

A Healthy Tomorrow Starts Today



Enrollment Kit

MEDICARE ADVANTAGE | 2022

ESSENCE ADVANTAGE GOLD (HMO) - ESSENCE ADVANTAGE PLATINUM (HMO)



Serving the California counties of Alameda, San Mateo and Santa Clara



A Healthy Tomorrow Starts Today

There's no time like the present when it comes to your health. Investments you make in yourself today will benefit your health and well-being into the future. At **Essence Healthcare**, we work hard today—and every day—to help you live your healthiest life so you can continue to pursue the things you love surrounded by the people you love. We start by making sure you have access to **great doctors** that share our commitment to delivering high-quality, **well-coordinated healthcare**. We then provide a complete suite of health benefits, prescription drug coverage and valuable **extra benefits** that protect your health and your pocketbook. And because we all know that healthcare can get complicated sometimes, our dedicated team of experts are there to support you along the way if you need help, guidance or a quick answer.

We hope you find this material informative and helpful as you research your Medicare coverage options. We believe we have great plans for you to consider and look forward to the opportunity to serve you as a valued Essence member.

–The Essence Healthcare Team



A Healthy Collaboration

The Essence Advantage plans, powered by **Stanford Medicine**, are a series of innovative Medicare Advantage plans that were created to better serve people with Medicare in the Bay Area.

We worked closely with the world-class doctors and specialists of **Stanford Medicine** to design plans that not only provide you comprehensive hospital, medical and prescription drug coverage but also many valuable extra benefits not found in traditional Medicare plans.

As a valued plan member, you will have a large network of the area's finest providers to choose from, including the facilities, doctors and faculty of **Stanford Medicine**, Sutter Health and leading independent physicians throughout the area—doctors who share in our commitment to delivering you high-quality care and a more personal healthcare experience.

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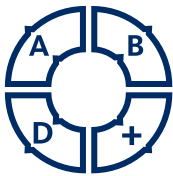
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What Makes Essence Different

One of the key differences between Essence and other health plans is how we work with and support the doctors who care for you. As a Medicare plan founded by doctors, we understand what your doctors need to make sure you are well taken care of. At Essence, it’s truly a team approach when it comes to you and your health.

We believe that teamwork results in quite a few things that you’ll find important and, frankly, refreshing. Here are just a couple:



More Benefits for Less

There’s quite a bit of waste and inefficiency in healthcare—wasted time and money spent on things that don’t help you get healthy or stay healthy, and that can drive up costs for everyone. At Essence, by working as a team with your doctors, we eliminate a lot of that waste, which saves money. Those savings get passed on to you in the form of better benefits, low premiums, lower out-of-pocket costs and other benefits not available with traditional Medicare plans.

Created by Doctors for Patients

Essence Healthcare was founded in 2003 by a group of doctors who wanted to create a new and better Medicare plan for their patients.



A Better Healthcare Experience

If you or a loved one has ever been sick or injured or currently deal with a chronic condition or two, you know how complicated healthcare can get. Communication often breaks down, and you’re left in the middle to sort things out and make sure everyone is on the same page. At Essence, we do things differently. It starts with how we work with and support your primary care physician. We work closely with your physician—providing them tools, information and funding that allows them to spend more time to focus on you, help you manage your health and better coordinate your care. As an Essence member, you’re not alone. You can rest easy knowing that you have a team of people who are focused on getting you the medical care you need and making sure that nothing slips through the cracks.



Getting Coverage Is Simple and Easy

It's Seamless

You have many options when it comes to your Medicare coverage. Some people may just enroll in Parts A and B (Original Medicare). Many people may also add a prescription drug plan to their coverage. Others might choose to pay an additional premium for a Medicare supplement to cover some of the costs that Original Medicare doesn't cover. When you add it all up, it can get expensive and complicated. With a plan from Essence Healthcare, things get a lot simpler and much more affordable.



All the Benefits You Want in One Plan

Essence provides all the coverage you need in one easy-to-use plan. Our plans include comprehensive coverage for hospital stays, doctor visits and prescription drugs, as well as valuable extra benefits such as transportation and meal services—all for a low monthly premium. We make it easy to budget for your healthcare with low, predictable copays and out-of-pocket limits that protect you from unexpected medical costs. With Essence, you can have peace of mind knowing that we've got you covered from head to toe.

The Essence Advantage

Everything you want and need in one convenient, affordable plan

Optional Supplemental Benefits

Two supplemental plan choices that can help eliminate the worry of big vision or dental costs later



Dental Coverage



Vision Coverage

Extra Benefits

Money-saving extras designed to make life easier and keep you at the top of your game



Over-the-Counter Coverage*



Fitness Club Memberships/Silver&Fit®*



Coverage when Traveling



Transportation Assistance



Acupuncture*



Home-Delivered Meals Post-Discharge

**Platinum plans only*

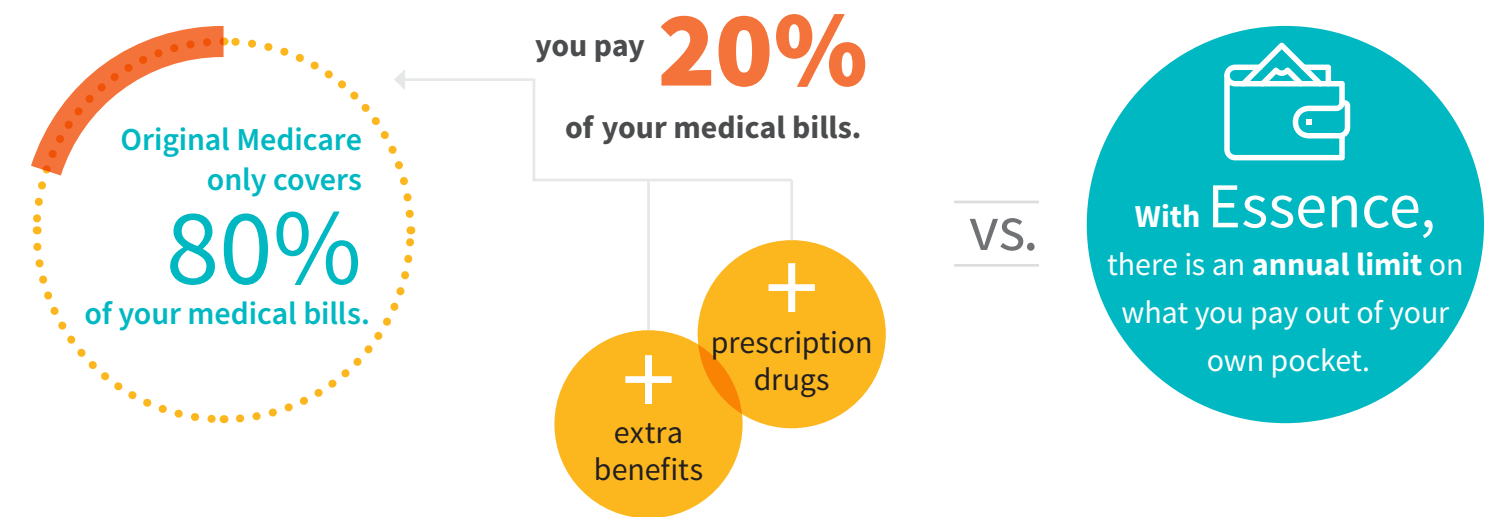
The Essence Benefit: Hospital and Medical Coverage

All the Basics—Covered

Essence provides all the Hospital (Part A) and Medical (Part B) coverage you find with Original Medicare, 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 may 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 annoying 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. At Essence, we like to set our limits low to give you the most financial protection possible.

Did You Know?

Your maximum out-of-pocket limit is different than a deductible. A MOOP limit is the total amount that you're required to 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 may be some services that don't count toward your MOOP limit. 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 deductible.

Saving You More On Your Prescriptions

Regularly taking medications can be an important part of maintaining your health and wellness. Unfortunately, the cost for those medications can really add up. At Essence, we never want the cost of your medications to get in the way. That's why every Essence plan includes generous Part D prescription drug coverage for thousands of generic and brand-name medications, and no annual deductible is required.

You have thousands of pharmacies to choose from nationwide, and you'll be entitled to low copays on generic and brand-name medications. We also offer additional ways to save. If you use our mail-order pharmacy, you can save even more on your prescriptions and have them delivered right to your door.



Special Savings for People with Diabetes

If you have diabetes and take insulin, then you know how costly it can be. That's why all of our plans include low, predictable copays on Select Insulins through our Insulin Savings Program.



The Essence Benefit: Prescription Drug Coverage



The Essence Benefit: Optional Supplemental 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 that anything that affects your health is covered and that also means your teeth. Issues with your teeth can really wear on you both physically and financially, so that's why every Essence plan offers optional dental coverage for an additional low monthly premium.

Whether you simply need coverage for preventive dental services such as exams, X-rays and fluoride treatments, or you want more comprehensive coverage for things like fillings, extractions, root canals, dentures and more, we have a plan for you.

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.



See page 36 for details on which plan is the right option for you.

