Enrollment Kit

MEDICARE ADVANTAGE | 2022

ESSENCE DUAL ADVANTAGE (HMO D-SNP)

ESSENCE HEALTHCARE™

Serving St. Louis City and the Missouri counties of Jefferson, St. Charles and St. Louis

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 a great plan for you to consider and look forward to the opportunity to serve you as a valued Essence member.

–The Essence Healthcare Team

Table of Contents

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, a $0 monthly premium, lower prescription drug costs and valuable extra coverage such as dental, vision and other benefits not available with traditional Medicare plans.

A Health Plan 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.

"I go to my primary care doctor every four months ... it's great, it's a relief. At this age and at this time in my life, the less stress I need to go through, I feel like the better I am and the happier I am."

–Joan H., Essence Healthcare member

Understanding the Essence Dual Special Needs Plan

Who is eligible for Essence Dual Advantage?

You can enroll in our plan if you meet the following criteria:

- Must be eligible for Medicare Part A and be enrolled in Medicare Part B
- Must qualify for one of the following Missouri Medicaid eligibility categories:
  - Qualified Medicare Beneficiary (QMB): You're not eligible for full Medicaid benefits, but Medicaid helps pay all copays and co-insurance for your Medicare-covered services. Medicaid also helps pay your Part A premium (if one is required), Part B premium and deductibles.
  - Qualified Medicare Beneficiary Plus (QMB+): You're eligible for full Medicaid benefits, and Medicaid helps pay all copays and co-insurance for your Medicare-covered services. Medicaid also helps pay your Part A premium (if one is required), Part B premium and deductibles.
- Must live in the city of St. Louis or the Missouri counties of Jefferson, St. Charles or St. Louis

What is a Dual Special Needs Plan (D-SNP)?

A D-SNP is a healthcare plan for people with special needs related to age, disabilities or income level. Only those who are eligible for both Medicare and Medicaid can join a D-SNP.

When can you enroll?

Those who are eligible for a D-SNP have Special Enrollment Periods once per quarter for the first three quarters of the year. During these periods, you can enroll, change plans or disenroll from a Medicare Advantage plan, which includes D-SNP plans. There are also other opportunities to enroll, including the Initial Enrollment Period, Annual Enrollment Period and Open Enrollment Period. For more information, see page 56.

What costs are required?

If you join the Essence plan as a Qualified Medicare Beneficiary (QMB) or have Medicare with full Medicaid benefits (QMB+), you won't have a monthly premium and won't pay copays or co-insurance for any service or benefit that we cover—excluding prescription drugs.

However, some benefits have a set allowance or maximum dollar amount. If you exceed that amount, you'll be responsible for the additional costs.

If you meet the criteria listed previously, the only costs that you'll be responsible for are prescription drug copays or co-insurance. Keep in mind that you will also be enrolled in the low-income subsidy program, which helps to lower these costs. For a complete list of covered services and for more details, please see the Evidence of Coverage booklet.

What is Extra Help?

If you qualify for both Medicare and Medicaid, you're automatically enrolled in the low-income subsidy program known as Extra Help. This program helps reduce your prescription drug costs and deductibles and will reduce your Essence plan premium to $0 per month. Extra Help can also help you avoid the coverage gap—when drug costs typically increase. There are several levels of Extra Help that you can receive based on your income and other circumstances; your drug costs, prescription drug deductible and monthly plan premium can vary based on your level of Extra Help. If you are a QMB or QMB+, you will receive full Extra Help.

What if your Medicaid eligibility changes?

If your Medicaid eligibility changes and you're no longer recognized as a QMB or QMB+ or you no longer qualify for Medicaid, you may continue to receive benefits through Essence for a period of six months after the change in eligibility. However, during those six months, because Medicaid will no longer help pay for your share of costs for Medicare-covered services, you may be responsible for your Medicare cost-sharing portion, which includes copayments, co-insurance and deductibles. You may also lose Extra Help, which can lead to an increase in prescription drug costs and deductible as well as to your monthly plan premium. If you do lose eligibility, your costs for covered services won't exceed the plan's maximum out-of-pocket amount during the calendar year.

If, within those six months you do not regain Medicaid eligibility with QMB or QMB+ status or you have not already disenrolled from our plan, you'll be automatically disenrolled. If, later, you're recognized as QMB or QMB+ and meet all other eligibility criteria, you may re-enroll during a valid enrollment period.

For details on your costs without Medicaid assistance, see the Summary of Benefits starting on page 34.

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, which can come with a monthly premium. Others might choose to pay an additional premium for a Medicare supplement to cover some of the costs that Original Medicare and Medicaid might not 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 plan includes comprehensive coverage for hospital stays, doctor visits and prescription drugs—as well as valuable extra benefits, such as dental, vision, transportation coverage and more. You get all this for no monthly premium, no annual medical deductible and no copays or co-insurance for Medicare-covered or plan-covered items and services other than prescription drugs as long as you continue to meet the eligibility requirements of the plan.* With Essence, you can have peace of mind knowing that we've got you covered from head to toe. For more information on how our D-SNP plan can work for you, please refer to "Understanding the Essence Dual Special Needs Plan" on page 8.

The Essence Advantage

Everything you want and need in one convenient, affordable plan

Original Medicare

Includes Medicare Part A (hospital coverage) and Part B (medical coverage)

