coinsurance (OON) Specialist visit: \$40 copay (INN), 40% coinsurance (OON)	Primary care physician (PCP) visit: \$0 copay (INN & OON) Specialist visit: \$0 copay (INN & OON)
	Both Plans (INN) Certain Medicare-covered services provided by a physician may require a prior authorization.	
Preventive Care	Both Plans (INN & OON) You pay nothing. Our plans cover many preventive services, including: <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, COVID-19 and influenza) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse 	

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
	Key: INN = in-network, OON = out-of-network	
Preventive Care <i>(continued)</i>	<u>Both Plans (INN & OON)</u> <ul style="list-style-type: none"> • Screening for hepatitis C virus infection • 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>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	
Emergency Care	\$130 Copay	\$0 Copay
	<u>Both Plans</u> <p>If you’re 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>Emergency services are always considered in-network.</p> <p>We provide worldwide coverage.</p>	
Urgently Needed Services	\$40 Copay within the United States \$130 Copay outside of the United States	\$0 Copay within the United States \$0 Copay outside of the United States
	<u>Both Plans</u> <p>Urgently needed services are always considered in-network.</p> <p>We provide worldwide coverage.</p>	
Diagnostic Services/Labs/Imaging <i>(Costs for these services may vary based on place of service.)</i>	Lab services: \$0 copay (INN), 40% coinsurance (OON) Diagnostic procedures and tests: \$30 copay (INN), 40% coinsurance (OON) Diagnostic colonoscopies: \$0 copay (INN & OON) Diagnostic radiology services (such as MRI, CT and PET scans): \$200 copay (INN), 40% coinsurance (OON) Diagnostic mammograms: \$0 copay (INN & OON) Therapeutic radiology services (such as radiation treatment for cancer): 20% coinsurance (INN), 40% coinsurance (OON) X-rays: \$25 copay (INN), 40% coinsurance (OON)	Lab services: \$0 copay (INN & OON) Diagnostic procedures and tests: \$0 copay (INN & OON) Diagnostic colonoscopies: \$0 copay (INN & OON) Diagnostic radiology services (such as MRI, CT and PET scans): \$0 copay (INN & OON) Diagnostic mammograms: \$0 copay (INN & OON) Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay (INN & OON) X-rays: \$0 copay (INN & OON)
	<u>Both Plans (INN)</u> <p>Prior authorization may be required.</p>	

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
	Key: INN = in-network, OON = out-of-network	
Hearing Services	Medicare-covered exam to diagnose and treat hearing and balance issues: \$20 copay (INN), 40% coinsurance (OON) Routine hearing exam: \$20 copay (INN & OON)	Medicare-covered exam to diagnose and treat hearing and balance issues: \$0 copay (INN & OON) Routine hearing exam: \$0 copay (INN & OON)
	\$1,000 Allowance for up to 2 hearing aids every 2 calendar years (both ears combined) (INN & OON)	\$1,000 Allowance for up to 2 hearing aids every 2 calendar years (both ears combined) (INN & OON)
	<u>Both Plans (INN & OON)</u> One fitting/evaluation for hearing aids every 2 calendar years: \$0 copay	
	For details on an additional shared allowance that can be used on hearing services and products, see the Flexible Benefits Card section on page 53 .	
Dental Services	Medicare-covered dental services: \$40 copay (INN), 40% coinsurance (OON)	Medicare-covered dental services: \$0 Copay (INN & OON)
	<u>Both Plans (INN)</u> Prior authorization may be required for Medicare-covered services performed by an oral surgeon.	
	For details on a shared allowance that can be used on dental services and products, see the Flexible Benefits Card section on page 53 .	
Vision Services	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$40 copay (INN), 40% coinsurance (OON) Diabetic eye exams performed by a contracted specialist: \$0 copay (INN), 40% coinsurance (OON)	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0 copay (INN & OON) Diabetic eye exams performed by a contracted specialist: \$0 copay (INN & OON)
	<u>Both Plans</u> 1 Pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay (INN & OON) 1 Pair of Medicare-covered eyeglass frames or contact lenses after each cataract surgery: \$0 copay (INN & OON)	