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, each Essence plan offers optional vision coverage for an additional low monthly premium, which includes generous allowances for frames, lenses and contacts, but our vision coverage doesn't end there.

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

There are two optional vision plans to choose from, so you can make sure you're getting the coverage you need on what's important to you.

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: Optional Supplemental Vision Coverage



The Essence Benefit: Over-the-Counter Coverage

Your Doorstep Drugstore

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.

Our Platinum plan options include a \$50-\$75 quarterly allowance you can use to order a wide range of health-related products that you'd typically find at your corner drugstore. As an Essence member, you'll receive a catalog filled with hundreds of items to choose from, and ordering is quick and easy. You can call, mail in your order or place your order online, and your OTC items will be delivered right to your door.



Here's just a small list of the types of available 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

**View our OTC catalog for a complete list of items.*

Did You Know?

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

Stay Active. Stay Healthy.

Staying active can help you live your life to the fullest. That's why, as part of our Platinum plans, we've partnered with **Silver&Fit** to give you free access to participating gyms, health clubs and a host of different classes for any fitness level.

Whether you want to work out at the gym, at home or outside, it's all possible with Silver&Fit. If you want structure and guidance, in-person classes are available at participating facilities and include a range of options from classic strength-training workouts to yoga, dance and more.

And if the gym isn't your thing, you can take advantage of live workouts and on-demand options at home. You can also choose from a range of home fitness kits that focus on cardio, chair-based workouts or other types of exercise. Sometimes all it takes to get moving are the right options.

From national gyms to local community centers, there are over 20,500 fitness locations nationwide to choose from. And that's good to know because you can use your Silver&Fit membership at any participating fitness center anywhere in the country—just another perk of being an Essence member.



The Essence Benefit:
Silver&Fit



The Essence Benefit: Transportation and Travel

From Here to There

Seeing your doctor on a regular basis is important, and we never want your ability to get to your appointments to be an issue. That's why we include free transportation services to doctors and authorized medical facilities as part of your plan membership. If you need to go to the pharmacy to pick up a prescription, our transportation service can help with that, too.

Using your transportation benefit is simple and easy. As an Essence member, you'll be given a number to call to schedule your trip. Just provide where and when you want to go, and a driver will be there to take you to your destination. And if you have any special transportation needs, such as a wheelchair, they can help you with that, too.

And Everywhere

Going out of town, visiting friends and family in another state or maybe traveling abroad? Rest easy knowing that if you get sick or injured while away from home, your emergency or urgent-care services are covered.

Natural Healing

For certain pains, mental wellness and other issues of the body, prescription drugs aren't always the answer. Sometimes, there are other ways to heal and feel better. Acupuncture is a medication-free method of achieving pain relief, and it's a covered benefit in Essence Platinum plans. This natural healing method can help with many health issues, such as arthritis, respiratory illnesses, cataracts, depression, gingivitis and more. With an Essence plan, acupuncture can prove to be another alternative for improving your health.

Did You Know?

Acupuncture involves inserting tiny needles into specific areas of the body. This increases blood flow and activates the body's natural healing process. There are many studies that prove the effectiveness of acupuncture, and it's normally not associated with any side effects. You can also use acupuncture as a preventive measure. It can help the body deal with stress, boost the immune system and promote healthy circulation.



The Essence Benefit: Acupuncture Coverage



The Essence Benefit: Home-Delivered Meals

Right When You Need Them Most

Proper nutrition is important to your health—especially after a stay in the hospital. That’s why we offer meal delivery at no cost following surgery or an inpatient hospital stay. We also provide these services to members with chronic conditions, such as diabetes, COPD and some cardiovascular disorders. This benefit is designed so you can spend more time recovering and less time worrying about meal preparation.

Did You Know?

Studies have shown that up to 30 percent of hospitalized patients are malnourished. And the chances for increased malnutrition only go up after a surgery. Getting proper nutrition plays a huge part in how quickly the body recovers and regains strength and energy. It also plays a part in how well your body manages chronic conditions. Malnutrition has been linked to higher rates of infection and other complications. When the body is fully satisfied, your healing ability increases and your chances of being admitted, or readmitted, to the hospital decrease.

Plan Benefit Highlights: Hospital and Medical Coverage

Below are some of the many hospital and medical benefits included in Essence plans. For more details and benefits, please see the **Summary of Benefits** starting on page 40.

	Maximum Out-of-Pocket Limit	Annual Deductible	Preventive Care/ Screenings	Primary Care Physician Visit	Specialist Doctor Visits	Telehealth Visits	Chiropractic Care	Inpatient Hospital Care	Outpatient Surgery at Hospital	Emergency Care	Urgent Care
Essence Advantage Gold (HMO) Santa Clara County \$39 Monthly premium	\$5,500 Per calendar year	\$0 Per calendar year	\$0 Copay	\$5 Copay	\$35 Copay	\$10 Copay for an on-demand Teladoc® visit with a Primary Care Physician	\$20 Copay for manual manipulation of the spine to correct subluxation	\$275 Per day for days 1-7 \$0 Per day for days 8 and beyond	\$250 Copay	\$90 Copay	\$35 Copay
Essence Advantage Platinum (HMO) Santa Clara County \$89 Monthly premium	\$4,500 Per calendar year	\$0 Per calendar year	\$0 Copay	\$0 Copay	\$20 Copay	\$10 Copay for an on-demand Teladoc® visit with a Primary Care Physician	\$20 Copay for manual manipulation of the spine to correct subluxation	\$250 Per day for days 1-7 \$0 Per day for days 8 and beyond	\$240 Copay	\$90 Copay	\$35 Copay
Essence Advantage Gold (HMO) Alameda and San Mateo counties \$59 Monthly premium	\$5,900 Per calendar year	\$0 Per calendar year	\$0 Copay	\$5 Copay	\$35 Copay	\$10 Copay for an on-demand Teladoc® visit with a Primary Care Physician	\$20 Copay for manual manipulation of the spine to correct subluxation	\$315 Per day for days 1-7 \$0 Per day for days 8 and beyond	20% Co-insurance	\$90 Copay	\$35 Copay
Essence Advantage Platinum (HMO) Alameda and San Mateo counties \$89 Monthly premium	\$4,900 Per calendar year	\$0 Per calendar year	\$0 Copay	\$0 Copay	\$30 Copay	\$10 Copay for an on-demand Teladoc® visit with a Primary Care Physician	\$20 Copay for manual manipulation of the spine to correct subluxation	\$300 Per day for days 1-7 \$0 Per day for days 8 and beyond	\$240 Copay	\$90 Copay	\$35 Copay

Plan Benefit Highlights:

Part D Drug Coverage

Below are some of the Part D prescription drug benefits included in Essence plans. For more details and benefits, please see the **Summary of Benefits** starting on page 40.

 **New for 2022!**

Low, predictable copays on Select Insulins through our Insulin Savings Program. See page 54 for details.

	Standard Pharmacy Benefits 30-Day Supply						Out-of-Network Pharmacy Benefits 30-Day Supply					
	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brands	Tier 4 Non-Preferred Brands	Tier 5 Speciality Drugs	Tier 6 Select Care Drugs	Tier 1 Preferred Generics	Tier 2 Generics	Tier 3 Preferred Brands	Tier 4 Non-Preferred Brands	Tier 5 Speciality Drugs	Tier 6 Select Care Drugs
Essence Advantage Gold (HMO) Santa Clara County \$39 Monthly premium	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Co-insurance	\$0 Copay	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Co-insurance	\$0 Copay
Essence Advantage Platinum (HMO) Santa Clara County \$89 Monthly premium	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Co-insurance	\$0 Copay	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Co-insurance	\$0 Copay
Essence Advantage Gold (HMO) Alameda and San Mateo counties \$59 Monthly premium	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Co-insurance	\$0 Copay	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Co-insurance	\$0 Copay
Essence Advantage Platinum (HMO) Alameda and San Mateo counties \$89 Monthly premium	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Co-insurance	\$0 Copay	\$5 Copay	\$15 Copay	\$47 Copay	\$100 Copay	33% Co-insurance	\$0 Copay

Plan Benefit Highlights: Extra Benefit Coverage

Below are the extra benefits included in Essence plans. For more details and benefits, please see the **Summary of Benefits** starting on page 40.