Hospital Coverage *(Part A)*

Medical Coverage *(Part B)*

Prescription Drug Coverage

Helps cover the cost of prescription drugs and protects against higher costs

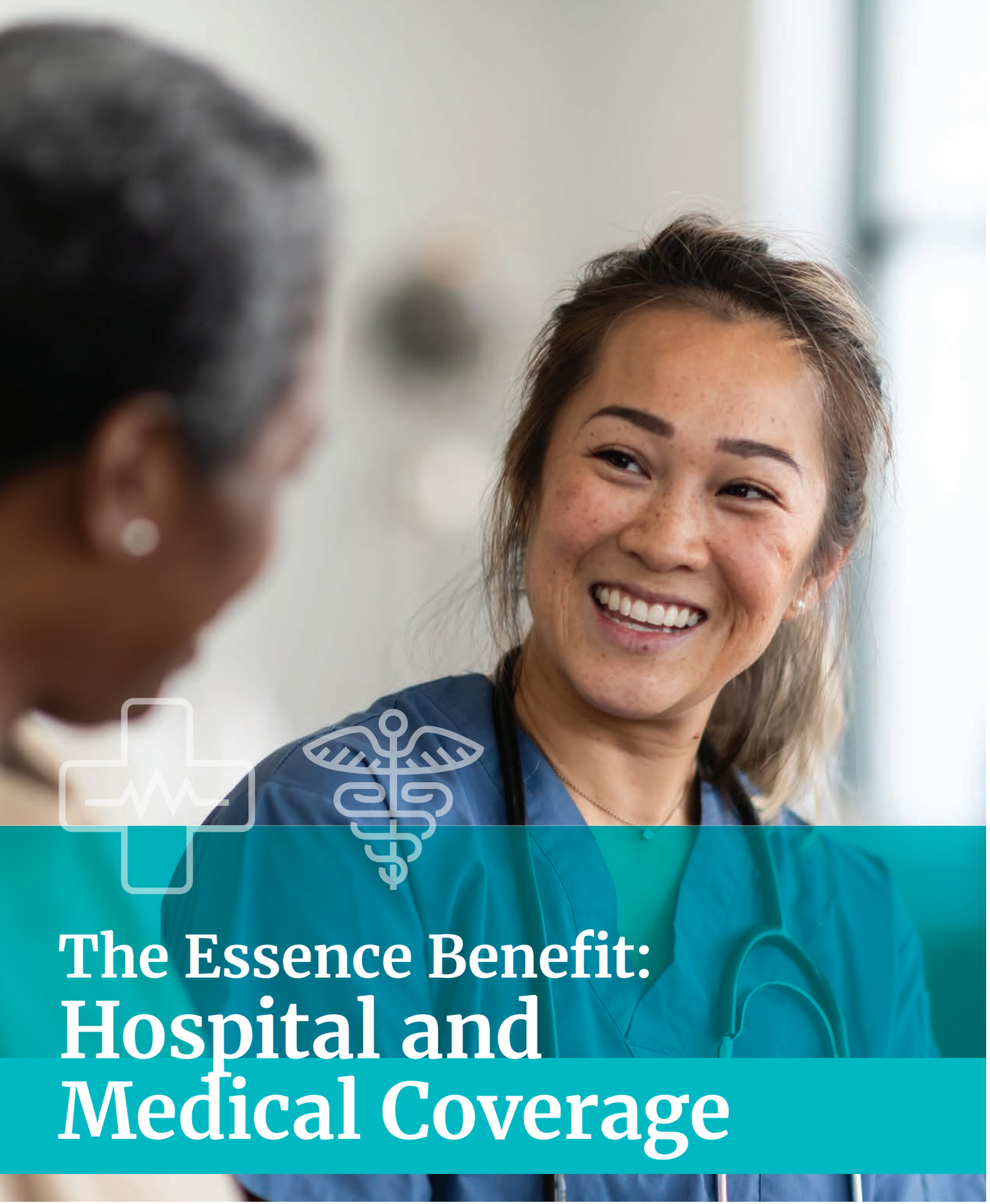
(Part D)

Extra Benefits

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

- **Dental Coverage**
- **Vision Coverage**
- **Hearing Aid Coverage**
- **Over-the-Counter Coverage**
- **Fitness Club Memberships/ SilverSneakers®**
- **Transportation Assistance**
- **Coverage when Traveling**

*A deductible applies for Part D prescription drugs. Depending on your level of Extra Help, that deductible may be lowered or eliminated.



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, even with Medicaid, there's a chance you might still have leftover hospital and medical costs. 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.

Even with **Medicaid,** you could still be responsible for a percentage of your medical bills.

Original Medicare only covers 80% of your medical bills.

\+ prescription drugs

\+ extra benefits

vs.

With Essence, your hospital and medical costs are completely covered.

*With Essence, you won't have a copay or co-insurance for anything other than prescription drugs as long as you meet plan requirements. We also don't include an annual medical deductible in our plans, which means we start covering you on day one.**

Did You Know?

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 an annual medical deductible.*

*A deductible applies for Part D prescription drugs. Depending on your level of Extra Help, that deductible may be lowered or eliminated.

The Essence Benefit: Prescription Drug Coverage

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 our plan includes generous Part D prescription drug coverage for thousands of generic and brand-name medications, and no annual deductible is required as long as you receive full Extra Help.*

And while you have thousands of pharmacies to choose from nationwide, with Essence you can save even more when you fill your prescriptions at one of our preferred pharmacies, which include **CVS, Walmart and Pharmax**. If you fill your prescription at any of these pharmacies, you're entitled to lower copays, including **$0 copays** on all generic medications and reduced copays for brand-name medications. You can also use our mail-order pharmacy to save more and have prescriptions delivered right to your door.

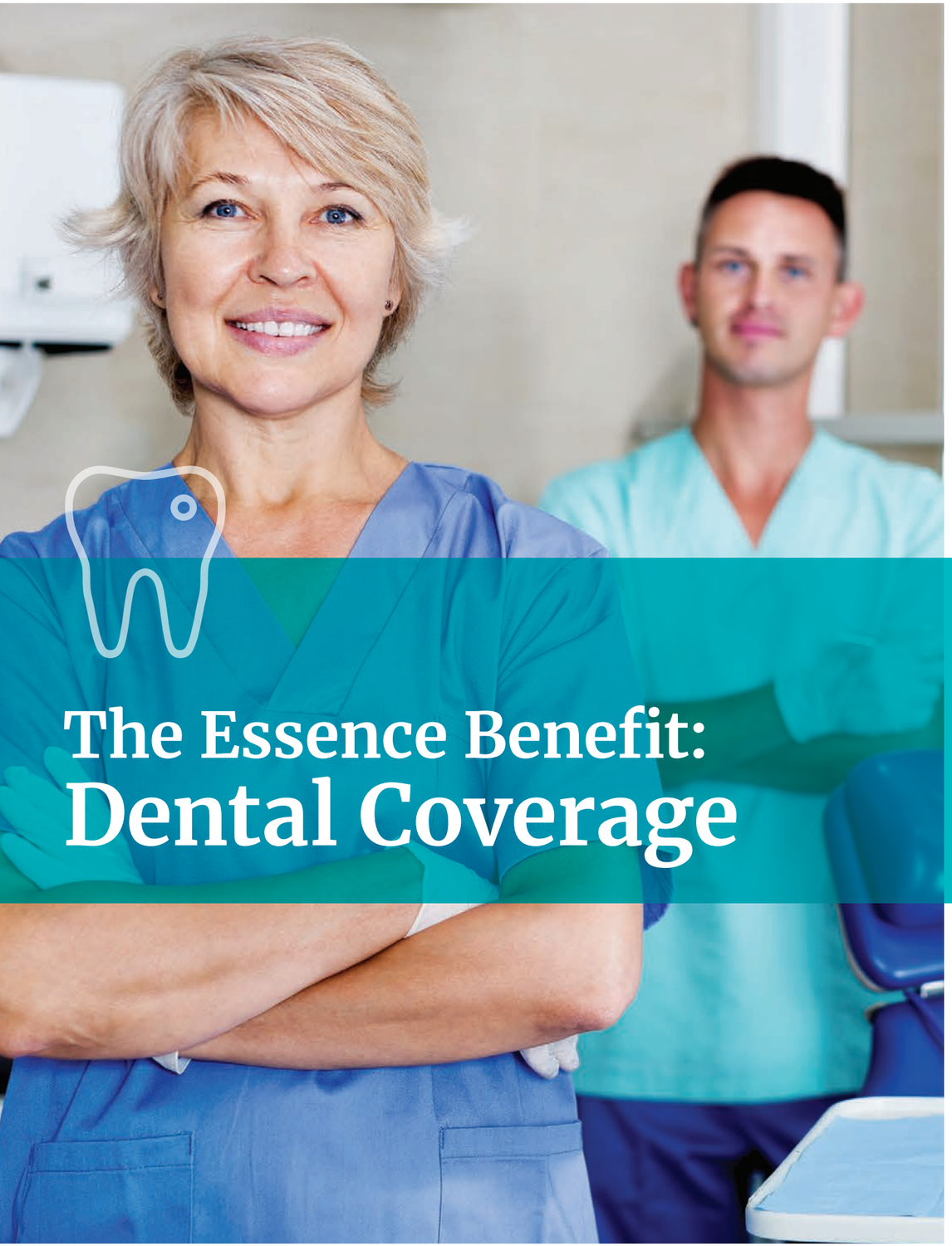
What's more is that your prescription drug costs can be even lower with the low-income subsidy program (Extra Help). You're automatically enrolled in this program when you have both Medicare and Medicaid.