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
	Key: INN = in-network, OON = out-of-network	
Vision Services <i>(continued)</i>	<p>1 Routine eye exam every calendar year: \$0 copay (INN & OON)</p> <p>Eye refractions and dilation are covered as part of the exam (INN & OON).</p> <p>Our plans pay up to \$200 total for one routine eyewear item such as eyeglasses (lenses and frames) or contact lenses every calendar year (INN & OON combined).</p> <p>Upgrades may be available at an additional cost (INN & OON).</p>	
	For details on an additional shared allowance that can be used on vision services and eyewear, see the Flexible Benefits Card section on page 53 .	
Mental Health Services	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> Days 1-7: \$330 copay/day, per stay (INN), 40% coinsurance (OON) Days 8-90: \$0 copay/day, per stay (INN), 40% coinsurance (OON) Day 91 and beyond: \$0 copay/day, per stay (INN & OON) 	<p>Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>\$500 Copay per stay (INN & OON)</p>
	Both Plans (INN & OON)	
	Outpatient individual visit: \$0 copay	
	Outpatient group visit: \$0 copay	
	Both Plans (INN) Prior authorization may be required for outpatient and inpatient mental health services.	
Skilled Nursing Facility (SNF)	<p>This plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> Days 1-20: \$0 copay/day, per stay (INN), 40% coinsurance/day, per stay (OON) Days 21-100: \$170 copay/day, per stay (INN), 40% coinsurance/day, per stay (OON) 	<p>This plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> Days 1-20: \$0 copay/day, per stay (INN & OON) Days 21-100: \$0 copay/day, per stay (INN & OON)
	Both Plans (INN)	
	Prior authorization is required.	
	Admission to a new or different SNF within the same benefit period may start a new stay for copay administration purposes.	

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
	Key: INN = in-network, OON = out-of-network	
Physical Therapy	\$40 Copay (INN), 40% coinsurance (OON)	\$0 Copay (INN & OON)
Ambulance	\$270 Copay	\$0 Copay
	<p><u>Both Plans</u></p> <p>This copay applies to each one-way trip (INN and OON).</p> <p>Prior authorization may be required for non-emergent transportation by ambulance (INN).</p>	
Transportation	<p><u>Both Plans</u></p> <p>Not covered</p>	
Medicare Part B Drugs	<p>Part B drugs (other than Part B insulin): You'll pay the lesser of 20% (INN), 40% (OON), or the adjusted beneficiary coinsurance amount as provided by the Centers for Medicare & Medicaid Services (CMS).</p>	<p>Part B drugs (other than Part B insulin): You'll pay the lesser of 20% (INN & OON) or the adjusted beneficiary coinsurance amount as provided by the Centers for Medicare & Medicaid Services (CMS).</p>
	<p><u>Both Plans</u></p> <p>Part B insulin (insulin administered through a durable medical equipment pump): You'll pay the lesser of \$35 or 20% coinsurance (INN & OON), for a one-month supply.</p> <p>Prior authorization may be required (INN).</p> <p>Amounts you pay for Part B drugs count toward your maximum out-of-pocket amount; they don't count toward your Part D initial coverage limit of \$2,100.</p>	

Part D Prescription Drug Benefits

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
	Key: INN = in-network, OON = out-of-network	
Deductible	<p>\$340 Per calendar year (applies for tiers 3–5 only)</p> <p>You must meet this deductible before standard cost-sharing will apply.</p>	<p>\$615 Per calendar year (applies for tiers 3–5 only)</p> <p>You must meet this deductible before standard cost-sharing will apply.</p>
Initial Coverage	<p><u>Both Plans (INN & OON)</u></p> <p>You pay the amounts listed in the following tables until your total Part D out-of-pocket costs reach \$2,100. You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan for all cost-sharing tiers.</p> <p>If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out of network.</p>	

	Essence Advantage Choice (PPO)		Essence Advantage Premier Plus (PPO)	
Preferred Retail Cost-Sharing	30-Day	90-Day	30-Day	90-Day
\$ = Copay % = Coinsurance				
Tier 1 <i>(Preferred Generic)</i>	\$0	\$0	\$0	\$0
Tier 2 <i>(Generic)</i>	\$5	\$15	\$3	\$9
Tier 3 <i>(Preferred Brand)</i>	\$47	\$141	\$47	\$141
Tier 4 <i>(Non-Preferred Drug)</i>	50%	50%	50%	50%
Tier 5* <i>(Specialty Drug)</i>	29%	N/A	25%	N/A
Standard Retail Cost-Sharing	30-Day	90-Day	30-Day	90-Day
\$ = Copay % = Coinsurance				
Tier 1 <i>(Preferred Generic)</i>	\$4	\$12	\$15	\$45
Tier 2 <i>(Generic)</i>	\$12	\$36	\$20	\$60
Tier 3 <i>(Preferred Brand)</i>	\$47	\$141	\$47	\$141
Tier 4 <i>(Non-Preferred Drug)</i>	50%	50%	50%	50%
Tier 5* <i>(Specialty Drug)</i>	29%	N/A	25%	N/A
Standard Mail-Order Cost-Sharing	90-Day		90-Day	
\$ = Copay % = Coinsurance				
Tier 1 <i>(Preferred Generic)</i>	\$0		\$0	
Tier 2 <i>(Generic)</i>	\$10		\$6	
Tier 3 <i>(Preferred Brand)</i>	\$94		\$94	
Tier 4 <i>(Non-Preferred Drug)</i>	50%		50%	
Tier 5* <i>(Specialty Drug)</i>	N/A		N/A	