	OTC Allowance	Fitness/Gym Membership	Transportation Assistance	Acupuncture	Meal Services
Essence Advantage Gold (HMO) Santa Clara County \$39 Monthly premium	No coverage	No coverage	\$0 Copay for up to 24 one-way trips to approved locations per calendar year*	\$35 Copay for Medicare-covered services (chronic low back pain), up to 20 visits per calendar year	Post-discharge meal delivery at no cost following surgery or an inpatient stay or for those with chronic conditions
Essence Advantage Platinum (HMO) Santa Clara County \$89 Monthly premium	\$75 Allowance per quarter (up to 2 orders per quarter)	Silver&Fit included at no additional cost	\$0 Copay for up to 36 one-way trips to approved locations per calendar year*	\$20 Copay for Medicare-covered services (chronic low back pain), up to 20 visits per calendar year \$10 Copay for supplemental services, up to 15 visits per calendar year	Post-discharge meal delivery at no cost following surgery or an inpatient stay or for those with chronic conditions
Essence Advantage Gold (HMO) Alameda and San Mateo counties \$59 Monthly premium	No coverage	No coverage	\$0 Copay for up to 24 one-way trips to approved locations per calendar year*	\$35 Copay for Medicare-covered services (chronic low back pain), up to 20 visits per calendar year	Post-discharge meal delivery at no cost following surgery or an inpatient stay or for those with chronic conditions
Essence Advantage Platinum (HMO) Alameda and San Mateo counties \$89 Monthly premium	\$50 Allowance per quarter (up to 2 orders per quarter)	Silver&Fit included at no additional cost	\$0 Copay for up to 24 one-way trips to approved locations per calendar year*	\$30 Copay for Medicare-covered services (chronic low back pain), up to 20 visits per calendar year \$10 Copay for supplemental services, up to 15 visits per calendar year	Post-discharge meal delivery at no cost following surgery or an inpatient stay or for those with chronic conditions

*Approved locations include adult day care, various rehabilitation, dental services, behavioral health and several more.

For a full list of approved service locations, please refer to the Summary of Benefits on page 40.

Plan Benefit Highlights:

Optional Dental and Vision Coverage

Below are the optional supplemental benefits available with Essence plans. For more details and benefits, please see the **Summary of Benefits** starting on page 40.

	Yearly Deductible	Preventive Dental	Comprehensive Dental	Vision	Eyewear
<div>Optional Supplemental Benefits Plan 1 (DHMO)*</div> <div>\$20 Additional Monthly Premium</div>	\$0	<div>\$0</div> <div>Copay for routine oral exams, teeth cleanings, fluoride treatments and X-rays as part of a general exam</div>	<div>\$0-\$125</div> <div>Copay for non-routine services (such as cleaning and inspection of removeable denture or home bleaching tray and gel) and diagnostic services (such as radiographic images and post-operative re-evaluation visit)</div> <div>\$5-\$445</div> <div>Copay for restorative services (such as fillings and crowns), endodontics (such as pulp caps and mandibular partial dentures), periodontics (such as scaling for severe gingival inflammation and osseous surgery), extractions (such as extraction of an erupted tooth and Coronectomy), prosthodontics and other services (such as adjusting complete or partial dentures and 3/4 cast high noble metal retainer crown)</div>	<div>\$25</div> <div>Copay for routine eye exam</div>	<div>\$25</div> <div>Copay for frames, lenses or contacts (\$150 allowance for frames or contacts every other year)</div> <div>\$60</div> <div>Maximum copay for contact lens fitting exam</div>
<div>Optional Supplemental Benefits Plan 2 (PPO)*</div> <div>\$38 Additional Monthly Premium</div>	\$0	<div>0% Co-insurance (preferred providers) or 20% co-insurance (non-preferred providers) for routine oral exams, teeth cleanings, fluoride treatments, X-rays as part of a general exam and space maintainers</div> <div>40% Co-insurance (preferred providers) or 50% co-insurance (non-preferred providers) for sealants</div> <div>\$1,500</div> <div>Maximum allowance for all preventive and comprehensive dental services combined</div>	<div>0% Co-insurance (preferred providers) or 20% co-insurance (non-preferred providers) for diagnostic services</div> <div>40-60% Co-insurance (preferred providers) or 50-60% co-insurance (non-preferred providers) for restorative services (such as fillings and crowns), endodontics (such as pulp caps and mandibular partial dentures), periodontics (such as scaling for severe gingival inflammation and osseous surgery), extractions (such as extraction of an erupted tooth and Coronectomy), prosthodontics and other services (such as adjusting complete or partial dentures)</div> <div>\$1,500</div> <div>Maximum allowance for all preventive and comprehensive dental services combined</div>	<div>\$25</div> <div>Copay for routine eye exam</div>	<div>\$25</div> <div>Copay for frames, lenses or contacts (\$275 allowance for frames or contacts every other year)</div> <div>\$60</div> <div>Maximum copay for contact lens fitting exam</div>

*Some limitations and exclusions apply. Copays and co-insurance may vary based on type of service. See Evidence of Coverage booklet for details.

Frequently Asked Questions

Part of making sure you're getting the best coverage for your unique needs is having no unanswered questions. Listed below are some of the most common questions we hear from Medicare shoppers. If you have additional questions, one of our customer service team members is ready and waiting to help; just give us a call at 1-855-996-8422 (TTY: 711).



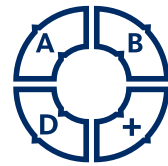
Does your plan come with a deductible?

As an Essence member, you won't have to meet medical or pharmacy 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.



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 are not a Medicare supplement. A Medicare supplement is a private company that charges up-front monthly premiums to help cover what Original Medicare does not. It's important to note that supplements do not include Part D prescription drug coverage or extra benefits like dental and vision. Essence Healthcare is a Medicare Advantage (MA) plan. Medicare pays companies like Essence to manage MA plans. Because of this, we're able to offer all-in-one plans that include hospital, medical and Part D prescription drug coverage as well as valuable optional extra benefits, like dental and vision, for low monthly premiums.



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 co-insurance for medical or hospital-related services. This is a great feature that protects your savings and makes it easy to budget for your healthcare costs—because you know you'll never pay more than the maximum out-of-pocket limit for covered medical expenses.



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

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



Summary of Benefits



Summary of Benefits

January 1, 2022 – December 31, 2022

This booklet gives you a summary of what we cover and what you pay. It doesn’t list every limitation, exclusion or covered service. To get a complete list of services we cover, call us and ask for the Evidence of Coverage, or you can view it on www.EssenceHealthcare.com.

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

- If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.Medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at www.Medicare.gov, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Essence Advantage Gold** and **Essence Advantage Platinum**
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Optional Supplemental 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 1-855-923-3102 (TTY: 711) to speak with a sales representative.

Things to Know About Essence Advantage Gold and Essence Advantage Platinum

Hours of Operation

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

Essence Advantage Gold/Essence Advantage Platinum Phone Numbers and Website

- If you have questions, call 1-855-923-3102 (TTY: 711) to speak with a sales representative.
- Our website: www.EssenceHealthcare.com

Who can join?

To join **Essence Advantage Gold** or **Essence Advantage Platinum**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be a United States citizen or are lawfully present in the United States and live in our service area. Our service area includes the following counties in California: Santa Clara, Alameda and San Mateo.

What is an HMO?

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

Which doctors, hospitals and pharmacies can I use?

Essence Advantage Gold and **Essence Advantage Platinum** have a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost sharing. You may pay less if you use these pharmacies. You can see our plans’ Provider Directory on our website www.EssenceHealthcare.com. Or, call us and we will send you a copy of the Provider Directory.

What do we cover?

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

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

What drugs do we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website www.EssenceHealthcare.com.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plans group each medication into one of six tiers. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage. If you have questions about the different benefit stages, please contact the plan for more information or access the Evidence of Coverage on our website.

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

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
Monthly Plan Premium	\$39 per month You must continue to pay your Medicare Part B premium.	\$89 per month You must continue to pay your Medicare Part B premium.	\$59 per month You must continue to pay your Medicare Part B premium.	\$89 per month You must continue to pay your Medicare Part B premium.
Deductibles	All Plans These plans do not have a deductible.			
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	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. Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$5,500 for covered hospital and medical services you receive from in-network providers 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 will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	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. Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$4,500 for covered hospital and medical services you receive from in-network providers 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 will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	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. Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$5,900 for covered hospital and medical services you receive from in-network providers 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 will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	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. Your yearly limit(s) in this plan: <ul style="list-style-type: none">• \$4,900 for covered hospital and medical services you receive from in-network providers 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 will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Covered Medical and Hospital Benefits

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
Inpatient Hospital Coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none">• \$275 copay per day, per stay: days 1–7• \$0 copay per day, per stay: day 8 and beyond <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none">• \$250 copay per day, per stay: days 1–7• \$0 copay per day, per stay: day 8 and beyond <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none">• \$315 copay per day, per stay: days 1–7• \$0 copay per day, per stay: day 8 and beyond <p>Prior authorization is required.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none">• \$300 copay per day, per stay: days 1–7• \$0 copay per day, per stay: day 8 and beyond <p>Prior authorization is required.</p>
Outpatient Hospital Coverage	<p>Ambulatory surgical center: \$250 copay</p> <p>Outpatient hospital: \$250 copay</p> <p>Prior authorization may be required.</p>	<p>Ambulatory surgical center: \$240 copay</p> <p>Outpatient hospital: \$240 copay</p> <p>Prior authorization may be required.</p>	<p>Ambulatory surgical center: 20% co-insurance</p> <p>Outpatient hospital: 20% co-insurance</p> <p>Prior authorization may be required.</p>	<p>Ambulatory surgical center: \$240 copay</p> <p>Outpatient hospital: \$240 copay</p> <p>Prior authorization may be required.</p>
Doctor Visits <i>(Primary Care Providers and Specialists)</i>	<p>Primary care physician (PCP) visit: \$5 copay</p> <p>Specialist visit: \$35 copay</p> <p>A referral is required for specialist visits.</p>	<p>Primary care physician (PCP) visit: \$0 copay</p> <p>Specialist visit: \$20 copay</p> <p>A referral is required for specialist visits.</p>	<p>Primary care physician (PCP) visit: \$5 copay</p> <p>Specialist visit: \$35 copay</p> <p>A referral is required for specialist visits.</p>	<p>Primary care physician (PCP) visit: \$0 copay</p> <p>Specialist visit: \$30 copay</p> <p>A referral is required for specialist visits.</p>
Preventive Care	<p>All Plans</p> <p>You pay nothing.</p> <p>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			