Special Savings for People with Diabetes

If you have diabetes and take insulin, then you know how costly it can be. That's why we offer special savings for our members with diabetes. With Essence, you can receive insulins for a $0 copay.

"Most of our medications are free of charge, so that's a big plus."
–Robert G., Essence Healthcare member

*If you are a Qualified Medicare Beneficiary (QMB) or have Medicare with full Medicaid benefits (QMB+), you will receive full Extra Help.



The Essence Benefit: Dental Coverage

Another Reason to Smile

It's easy to put on a smile. It's not always easy—or affordable—to make sure your smile is healthy and pain free. At Essence, we want to make sure 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 our plan includes dental coverage for no additional 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 the 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.

The Essence Benefit: Vision Coverage

Seeing Is Believing

The quality of your vision and your eye health are so important to your overall health and well-being. If you need correction for your vision, Essence 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, we also include coverage for routine checkups and visits with vision specialists to make sure your eyes (and the rest of you) are healthy.

In addition to eyewear and routine checkups, we also cover vision services such as eye surgery and screenings for people at high risk for glaucoma.

Did You Know?

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

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

The Essence Benefit:
Hearing Coverage

From Hearing Aids to Exams

Hearing loss is a lot more common than most people realize. According to the Hearing Health Foundation, nearly one out of every three adults between the ages of 65 and 74 has experienced some level of hearing loss, and that number grows to nearly half of all adults after the age of 75.

All of our senses are important, but being able to hear clearly is especially critical to overall health, happiness, personal safety and the safety of others. Our plan covers important hearing exams and screenings, and because hearing aids can get expensive, we include a generous allowance to help with the cost.

Did You Know?

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

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

The Essence Benefit: Over-the-Counter Coverage

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.

Essence includes a $305 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.

The Essence Benefit: SilverSneakers

Stay Active. Stay Healthy.

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

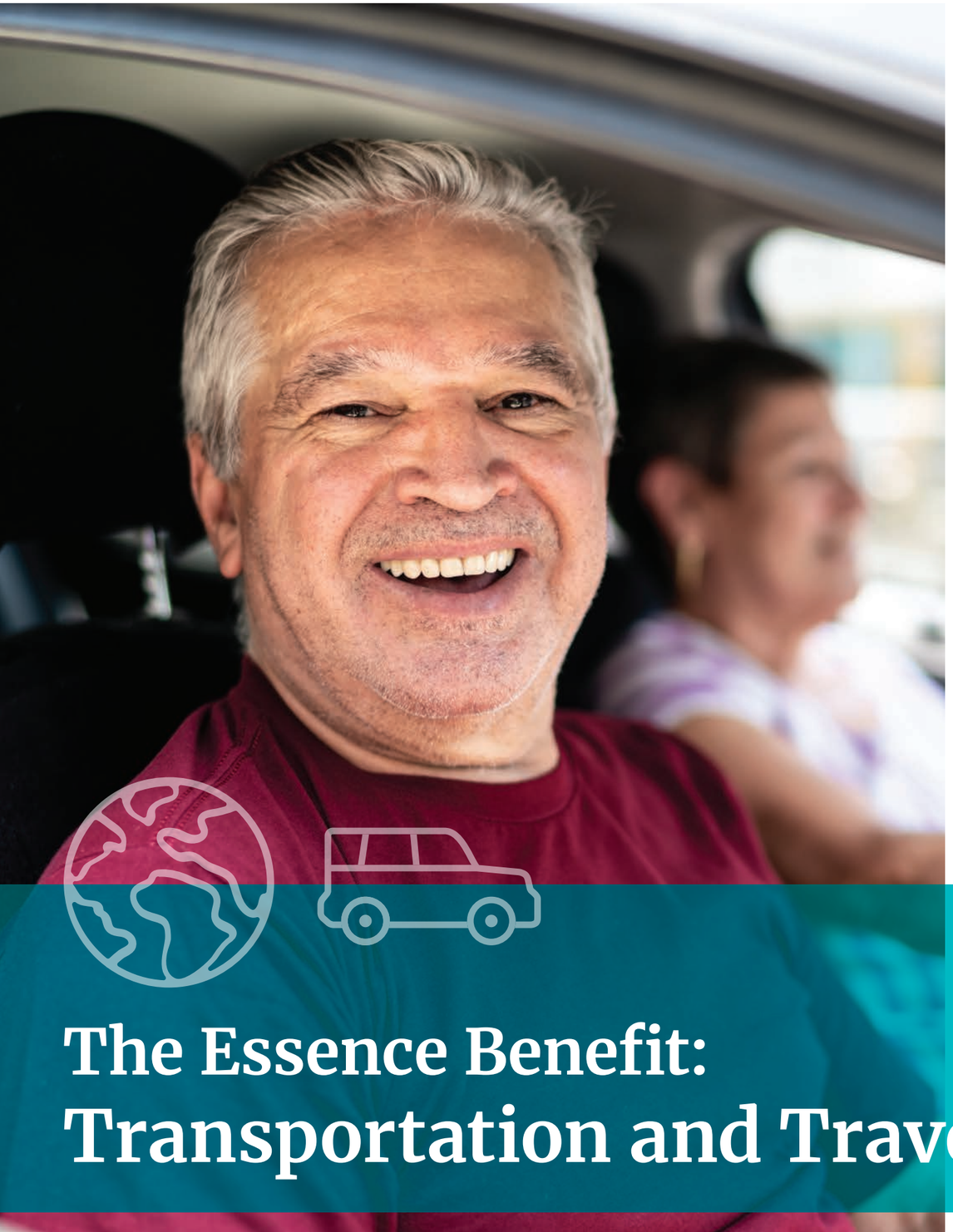
Whether you want to work out at the gym, at home or outside, it's all possible with SilverSneakers. If you want structure and guidance, in-person classes are available and include a range of options from classic strength-training workouts to chair-based workouts, yoga, swimming, dance and more.

And if the gym isn't your thing, you can take advantage of live workouts and on-demand options at home, or join one of the SilverSneakers small group exercise classes outside of the gym in your community. Sometimes all it takes to get moving are the right options.

From national gyms to local community centers, there are over 15,000 fitness locations nationwide to choose from. And that's good to know because you can use your SilverSneakers membership at any participating fitness center anywhere in the country—just another perk of being an Essence member.

"We've always been active people in one way or another. We're dancers. We're runners. We're walkers. So with the Essence SilverSneakers program, it allows us a way to stay as active as we can."

–Johnnie H., Essence Healthcare member



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.

"Although they're a local company, you can travel anywhere and Essence stays right with you. It covers you no matter where you are."