PLAN DETAILS **PPO**

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

*The Centers for Medicare & Medicaid Services limits tier 5 drugs to a 30-day supply.

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
Out-of-Network Cost-Sharing	30-Day	30-Day
\$ = Copay % = Coinsurance		
Tier 1 (Preferred Generic)	\$4	\$15
Tier 2 (Generic)	\$12	\$20
Tier 3 (Preferred Brand)	\$47	\$47
Tier 4 (Non-Preferred Drug)	50%	50%
Tier 5 (Specialty Drug)	29%	25%
Catastrophic Coverage	Both Plans (INN & OON) After your yearly out-of-pocket drug costs reach \$2,100 , you pay \$0 for all covered Part D drugs.	

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

*The Centers for Medicare & Medicaid Services limits tier 5 drugs to a 30-day supply.

Other Covered Benefits

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
	Key: INN = in-network, OON = out-of-network	
Acupuncture	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$40 copay per visit (INN), 40% coinsurance (OON)	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$0 copay per visit (INN & OON)
Chiropractic Care	Manual manipulation of the spine to correct subluxation: \$15 copay (INN), 40% coinsurance (OON)	Manual manipulation of the spine to correct subluxation: \$0 copay (INN & OON)
Diabetes Supplies and Services	Both Plans (INN & OON) Diabetes self-management training: \$0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips): \$0 copay When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott and Roche.	
	Diabetic therapeutic custom-molded shoes or inserts: 20% coinsurance (INN & OON) See Evidence of Coverage for more details.	Diabetic therapeutic custom-molded shoes or inserts: 0% coinsurance (INN & OON) See Evidence of Coverage for more details.

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
Key: INN = in-network, OON = out-of-network		
Diabetes Supplies and Services <i>(continued)</i>	<u>Both Plans (INN)</u> Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).	
Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)</i>	20% Coinsurance (INN), 40% coinsurance (OON)	0% Coinsurance (INN & OON)
	<u>Both Plans (INN)</u> Prior authorization may be required.	
Flexible Benefits Card	<p>\$1,840 Shared annual credit for certain non-Medicare-covered dental, vision and hearing products and services</p> <p>Notes</p> <p>Members will receive one debit card, supplied by WEX.</p> <p>For dental, vision and hearing, the following are some examples of approved items and services (not a complete list): dental X-rays, fillings, crowns, eyewear, hearing aids, routine vision and hearing exams).</p> <p>There are no restrictions on how much of the allowance can be spent in each allowed category. Any unused balance expires at the end of the calendar year.</p> <p>Flex Card may be used with both in-network and out-of-network providers. It isn't a credit card. It can't be converted to cash or used to pay plan premiums or for non-covered Flex Card services.</p> <p>For more information, please see the Evidence of Coverage.</p>	Not offered
Foot Care <i>(podiatry services)</i>	\$40 Copay (INN), 40% coinsurance (OON)	\$0 Copay (INN & OON)
Home Healthcare	\$0 Copay (INN), 40% coinsurance (OON)	\$0 Copay (INN & OON)
	<u>Both Plans (INN)</u> Prior authorization may be required.	