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
Preventive Care <i>(continued)</i>	<p>All Plans</p> <ul style="list-style-type: none">• Diabetes screening• Diabetes self-management training and diabetic services• Health and wellness education programs• HIV screening• Immunizations (pneumonia, hepatitis B, COVID-19 and influenza)• Medical nutrition therapy• Medicare Diabetes Prevention Program (MDPP)• Obesity screening and therapy to promote sustained weight loss• Prostate cancer screening exams• Screening and counseling to reduce alcohol misuse• Screening for lung cancer with low-dose computed tomography (LDCT)• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)• Vision care• “Welcome to Medicare” preventive visit (one-time) <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>			
Emergency Care	<p>All Plans</p> <p>\$90 copay</p> <p>If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>We provide worldwide coverage.</p>			
Urgently Needed Services	<p>All Plans</p> <p>\$35 copay within the United States</p> <p>\$90 copay outside of the United States</p> <p>We provide worldwide coverage.</p>			

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
Diagnostic Services/Labs/Imaging <i>(Costs for these services may vary based on place of service.)</i>	Lab services: \$10 copay Diagnostic procedures and tests: \$45 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance X-rays: \$45 copay Prior authorization may be required.	Lab services: \$10 copay Diagnostic procedures and tests: \$25 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance X-rays: \$25 copay Prior authorization may be required.	Lab services: \$10 copay Diagnostic procedures and tests: \$45 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance X-rays: \$45 copay Prior authorization may be required.	Lab services: \$10 copay Diagnostic procedures and tests: \$25 copay Diagnostic colonoscopies: \$0 copay Diagnostic radiology services (such as MRI, CT and PET scans): \$210 copay Diagnostic mammograms: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance X-rays: \$25 copay Prior authorization may be required.
Hearing Services	All Plans Medicare-covered exam to diagnose and treat hearing and balance issues: \$0 copay A referral is required for Medicare-covered hearing services.			
Dental Services	Medicare-covered comprehensive dental services: \$35 copay A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.	Medicare-covered comprehensive dental services: \$20 copay A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.	Medicare-covered comprehensive dental services: \$35 copay A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.	Medicare-covered comprehensive dental services: \$30 copay A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization.

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
Dental Services <i>(continued)</i>	See page 52 for information on optional supplemental dental coverage that can be purchased separately.	See page 52 for information on optional supplemental dental coverage that can be purchased separately.	See page 52 for information on optional supplemental dental coverage that can be purchased separately.	See page 52 for information on optional supplemental dental coverage that can be purchased separately.
Vision Services	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$5-\$35 copay All Plans Diabetic eye exams performed by a contracted specialist: \$0 copay A referral is required for Medicare-covered eye exams. Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: \$0 copay Medicare-covered eyeglass frames or contact lenses after each cataract surgery: \$0 copay See page 52 for information on optional supplemental vision coverage that can be purchased separately.	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0-\$20 copay	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$5-\$35 copay	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$0-\$30 copay
Mental Health Services	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none">• \$270 copay per day, per stay: days 1–6• \$0 copay per day, per stay: day 7 and beyond Outpatient individual visit: \$30 copay Outpatient group visit: \$20 copay Prior authorization may be required.	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none">• \$270 copay per day, per stay: days 1–6• \$0 copay per day, per stay: day 7 and beyond Outpatient individual visit: \$20 copay Outpatient group visit: \$10 copay Prior authorization may be required.	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none">• \$270 copay per day, per stay: days 1–6• \$0 copay per day, per stay: day 7 and beyond Outpatient individual visit: \$30 copay Outpatient group visit: \$20 copay Prior authorization may be required.	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. <ul style="list-style-type: none">• \$270 copay per day, per stay: days 1–6• \$0 copay per day, per stay: day 7 and beyond Outpatient individual visit: \$20 copay Outpatient group visit: \$10 copay Prior authorization may be required.

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
Skilled Nursing Facility (SNF)	The plans cover up to 100 days each benefit period. No prior hospital stay is required. <ul style="list-style-type: none">• \$0 copay per day, per stay: days 1–20• \$150 copay per day, per stay: days 21–100 Prior authorization is required. Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.	The plans cover up to 100 days each benefit period. No prior hospital stay is required. <ul style="list-style-type: none">• \$0 copay per day, per stay: days 1–20• \$100 copay per day, per stay: days 21–100 Prior authorization is required. Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.	The plans cover up to 100 days each benefit period. No prior hospital stay is required. <ul style="list-style-type: none">• \$0 copay per day, per stay: days 1–20• \$150 copay per day, per stay: days 21–100 Prior authorization is required. Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.	The plans cover up to 100 days each benefit period. No prior hospital stay is required. <ul style="list-style-type: none">• \$0 copay per day, per stay: days 1–20• \$100 copay per day, per stay: days 21–100 Prior authorization is required. Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.
Physical Therapy	\$30 copay A referral is required.	\$20 copay A referral is required.	\$30 copay A referral is required.	\$20 copay A referral is required.
Ambulance	\$210 copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.	\$200 copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.	\$210 copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.	\$200 copay This copay applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.
Transportation	\$0 copay Limited to 24 one-way trips to plan-approved locations every year.	\$0 copay Limited to 36 one-way trips to plan-approved locations every year.	\$0 copay Limited to 24 one-way trips to plan-approved locations every year.	\$0 copay Limited to 24 one-way trips to plan-approved locations every year.

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
Transportation <i>(continued)</i>	<div><div>All Plans</div><div>Approved locations and trip reasons:</div><div><div><div><ul style="list-style-type: none">• Adult Day Care• Alcohol Abuse Evaluation to Enter Treatment• Alcohol Rehabilitation• Behavioral Health• Cardiac Rehabilitation• Chemotherapy• Chiropractor• Community Psych Rehab• Counselor, Psychologist, Social Worker• Day Treatment Program• Dental Services• Diabetic Supplies and Education• Dialysis• Drug Abuse Evaluation to Enter Treatment• Drug Rehabilitation• Education/Outreach Programs• Emergency Room—From• Extended Pediatric Center• Fitness Center• Hospital—Discharge• Hospital—Inpatient Services/Admission• Hospital—Outpatient Services• Immunizations• Laboratory Services• Lamaze Classes (or Similar Birthing Class)• Lead Screening/Testing</div><div><ul style="list-style-type: none">• Mammogram• Nutritional• OB/GYN Services• Occupational Therapy• Ophthalmologist• Optical• Orthotic Shoes• Pain Management• Pharmacy• Physical Exam• Physical Therapy• Podiatry• Prenatal Services• Primary Care Physician• Prosthetic• Psychiatrist• Radiation Treatments• Radiology Services (i.e. X-rays)• Smoking Cessation• Specialist• Speech Therapy• Transplant Services• Transportation from an Urgent Care Facility• Transportation to an Urgent Care Facility• Vision/Hearing Screenings</div></div></div></div>			

Optional Supplemental Benefits

	OSB Package 1 (Dental (DHMO) and Vision)
Monthly Plan Premium	An additional \$20 per month
Deductibles	This plan does not have a deductible.
Dental Services	<p>Preventive dental services: \$0 copay</p> <p><u>Preventive services include:</u></p> <ul style="list-style-type: none">• Periodic oral evaluation (2 every calendar year)• Routine cleaning (2 every calendar year)• Fluoride treatment (2 every calendar year)• Horizontal bitewing X-ray(s) (1 series, once every 6 months)• Intraoral complete series of radiographic images (1 series, once every 2 calendar years) <p><u>Comprehensive services include (but are not limited to*):</u></p> <p>Non-routine services (non-routine cleaning, inspection of removable denture and home bleaching tray and gel): \$0-\$125 copay</p> <p>Diagnostic services (radiographic images and post-operative re-evaluation visit): \$0-\$5 copay</p> <p>Restorative services (amalgam fillings and titanium crowns): \$8-\$395 copay</p> <p>Endodontics (pulp cap and mandibular partial dentures): \$5-\$395 copay</p> <p>Periodontics (scaling for severe gingival inflammation and osseous surgery): \$5-\$385 copay</p> <p>Extractions (extraction of an erupted tooth and coronectomy): \$14-\$140 copay</p> <p>Prosthodontics, other oral/maxillofacial surgery and other services (adjusting complete or partial dentures and 3/4 cast high noble metal retainer crown): \$18-\$445 copay</p> <p>*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.</p>
Vision Services	<p>1 routine eye exam every calendar year: \$25 copay</p> <p>Eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every 2 calendar years: \$25 copay</p> <p>\$150 allowance for eyeglass frames or contact lenses, every 2 calendar years: \$25 copay</p> <p>Upgrades may be available at an additional cost.</p>