–Cheryl N., Essence Healthcare member

Plan Benefit Highlights:
Hospital and Medical Coverage

Because you must be a Qualified Medicare Beneficiary (QMB) or have Medicare with full Medicaid benefits (QMB+) to join our plan, you'll have no monthly premium and won't pay copays or co-insurance for any service or benefit that we cover—excluding prescription drugs. Below are some of the many hospital and medical benefits that Essence includes. For more details and benefits, please see the **Summary of Benefits** starting on page 34.

	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 Dual Advantage (HMO D-SNP) (with Medicaid cost-share assistance; QMB or QMB+) **$0** Monthly premium (with full Extra Help)	**$0** Per calendar year	**$0** Per calendar year	**$0** Copay	**0%** Co-insurance	**0%** Co-insurance	**0%** Co-insurance	**0%** Co-insurance for manual manipulation of the spine to correct subluxation	**$0** Per stay for unlimited days	**0%** Co-insurance	**$0** Copay	**$0** Copay
Essence Dual Advantage (HMO D-SNP) (without Medicaid cost-share assistance)* **$33.40** Monthly premium	**$7,550** Per calendar year	**$0** Per calendar year	**$0** Copay	**20%** Co-insurance	**20%** Co-insurance	Same co-insurance as an in-office visit	**20%** Co-insurance for manual manipulation of the spine to correct subluxation	**$0** Days 1-60 (after $1,484 deductible is met) **$371** Days 61-90 **$742** Days 91-365	**20%** Co-insurance	**$90** Copay	**$35** Copay

*If your Medicaid eligibility changes and you're no longer recognized as a QMB or QMB+ or you no longer qualify for Medicaid, you may continue to receive benefits through Essence for a period of six months after the change in eligibility, but you may be responsible for the Medicare cost-sharing portion, which includes copayments, co-insurance and deductibles. If you lose Extra Help or your level of Extra Help changes, your monthly premium will change.

Plan Benefit Highlights:
Part D Drug Coverage

Below are some of the Part D prescription drug benefits that Essence includes. For more details and benefits, please see the **Summary of Benefits** starting on page 34.

	Preferred Pharmacy Benefits 30-Day Supply						Non-Preferred Pharmacy Benefits 30-Day Supply					
	Tier 1* **Preferred Generics**	Tier 2* **Generics**	Tier 3* **Preferred Brands**	Tier 4* **Non-Preferred Brands**	Tier 5* **Specialty Drugs**	Tier 6* **Insulins**	Tier 1* **Preferred Generics**	Tier 2* **Generics**	Tier 3* **Preferred Brands**	Tier 4* **Non-Preferred Brands**	Tier 5* **Specialty Drugs**	Tier 6* **Insulins**
Essence Dual Advantage (HMO D-SNP) **$0** Annual deductible* (with full Extra Help)**	**$0** Copay	**$0** Copay	**$0–$9.85** Copay	**$0–$9.85** Copay	**$0-$9.85** Copay	**$0** Copay	**$0-$3.95** Copay	**$0–$3.95** Copay	**$0–$9.85** Copay	**$0–$9.85** Copay	**$0-$9.85** Copay	**$0** Copay

*Copays, co-insurance and deductible amounts may change depending on the level of Extra Help you receive. In certain situations, Essence drug tiers may differ from what the Centers for Medicare and Medicaid Services (CMS) considers a generic or brand drug. If your Tier 1-2 drug isn't considered generic by CMS definition or if your Tier 3-6 drug isn't considered brand, you could pay as little as $0 or as much as $9.85 for your 30-day supply (with full Extra Help) depending on your drug's classification.

**If you are a Qualified Medicare Beneficiary (QMB) or have Medicare with full Medicaid benefits (QMB+), you will receive full Extra Help.

Extra Benefit Coverage

Below are the extra benefits that Essence includes. For more details and benefits, please see the **Summary of Benefits** starting on page 34.

	Dental	Hearing	Vision	OTC Allowance	Fitness/Gym Membership	Transportation Assistance
Essence Dual Advantage (HMO D-SNP)	**$0** Copay for preventive dental, such as cleanings, exams, X-rays and more **$3,000** Annual allowance for comprehensive dental, such as fillings, extractions, endodontics and more. Allowance applies to combined comprehensive and preventive services.	**$2,000** Allowance for up to 2 hearing aids (all types) every calendar year (both ears combined) **$0** Copay for hearing aid fitting/evaluation (covered once every calendar year) **$0** Copay for routine hearing exam	**$0** Copay for routine eye exam **$0** Copay for eyewear (eyeglass frames and lenses or contact lenses), $400 allowance every calendar year	**$305** Allowance per quarter (up to 2 orders per quarter)	SilverSneakers included at no additional cost	**$0** Copay for up to 60 one-way trips to approved locations per calendar year*

*Approved locations include adult day care, various rehabilitation, dental services, behavioral health and several more. For a full list of approved locations, please refer to the Summary of Benefits on page 34.

Helpful Resources and Frequently Asked Questions

Medicare Eligibility or Questions About Medicare

- Call Medicare at **1-800-633-4227 (TTY: 877-486-2048)**.
- Visit **www.Medicare.gov.**
- You can also learn more from the Medicare & You handbook, which can be found at **www.Medicare.gov/Medicare-And-You**.

Medicaid Eligibility and Additional Financial Help

- Call Missouri Medicaid (MO HealthNet) at **573-751-3425** or **1-855-373-4636**.
- Visit **www.dss.mo.gov/mhd.**
- For information about the low-income subsidy/Extra Help, call the Social Security Administration at **1-800-772-1213 (TTY: 1-800-325-0778)** or visit **www.ssa.gov/benefits/medicare/prescriptionhelp**.

Plan Specifics/Comparisons and Any Other Questions

- Use Medicare's plan finder tool by visiting **www.Medicare.gov**.
- Call a licensed Essence Healthcare sales agent at **1-855-939-0576 (TTY: 711**), 8 a.m. to 8 p.m., seven days a week.* Or, visit **www.EssenceHealthcare.com**. A licensed, local sales agent is ready to help in any way they can.

"Essence is local and I know I can always get in touch with somebody. I don't feel like a number. I feel like a real person. I feel like they answer my questions immediately and honestly and give me options for things."

–Anita K., Essence Healthcare member

*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.

Does your plan come with a deductible?

When you meet the criteria required to join our plan, you won't have an annual medical deductible.* Your coverage begins with the first dollar you spend. Typically, Original Medicare's Part B does come with a deductible, but when you sign up for an Essence plan, we cover that deductible for you so that you can start enjoying the many benefits we offer as soon as you join our plan.

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

No. When you join Essence, you're still participating in Medicare and have all the rights and protections you're entitled to as a Medicare beneficiary. And, you'll still be entitled to all of your Medicaid benefits.

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) Dual Special Needs plan. Medicare pays companies like Essence to manage MA plans. We work with Medicaid to cover other costs and allow for the low-income subsidy (Extra Help), which helps lower premium costs. 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 extras like dental and vision benefits. This also allows our members to have a $0 monthly premium and no copay or co-insurance for anything other than prescription drugs.

*A deductible applies for Part D prescription drugs. Depending on your level of Extra Help, that deductible may be lowered or eliminated.