	Essence Advantage Choice (PPO)	Essence Advantage Premier Plus (PPO)
	Key: INN = in-network, OON = out-of-network	
Hospice	<p>Both Plans</p> <p>When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare, not Essence Healthcare.</p>	
Outpatient Substance Abuse	<p>Both Plans (INN & OON)</p> <p>Individual visit: \$0 copay</p> <p>Group visit: \$0 copay</p> <p>Both Plans (INN) Prior authorization may be required.</p>	
Outpatient Rehabilitation Services	<p>Cardiac and pulmonary rehabilitation services: \$20 copay per day (INN), 40% coinsurance (OON)</p> <p>Occupational and speech therapy visits: \$40 copay (INN), 40% coinsurance (OON)</p> <p>A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day.</p> <p>Both Plans (INN) Prior authorization may be required.</p>	<p>Cardiac and pulmonary rehabilitation services: \$0 copay per day (INN & OON)</p> <p>Occupational and speech therapy visits: \$0 copay (INN & OON)</p>
Over-the-Counter (OTC) Coverage	Both Plans Not covered	
Prosthetic Devices	<p>Prosthetic devices: 20% coinsurance (INN & OON)</p> <p>Related medical supplies: 20% coinsurance (INN & OON)</p> <p>Both Plans (INN) Prior authorization may be required.</p>	<p>Prosthetic devices: 0% coinsurance (INN & OON)</p> <p>Related medical supplies: 0% coinsurance (INN & OON)</p>
Virtual/Telehealth Visits	\$0–\$45 Copay (INN)	\$0 Copay (INN)
	<p>Both Plans</p> <p>You'll pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office.</p> <p>Prior authorization may be required (INN).</p> <p>Telehealth is not covered with out-of-network providers.</p>	
Wellness Programs	<p>Both Plans</p> <p>Health club membership/fitness classes through SilverSneakers®: \$0 copay</p> <p>Oura Ring wellness tracker, Oura App and Oura Membership. For more information, see the Evidence of Coverage.</p>	

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 1-866-947-5816 (TTY: 711).

Understanding the Benefits

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

Understanding Important Rules

- 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/coinsurance may change on January 1, 2027.
- For our HMO plans, 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).
- Our PPO plans allow you to see providers outside of our network (non-contracted providers). However, while we pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

Medicare Enrollment Periods

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

Initial Enrollment Period (IEP)

Sign up for Medicare for the first time.



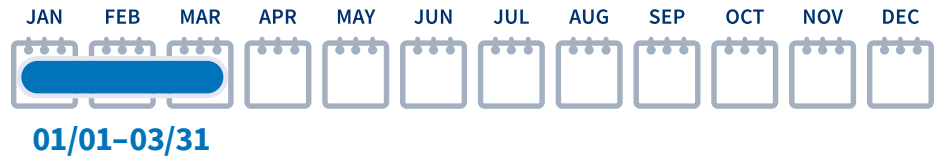
Annual Enrollment Period (AEP)

Switch, drop or join a different Medicare plan.*



Medicare Advantage Open Enrollment Period (MA OEP)

Make a one-time election to change your Medicare Advantage plan.*



Special Enrollment Period (SEP)

Enroll in a Medicare plan if you qualify.**



If you're working past 65:

Depending on the size of your company, you may be able to delay getting Medicare, and you won't have to pay a penalty.

If you miss your Initial Enrollment Period:

It's not too late. You can sign up during the **General Enrollment Period, January 1-March 31.** Life-long penalties do apply.

Once enrolled in Medicare Part B, beneficiaries 65 and older have a six-month period, beginning the first day of their birthday month, to add a Med Supp plan.

*You can also switch to Original Medicare as well as add or drop Part D coverage. The MA OEP is only available if you're already in a Medicare Advantage plan. **Examples of when you'd qualify include a recent move, leaving employer or union coverage, or having a 5-star-rated plan available in your area.

How to Enroll

It's easy to sign up for an Essence plan. Just choose the method that's convenient for you.



With your licensed Essence agent or insurance broker



Over the phone

Simply give us a call and an experienced U.S.-based Essence representative will be happy to help. Call toll-free: 1-866-947-5816 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.



EssenceHealthcare.com



By mail

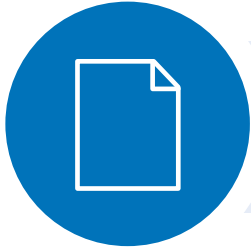
Complete the application starting on the following page, and mail it using the postage-paid envelope included in the back of this kit.

Help Us Help You

The application includes sections to add your **primary care physician** (if you have one) and an **email address** that only you use. This information allows us to better coordinate your care and to provide you with more communication options.

What's Next?

We hope you're as excited as we are for this new journey. Here's a list of things to expect after you enroll.



Enrollment Confirmation Letter



Welcome Kit (or New Member emails)

(everything you need as a new member)



Member ID Card



Flexible Benefits Card

(if included in your plan)



First Bill

(if your plan has a monthly premium)

READY TO ENROLL



2026 Enrollment Request Form

Use this form to enroll in an Essence Healthcare plan.