	OSB Package 2 (Dental (PPO) and Vision)
Monthly Plan Premium	An additional \$38 per month
Deductible	This plan does not have a deductible.
Dental Services	<p>Preventive dental (diagnostic and preventive services): 0% co-insurance (preferred providers) or 20% co-insurance (non-preferred providers)</p> <p><u>Diagnostic and preventive services include:</u></p> <ul style="list-style-type: none">• Periodic oral evaluation (2 every calendar year)• Routine cleaning (2 every calendar year)• Fluoride treatment (2 every calendar year)• Horizontal bitewing X-ray(s) (1 series, once every 6 months)• Intraoral complete series of radiographic images (1 series, once every 2 calendar years) <p>Preventive dental (sealants): 40% co-insurance (preferred providers) or 50% co-insurance (non-preferred providers)</p> <p><u>Comprehensive services include (but are not limited to*):</u></p> <p>Diagnostic services (radiographic images and post-operative re-evaluation visit): 0% co-insurance (preferred providers) or 20% co-insurance (non-preferred providers)</p> <p>Restorative services (amalgam fillings and titanium crowns): 40-60% co-insurance (preferred providers) or 50-60% co-insurance (non-preferred providers)</p> <p>Endodontics (pulp cap and mandibular partial dentures): 40% co-insurance (preferred providers) or 50% co-insurance (non-preferred providers)</p> <p>Periodontics (scaling for severe gingival inflammation and osseous surgery): 40% co-insurance (preferred providers) or 50% co-insurance (non-preferred providers)</p> <p>Extractions (extraction of an erupted tooth and Coronectomy): 40% co-insurance (preferred providers) or 50% co-insurance (non-preferred providers)</p> <p>Prosthodontics, other oral/maxillofacial surgery and other services (adjusting complete or partial dentures and 3/4 cast high noble metal retainer crown): 40%-60% co-insurance (preferred providers) or 50%-60% co-insurance (non-preferred providers)</p> <p>Yearly maximum benefit for preventive and comprehensive services: \$1,500</p> <p>*See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.</p>
Vision Services	<p>1 routine eye exam every calendar year: \$25 copay</p> <p>Eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every 2 calendar years: \$25 copay</p> <p>\$275 allowance for eyeglass frames or contact lenses, every 2 calendar years: \$25 copay</p> <p>Upgrades may be available at an additional cost.</p>

Prescription Drug Benefits

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties		
Medicare Part B Drugs	All Plans For Part B drugs such as chemotherapy drugs: 20% co-insurance Other Part B drugs: 20% co-insurance Prior authorization is required.					
Deductible	All Plans These plans do not have a deductible.					
Initial Coverage	All Plans You pay the amounts listed in the following tables until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and your Part D plan. If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as a standard retail pharmacy. Coverage is limited to certain situations if you go out of network.					
Additional Drug Coverage <i>(Insulin Savings Program)</i>	All Plans As an Essence member, you'll have low, predictable copays on Select Insulins through our Insulin Savings Program.† Costs for Select Insulins will remain the same during the Initial Coverage and Coverage Gap phases of your prescription drug benefit. The program doesn't apply during the Catastrophic Coverage stage. Note that this program isn't available if you receive Extra Help from the government.					
Standard Retail Cost Sharing	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 <i>(Preferred Generic)</i>	\$5 copay	\$10 copay	\$15 copay	\$5 copay	\$10 copay	\$15 copay
Tier 2 <i>(Generic)</i>	\$15 copay	\$30 copay	\$45 copay	\$15 copay	\$30 copay	\$45 copay
Select Insulins†	\$15 copay	\$30 copay	\$45 copay	\$15 copay	\$30 copay	\$45 copay

†Select Insulins are those that are part of the Insulin Savings Program and therefore will incur low, consistent copays through the coverage gap. For information regarding which insulins are Select Insulins under the plan’s benefit, refer to the plan’s Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information.

	Essence Advantage Gold (HMO) Santa Clara County		Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties	
Standard Retail Cost Sharing	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 3 <i>(Preferred Brand)</i>	\$47 copay	\$94 copay	\$141 copay	\$47 copay	\$94 copay	\$141 copay
Select Insulins†	\$35 copay	\$70 copay	\$105 copay	\$35 copay	\$70 copay	\$105 copay
Tier 4 <i>(Non-Preferred Brand)</i>	\$100 copay	\$200 copay	\$300 copay	\$100 copay	\$200 copay	\$300 copay
Tier 5 <i>(Specialty Drug)</i>	33% co-insurance	Not Offered		33% co-insurance	Not Offered	
Tier 6 <i>(Select Care Drugs)**</i>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Standard Mail Order Cost Sharing	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 <i>(Preferred Generic)</i>	Not Offered		\$10 copay	Not Offered		\$10 copay
Tier 2 <i>(Generic)</i>	Not Offered		\$30 copay	Not Offered		\$30 copay
Select Insulins†	Not Offered		\$30 copay	Not Offered		\$30 copay
Tier 3 <i>(Preferred Brand)</i>	Not Offered		\$94 copay	Not Offered		\$94 copay
Select Insulins†	Not Offered		\$94 copay	Not Offered		\$94 copay
Tier 4 <i>(Non-Preferred Brand)</i>	Not Offered		\$200 copay	Not Offered		\$200 copay
Tier 5 <i>(Specialty Drug)</i>	Not Offered			Not Offered		
Tier 6 <i>(Select Care Drugs)**</i>	Not Offered		\$0 copay	Not Offered		\$0 copay

**Select Care Drugs are generic drugs on Tier 6.

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties		
Coverage Gap	All Plans Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you have paid) reaches \$4,430. After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs and 25% of the plan’s cost for covered generic drugs until your out-of-pocket costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap. During the coverage gap, your costs for Tier 1 and Tier 6 drugs (shown in the following table) will remain the same as during the initial coverage phase of your prescription drug benefit. You will need to use your formulary to locate your drug’s tier. If you’re eligible for the Insulin Savings Program, your cost-share for Select Insulins won’t increase during the coverage gap.					
Standard Retail Cost Sharing	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$5 copay	\$10 copay	\$15 copay	\$5 copay	\$10 copay	\$15 copay
Tier 6 (Select Care Drugs)**	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Standard Mail Order Cost Sharing	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	Not Offered		\$10 copay	Not Offered		\$10 copay
Tier 6 (Select Care Drugs)**	Not Offered		\$0 copay	Not Offered		\$0 copay
Catastrophic Coverage	All Plans After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of: <ul style="list-style-type: none">• 5% co-insurance or• \$3.95 copay for generic (including brand-name drugs treated as generic) and a \$9.85 copay for other drugs (one month supply)					

**Select Care Drugs are generic drugs on Tier 6.
Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Other Covered Benefits

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
Chiropractic Care	<p>All Plans</p> <p>Manual manipulation of the spine to correct subluxation: \$20 copay</p> <p>A referral is required.</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/Lifescan products.</p> <p>Diabetic therapeutic custom-molded shoes or inserts: \$0 copay</p> <p>Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps).</p> <p>*See Evidence of Coverage for a complete listing.</p>			
Durable Medical Equipment (wheelchairs, oxygen, etc.)	<p>All Plans</p> <p>20% co-insurance</p> <p>Prior authorization may be required.</p>			
Foot Care (podiatry services)	\$35 copay A referral is required.	\$20 copay A referral is required.	\$35 copay A referral is required.	\$30 copay A referral is required.
Home Healthcare	<p>All Plans</p> <p>\$0 copay</p> <p>A referral is 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>			
Outpatient Substance Abuse	Individual visit: \$30 copay Group visit: \$20 copay Prior authorization is required.	Individual visit: \$20 copay Group visit: \$10 copay Prior authorization is required.	Individual visit: \$30 copay Group visit: \$20 copay Prior authorization is required.	Individual visit: \$20 copay Group visit: \$10 copay Prior authorization is required.