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 Dual Advantage (HMO D-SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on 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 Dual Advantage**
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call 1-877-709-9168 (TTY: 711) to speak with a sales representative.

Things to Know About Essence Dual Advantage

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 Dual Advantage Phone Number and Website
- If you have questions, call 1-877-709-9168 (TTY: 711) to speak with a sales representative.
- Our website: www.EssenceHealthcare.com

Who can join?
You can enroll in **Essence Dual Advantage** if you meet the following criteria:
- Must be entitled to Medicare Part A and be enrolled in Medicare Part B
- Must qualify for one of the following Missouri Medicaid eligibility categories:
  – **Qualified Medicare Beneficiary (QMB):** You're not eligible for full Medicaid benefits, but Medicaid helps pay all copays and co-insurance for your Medicare-covered services. Medicaid also helps pay your Part A premium (if one is required), Part B premium and deductibles.
  – **Qualified Medicare Beneficiary Plus (QMB+):** You're eligible for full Medicaid benefits, and Medicaid helps pay all copays and co-insurance for your Medicare-covered services. Medicaid also helps pay your Part A premium (if one is required), Part B premium and deductibles.
- Must be a United States Citizen or are lawfully present in the United States and live in the city of St. Louis or the Missouri counties of Jefferson, St. Charles or St. Louis

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.

What is a D-SNP?
A D-SNP is a healthcare plan for people with special needs related to age, disabilities or income level. Only those who are eligible for both Medicare and Medicaid can join a D-SNP.

Which doctors, hospitals and pharmacies can I use?
Essence Dual Advantage has a network of doctors, hospitals, pharmacies and other providers. If you use out-of-network providers, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some network pharmacies have preferred cost sharing, which means you may pay less. See the 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?
We cover everything that Original Medicare covers—and *more*.

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 plan groups each medication into one of six tiers. You will need to use your formulary to locate what tier your drug is on to determine its cost. The amount you pay depends on the drug's tier, what stage of the benefit you've reached and your level of Extra Help. Later in this document, we discuss the benefit stages: Initial Coverage, Coverage Gap and Catastrophic Coverage. Please contact the plan for more information or access the Evidence of Coverage on our website.

How do I read the Essence benefit tables?
Costs for QMB or QMB+ eligible individuals are shown in the blue columns. Part D drug costs are based on the level of Extra Help you receive. If you lose QMB or QMB+ eligibility, you may be able to remain in this plan for up to six months, but your cost-share responsibility and plan premium amounts may change. These amounts are reflected in the gray columns.

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

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Monthly Plan Premium	$0 per month (with full Extra Help)	$33.40 per month (without Extra Help). You must pay your Medicare Part B premium.
	Your monthly premium is determined by your Extra Help eligibility and not your Medicaid status.	
Deductibles	This plan does not have an annual medical deductible. Service-level deductibles: $0 Because you're eligible for Medicare cost-sharing assistance under Medicaid, you have no service-level deductible for inpatient hospital services or inpatient psychiatric services.	This plan does not have an annual medical deductible. Service-level deductibles: $1,484 for inpatient hospital services, per admission, per benefit period $1,484 for inpatient psychiatric services, per admission, per benefit period
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: • $0 for covered hospital and medical services you receive from in-network providers Please note that you will still need to pay your 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: • $7,550 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 premium and cost-sharing for your Part D prescription drugs.

Covered Medical and Hospital Benefits

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Inpatient Hospital Coverage	Our plan covers an unlimited number of days for an inpatient hospital stay. • $0 copay for day, per stay: unlimited days Prior authorization is required.	Our plan covers an unlimited number of days for an inpatient hospital stay. • $0 copay per day, per stay: days 1–60 (after $1,484 deductible is met) • $371 copay per day, per stay: days 61-90 • $742 copay per day, per stay: day 91 and beyond Prior authorization is required.

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Outpatient Hospital Coverage	Ambulatory surgical center: 0% co-insurance Outpatient hospital: 0% co-insurance Prior authorization may be required.	Ambulatory surgical center: 20% co-insurance Outpatient hospital: 20% co-insurance Prior authorization may be required.
Doctor Visits *(primary care providers and specialists)*	Primary care physician (PCP) visit: 0% co-insurance Specialist visit: 0% co-insurance A referral is required for specialist visits.	Primary care physician (PCP) visit: 20% co-insurance Specialist visit: 20% co-insurance A referral is required for specialist visits.
Preventive Care	You pay nothing. Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training and diabetic services • Health and wellness education programs • HIV screening • Immunizations (pneumonia, hepatitis B, COVID-19 and influenza) • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Vision care • “Welcome to Medicare” preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.	

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Emergency Care	$0 copay See the “Inpatient Hospital Care” section of this booklet for other costs. We provide worldwide coverage.	$90 copay If you are admitted to the same hospital within 24 hours for the same condition, you pay $0 for the emergency room visit. See the “Inpatient Hospital Care” section of this booklet for other costs. We provide worldwide coverage.
Urgently Needed Services	$0 copay within the United States $0 copay outside of the United States We provide worldwide coverage.	$35 copay within the United States $90 copay outside of the United States We provide worldwide coverage.
Diagnostic Services/Labs/ Imaging *(Costs for these services may vary based on place of service.)*	Lab services: 0% co-insurance Diagnostic procedures and tests: 0% co-insurance Diagnostic colonoscopies: 0% co-insurance Diagnostic radiology services (such as MRI, CT and PET scans): 0% co-insurance Diagnostic mammograms: 0% co-insurance Therapeutic radiology services (such as radiation treatment for cancer): 0% co-insurance X-rays: 0% co-insurance Prior authorization may be required.	Lab services: 20% co-insurance Diagnostic procedures and tests: 20% co-insurance Diagnostic colonoscopies: 20% co-insurance Diagnostic radiology services (such as MRI, CT and PET scans): 20% co-insurance Diagnostic mammograms: 20% co-insurance Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance X-rays: 20% co-insurance Prior authorization may be required.
Hearing Services	Medicare-covered exam to diagnose and treat hearing and balance issues: 0% co-insurance Routine hearing exam: $0 copay A referral is required for Medicare-covered hearing services. $2,000 allowance for up to 2 hearing aids every calendar year (both ears combined) One fitting/evaluation for hearing aids every calendar year: $0 copay	Medicare-covered exam to diagnose and treat hearing and balance issues: 20% co-insurance Routine hearing exam: $0 copay A referral is required for Medicare-covered hearing services. $2,000 allowance for up to 2 hearing aids every calendar year (both ears combined) One fitting/evaluation for hearing aids every calendar year: $0 copay
Dental Services	Preventive dental services: $0 copay	Preventive dental services: $0 copay