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15 – December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare Card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a monthly invoice for the plan's premium and any applicable Late Enrollment Penalty. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Essence Healthcare
P.O. Box 12487
St. Louis, MO 63132

You can also enroll online at [EssenceHealthcare.com](https://www.EssenceHealthcare.com).

Once we process your request to join, we'll contact you.

How do I get help with this form?

Call Essence Healthcare at 1-866-947-5816. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Essence Healthcare al 1-866-947-5816 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal.

Please contact Essence Healthcare Sales at 1-866-947-5816 if you need assistance completing this form. TTY users can call the national relay service toll-free at 711.



Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

- Essence Advantage® (HMO) H2610-005 (St. Louis Area*) – \$0 per month
- Essence Advantage Plus® (HMO) H2610-006 (St. Louis Area*) – \$59 per month
- Essence Advantage Select® (HMO) H2610-016 (St. Louis Area*) – \$0 per month
- Essence Advantage® Choice (PPO) H6200-001 (St. Louis Area*) – \$0 per month
- Essence Advantage® Premier Plus (PPO) H6200-008 (St. Louis Area*) – \$254 per month

*Includes St. Louis City and the Missouri counties of Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, Warren and Washington, and the Illinois counties of Bond, Clinton, Jersey, Macoupin, Madison, Monroe and St. Clair

Your Information

FIRST Name:	LAST Name:	Middle Initial (Optional):
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Birth Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __	Phone Number (Select primary phone number):
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Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mobile (__ __ __) __ __ __ - __ __ __ __ <input type="checkbox"/> Home (__ __ __) __ __ __ - __ __ __ __
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Permanent Residence street address (Don't enter a P.O. Box. Note: Individuals experiencing homelessness may enter a P.O. Box - the plan will need to confirm your residency in the service area.)	County (Optional):
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City:	State:	Zip Code:
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Mailing Street Address, if different from your permanent address (P.O. Box allowed):

City:	State:	Zip Code:
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E-mail address (optional) - must be a unique address that only you use:

By providing my email address I am opting-in to receive member communications electronically. I will receive important reminders, benefit education information and general health information by email.

Your Medicare Information

Medicare Number: __ __ __ __ - __ __ __ __ - __ __ __ __

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Essence Healthcare? Yes No

If “yes,” please list your other coverage and your identification (ID) number(s) for this coverage. If you have coverage through TRICARE, the VA, or an employer/union, your coverage may be affected once your MA coverage starts. Please contact TRICARE, the VA, or your employer/union for more information.

Name of other coverage:	Member number for this coverage:	Group number for this coverage:
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IMPORTANT: Read and Sign Below:

- Essence Healthcare has a contract with the Federal government. I must keep both Hospital (Part A) and Medical (Part B) to stay in Essence Healthcare.
- By joining this Medicare Advantage plan, I acknowledge that Essence Healthcare will share my information with Medicare, who may use it to track my enrollment, and with other plans to make payments, and for other purposes allowed by Federal Law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Essence Healthcare coverage begins, I must get all of my medical and prescription drug benefits from Essence Healthcare. Benefits and services provided by Essence Healthcare and contained in my Essence Healthcare “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Essence Healthcare will pay for benefits or services that are not covered. Emergency and urgent care coverage, both within and outside the plan’s service area, are always covered. 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. You can also find the Evidence of Coverage, Star Ratings and Summary of Benefits for an Essence plan at EssenceHealthcare.com.
- Once I am a member of Essence Healthcare, I understand that I have the right to appeal plan decisions about payment or services if I disagree.
- I understand that I can be enrolled in only one MA or Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan.
- I understand that if I am getting assistance from a sales agent or broker, he/she may be compensated based on my enrollment in Essence Healthcare.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare.

Signature:	Today’s Date:
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If you are the authorized representative, sign above and fill out these fields:

Name:

Address:	Relationship to Enrollee:	Phone Number:
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Section 2 – All fields in this section are optional

Answering these questions is your choice.

You cannot be denied coverage because you do not fill them out.

Are you of Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin
- I choose not to answer

What is your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | <input type="checkbox"/> I choose not to answer |

Communication Options:

Select one if your preferred spoken language is a language other than English.

- | | | | |
|-------------------------------------|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French | <input type="checkbox"/> French Creole |
| <input type="checkbox"/> German | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Korean | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |

Select one if you want us to send you information in a language other than English.

- | | | | |
|-------------------------------------|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French | <input type="checkbox"/> French Creole |
| <input type="checkbox"/> German | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Korean | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |

Select one if you want us to send you information in an accessible format.