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
Over-the-Counter Coverage (OTC)	Not Offered	\$75 credit per quarter to use on approved health products that can be ordered online, by phone or by mail. Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.	Not Offered	\$50 credit per quarter to use on approved health products that can be ordered online, by phone or by mail. Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.
Prosthetic Devices	All Plans Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.			
Outpatient Rehabilitation Services	Cardiac rehabilitation services: \$30 copay per day Occupational, speech and language therapy visits: \$30 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.	Cardiac rehabilitation services: \$25 copay per day Occupational, speech and language therapy visits: \$20 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.	Cardiac rehabilitation services: \$30 copay per day Occupational, speech and language therapy visits: \$30 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.	Cardiac rehabilitation services: \$25 copay per day Occupational, speech and language therapy visits: \$20 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.
Virtual/ Telehealth Visits	All Plans Primary Care Physician Telehealth Visits: \$10 copay Services offered through Teladoc® App on your iPhone or Android smart-phone, via Teladoc.com or by calling toll free at 1-800-Teladoc (1-800-835-2362)			

	Essence Advantage Gold (HMO) Santa Clara County	Essence Advantage Platinum (HMO) Santa Clara County	Essence Advantage Gold (HMO) Alameda and San Mateo counties	Essence Advantage Platinum (HMO) Alameda and San Mateo counties
Wellness Programs	Not Offered	Health club membership/fitness classes through Silver&Fit®: \$0 copay	Not Offered	Health club membership/fitness classes through Silver&Fit®: \$0 copay
Acupuncture	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$35 copay per visit	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$20 copay per visit Supplemental services, up to 15 visits per calendar year: \$10 copay per visit	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$35 copay per visit	Medicare-covered services (chronic low back pain), up to 20 visits per calendar year: \$30 copay per visit Supplemental services, up to 15 visits per calendar year: \$10 copay per visit
Meal Benefit	All Plans Immediately following surgery or inpatient hospital stay: \$0 copay for up to 28 days, maximum of 56 meals per calendar year Limited to 1 occurrence per calendar year Chronic conditions, including, but not limited to, some cardiovascular disorders, COPD or diabetes: \$0 copay for up to 14 days, maximum of 28 meals per calendar year Limited to 1 occurrence per calendar year			
Additional Smoking and Tobacco Cessation Counseling	All Plans In addition to the 8 visits covered under Original Medicare, all of our plans include coverage for up to an additional 8 group visits at no cost to you.			
Nurse Hotline	All Plans 24-hour nursing hotline available at no additional cost (1-844-546-8773, TTY: 711)			

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a sales representative at 1-855-923-3102 (TTY: 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially services for which you routinely see a doctor. Visit www.EssenceHealthcare.com or call 1-855-923-3102 (TTY: 711) to view a copy of the EOC.
- ☐ Review the provider/pharmacy directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the provider/pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ☐ 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).



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Medicare Enrollment Periods

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

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

How to Enroll

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



Enroll with your licensed Essence Healthcare agent or insurance broker.
Your agent or broker can help you choose the best plan for you and help you complete the Enrollment Application.



Enroll online.
Go to *www.EssenceHealthcare.com* and click “Enroll Now.”



Enroll over the phone.
Simply give us a call and an Essence representative will be happy to enroll you over the phone. Call toll free: 1-844-205-8422 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.



Enroll by mail.
Complete the Enrollment Application located in the back of this kit and mail it in using the postage-paid envelope included.

Enrollment Application Checklist

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

Enrollment Application Checklist		
1.	Select a plan. Be sure to choose only one plan name. Indicate if you want to add optional supplemental benefits.	<input type="radio"/>
2.	Fill in your: <input type="radio"/> Name <input type="radio"/> Birth date <input type="radio"/> Phone number <input type="radio"/> Address <input type="radio"/> Mailing address (if different than your permanent residence address) <input type="radio"/> Email address (optional)	<input type="radio"/>
3.	Fill in your Medicare number.	<input type="radio"/>
4.	Answer the Yes/No questions. If you answer “Yes” to a question, please fill out the additional information necessary.	<input type="radio"/>
5.	Sign the Enrollment Application. You or your authorized representative must sign and date the form.	<input type="radio"/>
6.	Fill in your primary care physician ID number and name. You can find it in the Provider Directory online or by calling the number listed below.	<input type="radio"/>
7.	Select a payment option.	<input type="radio"/>
8.	Mail your application to the address listed on the Enrollment Application.	<input type="radio"/>

[†]If you are enrolling in Medicare for the first time or changing your Medicare coverage outside of the AEP, fill out the Attestation of Eligibility form (located on page 83).

Have questions about the Enrollment Application?

We would be happy to help. Just give us a call toll free at 1-844-205-8422 (TTY: 711). Our telephone lines are open seven days a week from 8 a.m. to 8 p.m. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

What to Expect After Enrollment

Enrolling in an Essence plan is the beginning of many things: benefits designed to get and keep you healthy during any stage of life, having a healthcare team who works hard for you from the minute you sign up and it’s the start of a plan that eliminates roadblocks and increases financial security so you can focus on your health. We hope you’re as excited as we are for this new journey. Here’s a list of items to expect after you enroll.



Receipt of Your Completed Enrollment Application
This confirms you submitted the Enrollment Application. You’ll receive either a copy of the receipt or confirmation number depending on how you enroll.



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



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



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



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



Premium Charge
You will receive a bill for your premium.



Apps and Forms

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2022 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 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 and/or OSB. You can choose to sign up to have your premium payments deducted from 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

Once they process your request to join, they’ll contact you.

How do I get help with this form?

Call Essence Healthcare at 855-200-0109.

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 855-200-0109 (TTY:711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.



Please contact Essence Healthcare (HMO) Sales at 855-200-0109 if you need assistance completing this form. TTY users 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 *Platinum* (HMO) 001 – (Santa Clara County) \$89 per month

☐ Essence Advantage *Gold* (HMO) 002 – (Santa Clara County) \$39 per month

☐ Essence Advantage *Platinum* (HMO) 004 – (Alameda and San Mateo Counties) \$89 per month

☐ Essence Advantage *Gold* (HMO) 007 – (Alameda and San Mateo Counties) \$59 per month

Optional Supplemental Benefits: Dental and Vision

You can add optional supplemental benefits (dental and vision services) for an additional premium per month. The monthly premium for your optional supplemental benefits will be in addition to your monthly plan premium and/or Late Enrollment Penalty.

☐ Yes ☐ No Dental (DHMO) and Vision \$20 per month

☐ Yes ☐ No Dental (PPO) and Vision \$38 per month

FIRST Name:LAST Name:Middle Initial (Optional):

Birth Date:

(____ / ____ / ____)

(M M / D D / Y Y Y Y)

Sex:

☐ Male

☐ Female

Phone Number (select primary phone number):

☐ Mobile: ()

☐ Home: ()

Permanent Residence street address (Don't enter a PO Box):County (Optional):

City:State:Zip Code:

Mailing Address, if different from your permanent address (PO Box allowed):

Street Address

City:State:Zip Code:

E-mail address (Optional):

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.

Name of other coverage:Member number for this coverage:Group number for this coverage:

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IMPORTANT: Read and Sign Below:

- 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. 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.
- 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 enrollment in Essence Healthcare will automatically disenroll me from any other Medicare health plan and/or prescription drug plan.
- 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.

Optional Supplemental Benefits Conditions of Enrollment: If you checked "Yes" to add the optional supplemental benefits on page 1, please read the information below. By completing this enrollment application:



- I agree to adding the optional supplemental benefits, which includes dental and vision, for the monthly premium amount identified above in my selection. This amount is in addition to my Medicare premium, Essence Healthcare plan premiums, and any applicable Late Enrollment Penalty (LEP) that may apply.
- I understand the optional supplemental benefits are only available to members enrolled in an Essence Healthcare plan and that disenrollment from an Essence Healthcare plan will result in automatic disenrollment from the optional supplemental benefits.
- If I am enrolling in the Dental (DHMO) and Vision optional supplemental benefit, I understand that I must get covered care from in-network providers, except for emergency or urgently needed services. If I receive services from an out-of-network provider, I will be responsible for all costs associated with those services.
- If I am enrolling in the Dental (PPO) and Vision optional supplemental benefit, I understand that for vision services, I must get covered care from in-network providers; if I receive vision services from an out-of-network provider, I will be responsible for all costs associated with those services. I understand that for dental services, I may get covered care from out-of-network providers; if I receive dental services from an out-of-network provider, I may be responsible for a higher cost-share. Except in emergency or urgent situations, non-contracted providers may deny care.
- I understand that if I disenroll from the optional supplemental benefits, I won't be eligible to enroll again until the next Essence Healthcare valid optional supplemental benefits enrollment period.
- I understand that if I fail to pay the monthly premium for the optional supplemental benefits, I will lose the optional supplemental benefits but will remain enrolled in Essence Healthcare.

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Signature:		Today’s Date:	
If you are the authorized representative, sign above and fill out these fields:			
Name:	Relationship to Enrollee:	Phone Number:	
Address:	City:	State:	Zip Code:

Section 2 - All fields on this section are optional												
Answering these questions is your choice. You can’t be denied coverage because you don’t fill them out.												
Select one if you want us to send you information in a language other than English. <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <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"/> Braille <input type="checkbox"/> Large Print												
Please contact Essence Healthcare at 855-200-0109 if you need information in an accessible format or language other than what’s 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): Dr. _____ (First Name) (Last Name)	PCP # from Provider Directory: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Is this your current physician? <input type="checkbox"/> Yes <input type="checkbox"/> No

	PLEASE READ THIS IMPORTANT INFORMATION	
If you currently have health coverage from an employer or union, joining Essence Healthcare could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Essence Healthcare. Read the communications your employer or union sends you. If you have questions, visit their website or contact the office listed in their communications. If there isn’t any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.		
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 and/or OSB that you have or may owe by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check. You may also choose to pay Online with Credit card or Debit card, or check via mail each month.		
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.		
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp .		
If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn’t cover.		
If you do not select one of the payment options below, you will receive a monthly invoice.		
Please select a premium payment option:		
<input type="checkbox"/> 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. 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.		
<input type="checkbox"/> Direct Pay You will receive a monthly invoice containing payment instructions.		