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Dental Services *(continued)*	Preventive services include: • Periodic oral evaluation (2 every calendar year) • Comprehensive oral and periodontal exam (1 every 3 calendar years) • Extensive problem-focused oral exam or re-evaluation (2 every calendar year) • Limited oral evaluations (3 every calendar year) • Routine cleaning (2 every calendar year) • Fluoride treatment (2 every calendar year) • Horizontal bitewing X-ray(s) (up to 4, once every calendar year) • Intraoral complete series, vertical bitewings (up to 8 images, once every 3 calendar years) • Panoramic radiographic image (1 every 3 calendar years) • Scaling in presence of generalized moderate or severe gingival inflammation (2 every calendar year) • Periodontal maintenance following active therapy (4 every calendar year) • Minor treatment for pain relief (emergency) Medicare-covered comprehensive dental services: 0% co-insurance A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization. Comprehensive services include (but are not limited to):* Restorative services (amalgam/resin fillings, inlays/onlays, protective restorations, crowns/post and core or crown buildup, crown repair when material failure and retrograde filling): 0% co-insurance	Preventive services include: • Periodic oral evaluation (2 every calendar year) • Comprehensive oral and periodontal exam (1 every 3 calendar years) • Extensive problem-focused oral exam or re-evaluation (2 every calendar year) • Limited oral evaluations (3 every calendar year) • Routine cleaning (2 every calendar year) • Fluoride treatment (2 every calendar year) • Horizontal bitewing X-ray(s) (up to 4, once every calendar year) • Intraoral complete series, vertical bitewings (up to 8 images, once every 3 calendar years) • Panoramic radiographic image (1 every 3 calendar years) • Scaling in presence of generalized moderate or severe gingival inflammation (2 every calendar year) • Periodontal maintenance following active therapy (4 every calendar year) • Minor treatment for pain relief (emergency) Medicare-covered comprehensive dental services: 20% co-insurance A referral is required to visit an oral surgeon for Medicare-covered services and those services may require a prior authorization. Comprehensive services include (but are not limited to):* Restorative services (amalgam/resin fillings, inlays/onlays, protective restorations, crowns/post and core or crown buildup, crown repair when material failure and retrograde filling): 0% co-insurance

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Dental Services *(continued)*	Endodontics (root canal treatment, retreatment root canal therapy, apicoectomy and pulpotomy): 0% co-insurance Periodontics (periodontal surgery, scaling and root planning, full mouth debridement, clinical crown lengthening and gingivectomy): 0% co-insurance Extractions (simple extractions/surgical extractions, general anesthesia—when clinically necessary): 0% co-insurance Major restoratives - prosthodontics (dentures—complete, partial, or immediate and fixed bridges): 0% co-insurance Other oral surgical procedures, including alveoloplasty and vestibuloplasty: 0% co-insurance Prosthetic maintenance (bridge or denture repair, adjustment to dentures, tissue conditioning, repair, replacement or addition of teeth to existing partial or full dentures, rebase and reline dentures, recement bridges, crowns, onlays and inlays crowns): 0% co-insurance Yearly maximum benefit for preventive and comprehensive services: $3,000 *See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply.	Endodontics (root canal treatment, retreatment root canal therapy, apicoectomy and pulpotomy): 0% co-insurance Periodontics (periodontal surgery, scaling and root planning, full mouth debridement, clinical crown lengthening and gingivectomy): 0% co-insurance Extractions (simple extractions/surgical extractions, general anesthesia—when clinically necessary): 0% co-insurance Major restoratives - prosthodontics (dentures—complete, partial, or immediate and fixed bridges): 0% co-insurance Other oral surgical procedures, including alveoloplasty and vestibuloplasty: 0% co-insurance Prosthetic maintenance (bridge or denture repair, adjustment to dentures, tissue conditioning, repair, replacement or addition of teeth to existing partial or full dentures, rebase and reline dentures, recement bridges, crowns, onlays and inlays crowns): 0% co-insurance Yearly maximum benefit for preventive and comprehensive services: $3,000 *See Evidence of Coverage for more details and a complete listing. Some limitations and exclusions apply
Vision Services	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: 0% co-insurance A referral is required for Medicare-covered eye exams. 1 pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: $0 copay	Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: 20% co-insurance A referral is required for Medicare-covered eye exams. 1 pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) after each cataract surgery: $0 copay

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Vision Services *(continued)*	1 pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery. Our plan pays up to $400 for eyeglass frames or contact lenses after each cataract surgery: $0 copay 1 routine eye exam every calendar year: $0 copay Refraction covered as part of exam 1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every calendar year: $0 copay Our plan pays up to $400 for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) every calendar year: $0 copay Upgrades may be available at an additional cost.	1 pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery. Our plan pays up to $400 for eyeglass frames or contact lenses after each cataract surgery: $0 copay 1 routine eye exam every calendar year: $0 copay Refraction covered as part of exam 1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) every calendar year: $0 copay Our plan pays up to $400 for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) every calendar year: $0 copay Upgrades may be available at an additional cost.
Mental Health Services	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. • $0 copay per day, per stay: days 1–8 • $0 copay per day, per stay: day 9 and beyond Outpatient individual visit: 0% co-insurance Outpatient group visit: 0% co-insurance Prior authorization may be required.	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. • $0 copay per day, per stay: days 1–60 (after $1,484 deductible is met) • $371 copay per day, per stay: days 61-90 • $742 copay per day, per stay: day 91 and beyond Outpatient individual visit: 20% co-insurance Outpatient group visit: 20% co-insurance Prior authorization may be required.
Skilled Nursing Facility (SNF)	The plan covers up to 100 days each benefit period. No prior hospital stay is required. • $0 copay per day, per stay: days 1–20 • $0 copay per day, per stay: days 21–100 Prior authorization is required.	The plan covers up to 100 days each benefit period. No prior hospital stay is required. • $0 copay per day, per stay: days 1–20 • $185.50 copay per day, per stay: days 21–100 Prior authorization is required.

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Skilled Nursing Facility (SNF) *(continued)*	Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.	Admission to a new or different SNF facility within the same Benefit Period may start a new stay for copay administration purposes.
Physical Therapy	0% co-insurance A referral is required.	20% co-insurance A referral is required.
Ambulance	0% co-insurance Prior authorization is required for non-emergent transportation by ambulance.	20% co-insurance This co-insurance applies to each one-way trip. Prior authorization is required for non-emergent transportation by ambulance.
Transportation	$0 copay Limited to 60 one-way trips to plan-approved locations every year. Approved locations and trip reasons: • 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 • 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	

Prescription Drug Benefits

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Medicare Part B Drugs	For Part B drugs, such as chemotherapy drugs: 0% co-insurance Other Part B drugs: 0% co-insurance Prior authorization may be required.	For Part B drugs, such as chemotherapy drugs: 20% co-insurance Other Part B drugs: 20% co-insurance Prior authorization may be required.
	Amounts you pay for Part B drugs count toward your MOOP; they do not count toward your Part D initial coverage limit or your Part D true out-of-pocket cost of $7,050.	
Deductible	$0 annual deductible for Part D drug coverage (with full Extra Help)	$480 annual deductible for Part D drug coverage (without Extra Help)
	Your Part D deductible is determined by your Extra Help eligibility and not your Medicaid status.	
Initial Coverage	You pay the following 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 for eligible Part D prescription drugs. 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.	