- | | | | |
|--------------------------------|----------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Audio | <input type="checkbox"/> Braille | <input type="checkbox"/> Data | <input type="checkbox"/> Large Print |
|--------------------------------|----------------------------------|-------------------------------|--------------------------------------|

Please contact Essence Healthcare at 1-866-947-5816 if you need information in an accessible format or language other than what is listed above or if your preferred spoken language is a language other than those listed above. Our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week. You may receive a messaging service on weekends from April 1 through September 30 and holidays. TTY users can call 711.

List your primary care physician (PCP), clinic or health center:

Primary Care Physician (PCP):	PCP # from Provider	Is this your current
Dr. _____	Directory:	physician?
(First Name)	(Last Name)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	

STOP PLEASE READ THIS IMPORTANT INFORMATION STOP

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.

Paying your plan premiums

Whether you are enrolled in a premium or non-premium plan, you may pay your plan premium and any applicable Late Enrollment Penalty (LEP) that you may owe **by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check**. You may also choose to pay by Electronic Funds Transfer (EFT) from your bank account, or by mailing a check each month. Credit card, debit card and online check payments can be made securely online from your Member Website via Direct Biller.

Please note, if you are changing plans within the Essence Healthcare organization, you must select a payment method for your new plan. Your current payment method will not automatically carry over to your new plan.

If you have to pay a Part-D Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security Benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Essence Healthcare the Part D-IRMAA.

Please select a premium payment option:

The default payment method is direct pay. That means if you do not select a payment option, you will receive a monthly invoice.

- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check**

I get monthly benefits from: Social Security RRB

It can take up to 90 days to receive SSA/RRB withhold acceptance. SSA/RRB will begin 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. Once you've paid for any months not covered by SSA/RRB, you will no longer receive a monthly invoice if you choose this payment option. 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. If you select this payment option, you will not receive a monthly invoice.

- Electronic Funds Transfer (EFT) from your bank account each month**

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 60 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 2nd day of the month for the current month's coverage. If you select this payment option, you will not receive a monthly invoice.

- Direct Pay**

A monthly invoice will be mailed to you and you can choose whether to pay by check, money order, or online.

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____ Relationship to enrollee: _____

Signature: _____ National Producer Number: _____
(Agents/Brokers only)

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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 (M)	<input type="checkbox"/> OEPI (T)

Special Election Periods (Must check all that apply):**SEP (S)**

- | | |
|--|---|
| <input type="checkbox"/> SPAP (38) | <input type="checkbox"/> Lawfully Present (37) |
| <input type="checkbox"/> Retro Entitlement (32) | <input type="checkbox"/> Loss of SNP (35) |
| <input type="checkbox"/> Contract/Plan Non-Renewal (12) | <input type="checkbox"/> Involuntary Loss/Cred. Coverage (22) |
| <input type="checkbox"/> Contract Term – Immediate (11) | <input type="checkbox"/> Contract Term – MAO (12) |
| <input type="checkbox"/> Contract Term – CMS (11) | <input type="checkbox"/> Plan Placed in Receivership (39) |
| <input type="checkbox"/> FEMA/Disaster (01) | <input type="checkbox"/> Accessible Format Delay (21) |
| <input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40) | <input type="checkbox"/> PACE Transition (27) |
| <input type="checkbox"/> Cost Plan Non-Renewal (28) | <input type="checkbox"/> Part B General Enrollment (34) |

SEP (V)

- Permanent Move

SEP (W)

- Gain or Loss of Employer Coverage

SEP (U)

- | | |
|---|---|
| <input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status | <input type="checkbox"/> Gain/Loss/Change of Medicaid |
| <input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS | |

Producer Name:	Producer NPN:	Application Receipt Date:
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Attestation of Eligibility for an Enrollment Period



Name

Address

City, State, ZIP

Phone

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 circle if the statement applies to you. By checking any of the following circles, you're certifying that, to the best of your knowledge, you're eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I'm new to Medicare. I want to join a Medicare Advantage plan.
- I had Medicare prior to now, but I'm now turning 65.
- I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1 – March 31 each year). I want to join a Medicare Advantage Plan with drug coverage.
- I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified of getting Medicare on (insert date): ____/____/_____.
- I'm 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 have new options available to 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 (recently 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'm 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): ___ / ___ / ____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date): ___ / ___ / ____.
- I'm leaving employer or union coverage on (insert date): ___ / ___ / ____.
- I'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- 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 an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- I was adversely affected by having requested, but not received, notices or information in an accessible format to make an enrollment decision within applicable time frames.
- I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- I'm in a plan that has had a Star rating of less than three stars for the last three years. I want to join a plan with a Star rating of three stars or higher.