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 and 422.60 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):			Application Log #:			
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)
<div>Special Election Periods: (Must check all that apply)</div> <div><div><div>SEP (S)</div><div><input type="checkbox"/> SPAP (38)</div><div><input type="checkbox"/> Loss of SNP (35)</div><div><input type="checkbox"/> Retro Entitlement (32)</div><div><input type="checkbox"/> Involuntary Loss/Cred. Coverage (22)</div><div><input type="checkbox"/> Contract/Plan Non-Renewal (12)</div><div><input type="checkbox"/> Contract Violations</div><div><input type="checkbox"/> Contract Term – Immediate (11)</div><div><input type="checkbox"/> Contract Term – MAO (12)</div><div><input type="checkbox"/> Contract Term – CMS (11)</div><div><input type="checkbox"/> CMS Sanction (23)</div><div><input type="checkbox"/> FEMA/Disaster (01)</div><div><input type="checkbox"/> Plan Placed in Receivership (39)</div><div><input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40)</div><div><input type="checkbox"/> Accessible Format Delay (21)</div><div><input type="checkbox"/> Inv. Dis. – Loss of Part B (25)</div><div><input type="checkbox"/> PACE Transition (27)</div><div><input type="checkbox"/> Cost Plan Non-Renewal (28)</div><div><input type="checkbox"/> Drop Medigap in Trial Period (29)</div><div><input type="checkbox"/> Additional Part D IEP Eligibility (31)</div><div><input type="checkbox"/> Part B General Enrollment (34)</div><div><input type="checkbox"/> Lawfully Present (37)</div><div><input type="checkbox"/> COVID-19 Disaster (02)</div></div><div><div>SEP (V)</div><div><input type="checkbox"/> Permanent Move</div><div>SEP (W)</div><div><input type="checkbox"/> Gain or Loss of Employer Coverage</div><div>SEP (L) Allowed once per Quarter</div><div><input type="checkbox"/> Dual Eligible/Has Medicaid</div><div><input type="checkbox"/> Has Non-Dual with LIS</div><div>SEP (U)</div><div><input type="checkbox"/> Gain/Loss/Change in Dual Eligible Status</div><div><input type="checkbox"/> Gain/Loss/Change of Medicaid</div><div><input type="checkbox"/> Gain/Loss/Change in Non-Dual LIS</div></div></div>						

| Producer Name: | | | Producer NPN: | | Application Receipt Date: | |


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

Please call 855-200-0109 for more information, including free language translation services, regarding your Essence Healthcare plan. TTY users call the national relay service toll free at 711. Our telephone lines are open 7 days a week from 8:00 a.m. to 8:00 p.m. You may receive a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare Part B premium.



2022 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 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 and/or OSB. You can choose to sign up to have your premium payments deducted from your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

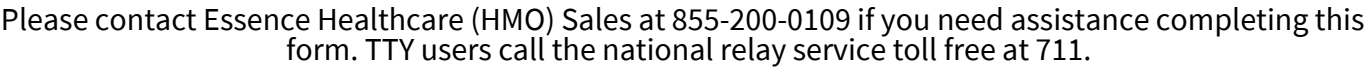
Send your completed and signed form to:
Essence Healthcare
P.O. Box 12487
St. Louis, MO 63132
Once they process your request to join, they’ll contact you.

How do I get help with this form?

Call Essence Healthcare at 855-200-0109. 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 855-200-0109 (TTY:711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.



Select the plan you want to join:

- Essence Advantage *Platinum* (HMO) 001 – (Santa Clara County) \$89 per month
- Essence Advantage *Gold* (HMO) 002 – (Santa Clara County) \$39 per month
- Essence Advantage *Platinum* (HMO) 004 – (Alameda and San Mateo Counties) \$89 per month
- Essence Advantage *Gold* (HMO) 007 – (Alameda and San Mateo Counties) \$59 per month

You can add optional supplemental benefits (dental and vision services) for an additional premium per month. The monthly premium for your optional supplemental benefits will be in addition to your monthly plan premium and/or Late Enrollment Penalty.

- ☐ Yes ☐ No Dental (DHMO) and Vision \$20 per month
- ☐ Yes ☐ No Dental (PPO) and Vision \$38 per month

FIRST Name: LAST Name: Middle Initial (Optional):

Birth Date: (____/____/____) (M M / D D / Y Y Y Y)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number (select primary phone number): <input type="checkbox"/> Mobile: () <input type="checkbox"/> Home: ()
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Permanent Residence street address (Don't enter a PO Box):	County (Optional):
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City:	State:	Zip Code:
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Mailing Address, if different from your permanent address (PO Box allowed):

Street Address

City:	State:	Zip Code:
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E-mail address (Optional):

Medicare Number:

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.

Name of other coverage:	Member number for this coverage:	Group number for this coverage:
_____	_____	_____



- 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. 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.
- 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 enrollment in Essence Healthcare will automatically disenroll me from any other Medicare health plan and/or prescription drug plan.
- 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.

Optional Supplemental Benefits Conditions of Enrollment: If you checked "Yes" to add the optional supplemental benefits on page 1, please read the information below. By completing this enrollment application:

- I agree to adding the optional supplemental benefits, which includes dental and vision, for the monthly premium amount identified above in my selection. This amount is in addition to my Medicare premium, Essence Healthcare plan premiums, and any applicable Late Enrollment Penalty (LEP) that may apply.
- I understand the optional supplemental benefits are only available to members enrolled in an Essence Healthcare plan and that disenrollment from an Essence Healthcare plan will result in automatic disenrollment from the optional supplemental benefits.
- If I am enrolling in the Dental (DHMO) and Vision optional supplemental benefit, I understand that I must get covered care from in-network providers, except for emergency or urgently needed services. If I receive services from an out-of-network provider, I will be responsible for all costs associated with those services.
- If I am enrolling in the Dental (PPO) and Vision optional supplemental benefit, I understand that for vision services, I must get covered care from in-network providers; if I receive vision services from an out-of-network provider, I will be responsible for all costs associated with those services. I understand that for dental services, I may get covered care from out-of-network providers; if I receive dental services from an out-of-network provider, I may be responsible for a higher cost-share. Except in emergency or urgent situations, non-contracted providers may deny care.
- I understand that if I disenroll from the optional supplemental benefits, I won't be eligible to enroll again until the next Essence Healthcare valid optional supplemental benefits enrollment period.
- I understand that if I fail to pay the monthly premium for the optional supplemental benefits, I will lose the optional supplemental benefits but will remain enrolled in Essence Healthcare.

Signature:		Today’s Date:	
If you are the authorized representative, sign above and fill out these fields:			
Name:	Relationship to Enrollee:	Phone Number:	
Address:	City:	State:	Zip Code:

Section 2 - All fields on this section are optional												
Answering these questions is your choice. You can’t be denied coverage because you don’t fill them out.												
Select one if you want us to send you information in a language other than English. <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <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"/> Braille <input type="checkbox"/> Large Print												
Please contact Essence Healthcare at 855-200-0109 if you need information in an accessible format or language other than what’s 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): Dr. _____ (First Name) (Last Name)	PCP # from Provider Directory: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Is this your current physician? <input type="checkbox"/> Yes <input type="checkbox"/> No

	PLEASE READ THIS IMPORTANT INFORMATION	
If you currently have health coverage from an employer or union, joining Essence Healthcare could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Essence Healthcare. Read the communications your employer or union sends you. If you have questions, visit their website or contact the office listed in their communications. If there isn’t any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.		
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 and/or OSB that you have or may owe by automatic deduction from your Social Security (SSA) or Railroad Retirement Board (RRB) benefit check. You may also choose to pay Online with Credit card or Debit card, or check via mail each month.		
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.		
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp .		
If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn’t cover.		
If you do not select one of the payment options below, you will receive a monthly invoice.		
Please select a premium payment option:		
<input type="checkbox"/> 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. 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.		
<input type="checkbox"/> Direct Pay You will receive a monthly invoice containing payment instructions.		