	With full Extra Help*			Without Extra Help		
Preferred 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)*	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2 *(Generic)*	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay
Tier 3 *(Preferred Brand)*	$0-$9.85 copay	$0-$9.85 copay	$0-$9.85 copay	$42 copay	$84 copay	$126 copay
Tier 4 *(Non-Preferred Brand)*	$0-$9.85 copay	$0-$9.85 copay	$0-$9.85 copay	$95 copay	$190 copay	$285 copay
Tier 5 *(Specialty Drug)*	$0-$9.85 copay	Not Offered	Not Offered	25% co-insurance	Not Offered	Not Offered
Tier 6 *(Insulins)*	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay

*As a beneficiary with QMB or QMB+ status, you are considered full subsidy eligible and will receive Extra Help toward your Part D prescription drugs. The amount you pay will depend on the level of Extra Help you receive. In certain situations, Essence drug tiers may differ from what the Centers for Medicare and Medicaid Services (CMS) considers a generic or brand drug. If your Tier 1-2 drug isn't considered generic by CMS definition or if your Tier 3-6 drug isn't considered brand, you could pay as little as $0 or as much as $9.85 for your 30-day supply (with full Extra Help) depending on what your drug is classified as.

	With full Extra Help*			Without Extra Help		
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)*	$0-$3.95 copay	$0-$3.95 copay	$0-$3.95 copay	$5 copay	$10 copay	$15 copay
Tier 2 *(Generic)*	$0-$3.95 copay	$0-$3.95 copay	$0-$3.95 copay	$10 copay	$20 copay	$30 copay
Tier 3 *(Preferred Brand)*	$0-$9.85 copay	$0-$9.85 copay	$0-$9.85 copay	$47 copay	$94 copay	$141 copay
Tier 4 *(Non-Preferred Brand)*	$0-$9.85 copay	$0-$9.85 copay	$0-$9.85 copay	$100 copay	$200 copay	$300 copay
Tier 5 *(Specialty Drug)*	$0-$9.85 copay	Not Offered	Not Offered	25% co-insurance	Not Offered	Not Offered
Tier 6 *(Insulins)*	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay

	With full Extra Help*			Without Extra Help		
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	Not Offered	$0 copay	Not Offered	Not Offered	$0 copay
Tier 2 *(Generic)*	Not Offered	Not Offered	$0 copay	Not Offered	Not Offered	$0 copay
Tier 3 *(Preferred Brand)*	Not Offered	Not Offered	$0-$9.85 copay	Not Offered	Not Offered	$105 copay
Tier 4 *(Non-Preferred Brand)*	Not Offered	Not Offered	$0-$9.85 copay	Not Offered	Not Offered	$237.50 copay
Tier 5 *(Specialty Drug)*	$0-$9.85 copay	Not Offered	Not Offered	25% co-insurance	Not Offered	Not Offered
Tier 6 *(Insulins)*	Not Offered	Not Offered	$0 copay	Not Offered	Not Offered	$0 copay

*As a beneficiary with QMB or QMB+ status, you are considered full subsidy eligible and will receive Extra Help toward your Part D prescription drugs. The amount you pay will depend on the level of Extra Help you receive. In certain situations, Essence drug tiers may differ from what the Centers for Medicare and Medicaid Services (CMS) considers a generic or brand drug. If your Tier 1-2 drug isn't considered generic by CMS definition or if your Tier 3-6 drug isn't considered brand, you could pay as little as $0 or as much as $9.85 for your 30-day supply (with full Extra Help) depending on what your drug is classified as.

	With full Extra Help	Without Extra Help
Coverage Gap	Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you have paid) reaches $4,430. If you have Extra Help, you will not enter the coverage gap.	Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what your plan has paid and what you have paid) reaches $4,430. 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.
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach $7,050, you pay nothing for your prescription drugs.	After your yearly out-of-pocket drug costs reach $7,050, you pay the greater of: • 5% co-insurance or • $3.95 copay for generic (including brand-name drugs treated as generic) and $9.85 copay for other drugs (one month supply)

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Other Covered Benefits

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Chiropractic Care	Manual manipulation of the spine to correct subluxation: 0% co-insurance A referral is required.	Manual manipulation of the spine to correct subluxation: 20% co-insurance A referral is required.

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Diabetes Supplies and Services	Diabetes self-management training: $0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 0% co-insurance When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products. Diabetic therapeutic custom-molded shoes or inserts: 0% co-insurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). *See Evidence of Coverage for a complete listing.	Diabetes self-management training: $0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): 20% co-insurance When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Bayer/Ascensia products. Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). *See Evidence of Coverage for a complete listing.
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*	0% co-insurance Prior authorization may be required.	20% co-insurance Prior authorization may be required.
Foot Care *(podiatry services)*	$0 copay A referral is required.	20% co-insurance A referral is required.
Home Healthcare	$0 copay A referral is required.	$0 copay A referral is required.
Hospice	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.	
Outpatient Substance Abuse	Individual visit: 0% co-insurance Group visit: 0% co-insurance Prior authorization is required.	Individual visit: 20% co-insurance Group visit: 20% co-insurance Prior authorization is required.
Over-the-Counter Coverage (OTC)	$305 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.	

	Essence Dual Advantage (HMO D-SNP) With Medicaid cost-share assistance; QMB or QMB+	Essence Dual Advantage (HMO D-SNP) Without Medicaid cost-share assistance
Prosthetic Devices	Prosthetic devices: 0% co-insurance Related medical supplies: 0% co-insurance Prior authorization may be required.	Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.
Outpatient Rehabilitation Services	Cardiac rehabilitation services: 0% co-insurance Occupational, speech and language therapy visits: 0% co-insurance A referral is required.	Cardiac rehabilitation services: 20% co-insurance Occupational, speech and language therapy visits: 20% co-insurance 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	0% co-insurance A referral or authorization may be required.	20% co-insurance You will pay the same copay for the virtual/telehealth visit as if the services were received in the provider's office. A referral or authorization may be required.
Wellness Programs	Health club membership/fitness classes through SilverSneakers®: $0 copay	
Acupuncture	Medicare-covered services (chronic low back pain): 0% co-insurance	Medicare-covered services (chronic low back pain): 20% co-insurance

Index

Medicaid Benefits

When you're eligible for both Medicare and Medicaid, your healthcare services are paid for first by Medicare and then by Medicaid. If Medicare doesn't cover a service or if a benefit is used up, Medicaid may cover the service. Below is a list of what MO HealthNet Division (Medicaid) covers.

Coverage depends on your Medicaid eligibility level. **Please refer to the benefit tables (blue columns) listed earlier in this document for your cost-share as an Essence Dual Advantage plan member who meets all enrollment criteria.**

The Medicaid information included in this section is current as of May 20, 2021. All Medicaid-covered services are subject to change at any time. For the most current Missouri Medicaid coverage information, or if you have questions about your Medicaid eligibility or Medicaid benefits, call MOHealthNet at 573-751-3425 or 1-855-373-4636 or visit www.dss.mo.gov/mhd.