If none of these statements apply to you or you're not sure, please contact Essence Healthcare.

Essence Healthcare includes HMO and PPO plans with Medicare contracts. 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.

Scope of Appointment

The Centers for Medicare & 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 the person enrolling in a Medicare plan or their authorized representative.

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

(Refer to the following page 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'll discuss the products is either employed or contracted by a Medicare plan. They don't work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form DOESN'T 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:	Date:
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If you're the authorized representative, please sign above and print below.

Representative's Name:	Your Relationship to the Beneficiary:
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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:

Scope of Appointment documentation is subject to CMS record retention requirements.

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) 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. 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've agreed to always treat plan members. You'll 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 that 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 healthcare 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 healthcare 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'll 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 aren't affiliated or connected to Medicare.

Hospital Indemnity Products

Plans offering additional benefits that are payable to consumers based upon their medical utilization; they're sometimes used to defray copays/coinsurance. These plans aren't 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 aren't covered by Medicare, such as care outside of the country. These plans aren't affiliated or connected to Medicare.

Essence Healthcare includes HMO and PPO plans with Medicare contracts. 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.

Notice Of Availability of Language Assistance Services

English - ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-597-9560 (TTY: 711) or speak to your provider.

Español (Spanish) - ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-597-9560 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese) - 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-597-9560（文本电话：711）或咨询您的服务提供者。

中文 (Traditional Chinese) - 注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-866-597-9560（TTY：711）或與您的提供者討論。

العربية (Arabic) - تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-866-597-9560 (711) أو تحدث إلى مقدم الخدمة."

Polski (Polish) - UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-597-9560 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

ထာနုာ်လီၤဖဲအံၤ (Karen) - ဆူ- န့မ့ၢ်ကတိၤ ထာနုာ်လီၤဖဲအံၤ အယိ, တၢ်အိၣ်ဒီး ကျိာ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢာ် ဘျီလၢာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟူပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြးအဘျီ လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အီၤသ့တဖၣ် လၢတလၢာ်ဘျီလၢာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-866-597-9560 (TTY: 711) မ့တမ့ၢ် ကတိၤတၢ်ဒီး န့ပုၤလၢဟ့ၣ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

မြန်မာ (Burmese) - သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-866-597-9560 (TTY: 711) သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ။

Việt (Vietnamese) - LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-597-9560 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

יידיש (Yiddish) - נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַיִס און באַדינונגס פֿאַר פּראָוויידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-866-597-9560 (TTY: 711) אָדער רעדן מיט דיין טרעגער.

Nederlands (Dutch) - LET OP: als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-866-597-9560 (TTY: 711) of spreek met je provider.

Français (French) - ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-597-9560 (TTY : 711) ou parlez à votre fournisseur.

Tagalog - Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-597-9560 (TTY: 711) o makipag-usap sa iyong provider.

한국어 (Korean) - 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-597-9560 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

РУССКИЙ (Russian) - ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-597-9560 (TTY: 711) или обратитесь к своему поставщику услуг.

українська мова (Ukrainian) - УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-866-597-9560 (TTY: 711) або зверніться до свого постачальника.

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-866-597-9560 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

नेपाली (Nepali) - सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-866-597-9560 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

Bosanski (Bosnian) - PAŽNJA: Ako govorite bosanski, dostupne su vam besplatne jezičke usluge. Odgovarajuća pomagala i usluge za pružanje informacija u pristupačnim formatima takođe se pružaju besplatno. Pozovite 1-866-597-9560 (TTY: 711) ili kontaktirajte svog pružatelja usluga.

Frequently Asked Questions

Part of making sure you're getting the best plan for your needs is having no unanswered questions. Here are some of the most common questions we hear from Medicare shoppers. If you have more questions, one of our customer service team members is ready and waiting to help; just give us a call at 1-866-947-5816 (TTY: 711).



There's no monthly premiums, but I still get the same coverage I had when I was working and when you're retired, that's very important.

–Mike V., Essence member

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

Medicare pays private insurance companies, like Essence, 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're able to save money. We then pass those savings on to our members in the form of generous benefits, lower copays and a **\$0** premium.

Does your plan come with a deductible?