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 and 422.60 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):			Application Log #:			
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) <div><div>SEP (S)<ul style="list-style-type: none"><input type="checkbox"/> SPAP (38)<input type="checkbox"/> Loss of SNP (35)<input type="checkbox"/> Retro Entitlement (32)<input type="checkbox"/> Involuntary Loss/Cred. Coverage (22)<input type="checkbox"/> Contract/Plan Non-Renewal (12)<input type="checkbox"/> Contract Violations<input type="checkbox"/> Contract Term – Immediate (11)<input type="checkbox"/> Contract Term – MAO (12)<input type="checkbox"/> Contract Term – CMS (11)<input type="checkbox"/> CMS Sanction (23)<input type="checkbox"/> FEMA/Disaster (01)<input type="checkbox"/> Plan Placed in Receivership (39)<input type="checkbox"/> CMS Identified Consistent Poor Performing Plan (40)<input type="checkbox"/> Accessible Format Delay (21)<input type="checkbox"/> Inv. Dis. – Loss of Part B (25)<input type="checkbox"/> PACE Transition (27)<input type="checkbox"/> Cost Plan Non-Renewal (28)<input type="checkbox"/> Drop Medigap in Trial Period (29)<input type="checkbox"/> Additional Part D IEP Eligibility (31)<input type="checkbox"/> Part B General Enrollment (34)<input type="checkbox"/> Lawfully Present (37)<input type="checkbox"/> COVID-19 Disaster (02)</div><div>SEP (V)<ul style="list-style-type: none"><input type="checkbox"/> Permanent Move</div><div>SEP (W)<ul style="list-style-type: none"><input type="checkbox"/> Gain or Loss of Employer Coverage</div><div>SEP (L) Allowed once per Quarter<ul style="list-style-type: none"><input type="checkbox"/> Dual Eligible/Has Medicaid<input type="checkbox"/> Has Non-Dual with LIS</div><div>SEP (U)<ul style="list-style-type: none"><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</div></div>						
Producer Name:		Producer NPN:		Application Receipt Date:		



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

Please call 855-200-0109 for more information, including free language translation services, regarding your Essence Healthcare plan. TTY users call the national relay service toll free at 711. Our telephone lines are open 7 days a week from 8:00 a.m. to 8:00 p.m. You may receive a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare Part B premium.



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

- ☐ I am new to Medicare./I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage plan.
- ☐ I had Medicare prior to now, but I am now turning 65.
- ☐ I am 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 am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date): ____ / ____ / ____.
- ☐ I recently was released from incarceration. I was released on (insert date): ____ / ____ / ____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date): ____ / ____ / ____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date): ____ / ____ / ____.
- ☐ I recently had a change in my Medicaid (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 received Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date): ____ / ____ / ____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

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- ☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or assisted-living facility). I moved/will move into/out of the facility on (insert date): ____/____/____.
- ☐ I recently left a PACE program on (insert date): ____/____/____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date): ____/____/____.
- ☐ I am leaving employer or union coverage on (insert date): ____/____/____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date): ____/____/____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date): ____/____/____.
- ☐ I was affected by 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 am enrolled in a Medicare Advantage plan offered by a Medicare Advantage organization that was sanctioned by Medicare and the matter that gave rise to the sanction affected me.
- ☐ I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
- ☐ 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 am in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- ☐ I am 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 applies to you or you're not sure, please contact Essence Healthcare at 1-855-923-3102 (TTY users should call 711) to see if you are eligible to enroll. We are open 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.

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

Attestation of Eligibility for an Enrollment Period

Name

Address

City, State, Zip

Phone

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- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly received Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date): ____/____/____.
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- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare’s). I lost my drug coverage on (insert date): ____ / ____ / ____.
- ☐ I am leaving employer or union coverage on (insert date): ____ / ____ / ____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on (insert date): ____ / ____ / ____.
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- ☐ 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 am enrolled in a Medicare Advantage plan offered by a Medicare Advantage organization that was sanctioned by Medicare and the matter that gave rise to the sanction affected me.
- ☐ I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
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If none of these statements applies to you or you’re not sure, please contact Essence Healthcare at 1-855-923-3102 (TTY users should call 711) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., seven days a week. You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day.

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Agent Use

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Agent Checklist



Date: / / Agent: Scope of Appointment YES ☐ NO ☐

Person(s) Visited:

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

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

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

- Getting Started**
 - ☐ Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal.
 - ☐ Members must continue to pay their Medicare Part B premium.
 - ☐ Members must reside within our service area.
 - ☐ Members must have both Medicare Part A and Part B to enroll.
 - ☐ Members can enroll only during specific times of the year.
 - ☐ Penalties apply for late enrollment in Parts B and D.
- Medical Summary of Benefits**
 - ☐ PCP Copays
 - ☐ Specialist Copays
 - ☐ Hospital Copays
 - ☐ Other Copays
 - ☐ Referrals to Specialists
 - ☐ Use of Network Providers
- Other Benefits**
 - ☐ Silver&Fit® (if applicable)
 - ☐ Optional Comprehensive Dental
 - ☐ Optional Vision
 - ☐ Transportation
 - ☐ Teladoc®
 - ☐ Over-the-Counter Coverage (if applicable)
 - ☐ Acupuncture (if applicable)
 - ☐ Post-Discharge Meal Benefit
- Part D Pharmacy**
 - ☐ Formulary Tiers
 - ☐ Pharmacy Copays
 - ☐ Deductibles
 - ☐ Initial Coverage Limit
 - ☐ Gap Coverage
 - ☐ TrOOP
 - ☐ Use of Network Pharmacies
 - ☐ Extra Help Eligibility

I understand Essence members must use plan (network) providers for routine care (Person 1) Initial: _____ and that specialty care requires a referral from a network primary care physician. (Person 2) Initial: _____

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

Beneficiary Signature (Person 1)	Date	Beneficiary Telephone Number
POA/Legal Representative Signature	Date	
Beneficiary Signature (Person 2)	Date	Beneficiary Telephone Number
POA/Legal Representative Signature	Date	Agent Signature Date

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Scope of Appointment

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

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

(Refer to page 2 for product type descriptions.)

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

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

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:	Date:
------------	-------

If you are the authorized representative, please sign above and print below:

Representative’s Name:	Your Relationship to the Beneficiary:
------------------------	---------------------------------------

To be completed by Agent:

Agent Name:	Agent Phone Number:
-------------	---------------------

Beneficiary Name:	Beneficiary Phone Number:
-------------------	---------------------------

Beneficiary Address:

Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)
--

Agent’s Signature:

Plan(s) the Agent Represented During This Meeting:	Date Appointment Completed:
--	-----------------------------

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): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergent or urgent situations).

Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan: A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan’s payment, terms and conditions and agrees to treat you—not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Point of Service (POS) Plan: A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary 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 will be responsible for Medicare co-insurance and deductibles.

Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products

Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/co-insurance. These plans are not affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products

Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and co-insurance amounts applicable to Medicare-covered services and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

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Scope of Appointment

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

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

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:	Date:
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If you are 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): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergent or urgent situations).

Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan: A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan’s payment, terms and conditions and agrees to treat you—not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Point of Service (POS) Plan: A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary 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 will be responsible for Medicare co-insurance and deductibles.

Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products

Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/co-insurance. These plans are not affiliated or connected to Medicare.

Medicare Supplement (Medigap) Products

Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and co-insurance amounts applicable to Medicare-covered services and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

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

Receipt of Application



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

Online Enrollment

Confirmation Code

Paper Enrollment

Agent Name

Date

Agent Phone Number

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



Receipt of Application



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Essence Healthcare - H2986

2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

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

Some of the areas Medicare reviews for these ratings include:

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

For 2021, Essence Healthcare received the following Overall Star Rating from Medicare.

★★★★☆
3.5 Stars

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

Health Plan Services: 4 Stars
★★★★★
4 Stars

Drug Plan Services: 3 Stars
★★★★★
3 Stars

The number of stars shows how well our plan performs.

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

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

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 855-200-0109 (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. Pacific time. Current members please call 855-996-8422 (toll-free) or 711 (TTY).

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

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

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Notes

Notes



Insulin Savings Program: Important Information

Members of Essence Healthcare have low, predictable copays on Select Insulins through our Insulin Savings Program.* Costs for Select Insulins will remain the same during the Initial Coverage and Coverage Gap phases of your prescription drug benefit. The program doesn't apply during the Catastrophic Coverage stage. Members who receive Extra Help from the government are not eligible for this program.

Insulin Savings Program Cost Sharing Details:			
Standard Retail Cost Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 2 Select Insulins	\$15 copay	\$30 copay	\$45 copay
Tier 3 Select Insulins	\$35 copay	\$70 copay	\$105 copay
Standard Mail Order Cost Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 2 Select Insulins	Not Offered	Not Offered	\$30 copay
Tier 3 Select Insulins	Not Offered	Not Offered	\$94 copay

*Select Insulins are those that are part of the Insulin Savings Program and therefore will incur low, consistent copays through the coverage gap. For information regarding which insulins are Select Insulins under the plan's benefit, refer to the plan's Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information.

If you have questions, visit www.EssenceHealthcare.com or call 1-844-205-8422 (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.

Essence Healthcare is an HMO plan with a Medicare contract. Enrollment in Essence Healthcare depends on contract renewal. All Essence plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the California counties of Alameda, San Mateo or Santa Clara.

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

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

Toll free: 1-844-205-8422

TTY users call: 711

8 a.m. to 8 p.m., seven days a week

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Participating facilities and fitness chains may vary by location and are subject to change. Kits are subject to change.



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