As an Essence member, you won't have to meet medical or hospital deductibles. 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. Some of our plans do have a pharmacy deductible. Once you meet that deductible, your standard copays or coinsurance will apply.

What is the maximum out-of-pocket limit?

Sometimes, people think that maximum out-of-pocket protection, often referred to as MOOP, is the same thing as a deductible. The MOOP amount 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 limit in a given year, you'll no longer have to pay copays or coinsurance 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'll never pay more than the maximum out-of-pocket limit for covered medical expenses.

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

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

Is this a Medicare supplement?

No. We aren't a Medicare supplement. For an up-front monthly premium, Medicare supplements focus on covering your cost-share for what Original Medicare doesn't cover. It's important to note that supplements don't include Part D prescription drug coverage or extra benefits like routine dental, vision and hearing. And most supplements don't offer maximum out-of-pocket protection. Essence is a Medicare Advantage (MA) plan. Medicare pays companies like Essence to manage MA plans. Because of this, we're able to offer all-in-one plans that include hospital, medical and Part D prescription drug coverage as well as out-of-pocket protection and valuable extras for as low as a **\$0** monthly premium.

Most of our plans charge a copay or coinsurance for your hospital and medical services. So the structure is a bit different from a supplement. However, if you like the idea of a supplement, Essence has the perfect plan for you.

With the Essence Advantage Premier Plus plan, you'll pay one monthly premium and have **\$0** copays for nearly all hospital and medical services. Plus, you'll get maximum out-of-pocket protection, prescription drug coverage, a hearing aid allowance, coverage for Medicare-covered eyewear after cataract surgery and free fitness memberships. For plan details, see pages **24–27** or the Summary of Benefits starting on page **43**.

How does the Flex Card work?

If included in your plan, the debit Flex Card gives you the option to use your extra benefits how you see fit. Your card is preloaded annually for use on certain items and services in the categories of non-Medicare-covered dental, vision and hearing. One plan even allows you to use your card on medical copays. You can use up to your whole allowance in any of the allowed categories—with the provider of your choice. And if you're an HMO plan member, you'll get a separate Flex Card allowance for OTC items. For more information, see pages **15–16** and pages **39** and **53** of the Summary of Benefits. If you're curious about eligible items and locations, call Essence Customer Service.

Will I need a referral to see a specialist?

If you're an HMO plan member, a referral is required to see specialists. The referral process is simple and ensures that your primary care physician (PCP) and specialist stay connected on the status of your health. Once your PCP initiates the referral, your specialist will have instant access to it electronically and Essence will be notified as well. If you're a PPO plan member, you won't need a referral to see specialists; this includes out-of-network providers.

Star Ratings Explained

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.

The 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're a lot like Consumer Reports® but specific to Medicare plans. It's important to note that Star ratings are assessed every year and can change from one year to the next. New ratings come out each October. You can always find the latest Star ratings for all the different plans at Medicare.gov.



Where Does Essence Rank?

For our latest Star ratings, please see the Star ratings sheet(s) included with this kit. You can also visit Medicare.gov to see how our Star ratings compare to other plans in the area.*

*Every year, Medicare evaluates plans based on a 5-star rating system.

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Essence Healthcare - H2610

For 2026, Essence Healthcare - H2610 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.



Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Essence Healthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at **866-509-5399** (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 **866-597-9560** (toll-free) or 711 (TTY).

Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal.

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Essence Healthcare - H6200

For 2026, Essence Healthcare - H6200 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.



Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Essence Healthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at **866-509-5399** (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 **866-597-9560** (toll-free) or 711 (TTY).

Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal.

Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal. All Essence plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the plan service area.

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

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

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

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.

Oura Ring is not a medical device and is not intended to diagnose, treat, cure, monitor, or prevent medical conditions or illnesses. Please do not make any changes to your medication, nutrition, or workouts without first consulting your doctor or another medical professional.

Scan this code to visit
EssenceHealthcare.com



When you choose Essence, know that you're not in it alone. We don't want to be, nor have we ever been, your typical insurance company.

Our goal is your improved health, and we're dedicated to helping you live your life to the fullest. Wherever the journey takes us, we're in this together.



13900 Riverport Drive
St. Louis, MO 63043
EssenceHealthcare.com



Call toll-free: **1-866-947-5816 (TTY: 711)**
8 a.m. to 8 p.m., seven days a week

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

Our service area: St. Louis City, the Missouri counties of Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, Warren and Washington, and the Illinois counties of Bond, Clinton, Jersey, Macoupin, Madison, Monroe and St. Clair