Medicaid Coverage	
Ambulance (emergency only)	Covered
Ambulatory Surgical Center	Covered
Applied Behavior Analysis (ABA)	Limited Coverage
Certified Nurse Practitioner	Covered
Community Psych Rehab Services	Limited Coverage
Comprehensive Day Rehab	Limited Coverage
Diabetes Self-Management	Limited Coverage
Dental	Limited Coverage
Durable Medical Equipment	Covered
Environmental Lead Assessment	Limited Coverage
Family Planning	Limited Coverage
Hearing Aid	Limited Coverage
Home Health	Limited Coverage
Hospice	Covered
Inpatient Hospital	Covered
Intermediate Care Facility - Intellectual Disabilities (ICF-ID)	Not Covered/Limited Coverage
Lab and Radiology	Covered
Licensed Clinical Social Worker (LCSW)	Limited Coverage
Licensed Professional Counselor (LPC)	Limited Coverage
Non-Emergency Medical Transportation	Limited Coverage
Nurse Midwife	Covered
Nursing Facility	Limited Coverage
Optical	Limited Coverage
Outpatient Hospital	Covered
Personal Care	Limited Coverage
Pharmacy	Limited Coverage
Physician-Certified Nurse Practitioner - FQHC/RHC	Covered
Podiatry	Covered
Private Duty Nursing	Limited Coverage
Psychologist	Limited Coverage
Therapies - Occupational, Physical and Speech	Limited Coverage
Transplants	Limited Coverage

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a sales representative at 1-877-709-9168 (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 1-877-709-9168 (TTY: 711) to view a copy of the EOC.
- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the Provider Directory to make sure the pharmacy you use for any prescription 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

- ☐ If your Medicaid eligibility changes and you're no longer recognized as a QMB or QMB+ or you no longer qualify for Medicaid, you may continue to receive benefits through Essence for a period of six months after the change in eligibility, but you may be responsible for the Medicare cost-sharing portion, which includes copayments, co-insurance and deductibles. If you lose Extra Help or your level of Extra Help changes, your monthly premium and prescription drug costs will change.
- ☐ 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).

Enrollment Information

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. Please note that you must also be eligible for Medicaid to join the Essence plan.

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, including those enrolled in a D-SNP. 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	For those wishing to enroll in a D-SNP plan, Special Enrollment Periods are available once per quarter during the first three quarters of the year. You might also be able to enroll in a Medicare plan throughout the year if you meet certain criteria. Examples 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 ***www.Medicare.gov***.

How to Enroll

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

Enroll with your licensed Essence Healthcare agent or insurance broker.
Your agent or broker can 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: 1-855-939-0576 (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.	○
2. Fill in your: ○ Name ○ Birth date ○ Phone number ○ Address ○ Mailing address *(if different than your permanent residence address)* ○ Email address *(optional)*	○
3. Fill in your Medicare and Medicaid numbers.	○
4. Answer the Yes/No questions. If you answer "Yes" to a question, please fill out the additional information necessary.	○
5. Sign the Enrollment Application. You or your authorized representative must sign and date the form.	○
6. Read the Statement of Understanding for an explanation on enrollment periods and your rights under this plan.	○
7. 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.	○
8. Mail your application to the address listed on the Enrollment Application.	○

†*If you are enrolling in Medicare for the first time or changing your Medicare coverage outside of the AEP, OEP or quarterly enrollment periods for D-SNP plans, fill out the Attestation of Eligibility form (located on page 75).*

Have questions about the Enrollment Application?

We would be happy to help. Just give us a call toll free at 1-855-939-0576 (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
Because you qualify for Medicare and Medicaid, you are automatically enrolled in the Extra Help program and will receive a letter explaining how you can save even more on your Medicare premiums and other healthcare costs.

Premium Charge
If, at any point, you are not eligible for full Extra Help, you will receive a bill for your plan premium.

Star Ratings Explained

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

The Star Ratings Scale

Excellent	★★★★★
Above Average	★★★★
Average	★★★
Below Average	★★
Poor	★

Why Are Star Ratings Important?

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

*

Where Does Essence Rank?

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

*Every year, Medicare evaluates plans based on a 5-star rating system. Based on October 2020 Star rating data provided by the Centers for Medicare & Medicaid Services.

Apps and Forms

OMB No. 0938-1378
Expires: 7/31/2023

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: This plan is designed for people with both Medicare and Missouri Medicaid (MO HealthNet) who are QMB or QMB Plus eligible. We may need to contact you to ask for proof of eligibility. This is a Health Maintenance Organization (HMO) plan. It has a network of doctors, specialists, hospitals, and other providers you must use. 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 State Medicaid Number
- Your permanent address and phone number

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

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

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

How do I get help with this form?
Call Essence Healthcare at 1-866-509-5399. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Essence Healthcare al 1-866-509-5399 (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 D-SNP) Sales at 1-866-509-5399 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 *Dual Advantage* (HMO D-SNP) 017 – (Counties of Jefferson, St. Charles and St. Louis and the City of St. Louis) $33.40 per month

This plan is designed for people with both Medicare and Missouri Medicaid (MO HealthNet) who are QMB or QMB Plus eligible.

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 and Medicaid Information

Medicare Number: ___ ___ ___ ___- ___ ___ ___ - ___ ___ ___ ___

Medicaid 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:

_____ _____ _____

IMPORTANT: Read and Sign Below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Essence Healthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- 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, with Medicaid 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 if I become ineligible for Missouri Medicaid with QMB or QMB Plus, I can continue to get all my medical and prescription benefits from Essence Healthcare for up to 6 months following the loss of eligibility. If I have not transitioned to another plan already, I will be automatically disenrolled 6 months after the loss of Medicaid eligibility.
- 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, Medicaid, or Essence Healthcare.

Signature: **Today's Date:**

If you are the authorized representative, sign above and fill out these fields:

Name:

Address: Relationship to Enrollee: Phone Number:

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.
☐ Spanish ☐ Polish ☐ Chinese ☐ Arabic ☐ Vietnamese

Select one if you want us to send you information in an accessible format.
☐ Braille ☐ Large Print

Please contact Essence Healthcare at 1-866-509-5399 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:

Is this your current physician?
☐ Yes ☐ 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 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 by Electronic Funds Transfer (EFT) from your bank, Credit card, 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:

☐ 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.

☐ Electronic Funds Transfer (EFT) from your bank account each month.

If you choose to have the funds taken directly out of your checking account, this is referred to as Electronic Funds Transfer (EFT). If you elect this method of payment, you will receive a letter from the plan requesting a Voided Check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 60 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 2nd day of the month for the current month's coverage.

☐ 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.

Y0027_22_073_C

FOR OFFICE USE ONLY

Confirmation # (Quick Entry or Phone Enroll):			**Application Log #**:			
Plan ID #:			**Effective Date of Coverage**:			
Election Periods:	☐ **ICEP (I)**	☐ **IEP (E)**	☐ **2nd IEP (F)**	☐ **AEP (A)**	☐ **OEP (M)**	☐ **OEPI (T)**

Special Election Periods: (Must check all that apply)

SEP (S)
- ☐ SPAP (38)
- ☐ Loss of SNP (35)
- ☐ Retro Entitlement (32)
- ☐ Involuntary Loss/Cred. Coverage (22)
- ☐ Contract/Plan Non-Renewal (12)
- ☐ Contract Violations
- ☐ Contract Term – Immediate (11)
- ☐ Contract Term – MAO (12)
- ☐ Contract Term – CMS (11)
- ☐ CMS Sanction (23)
- ☐ FEMA/Disaster (01)
- ☐ Plan Placed in Receivership (39)
- ☐ CMS Identified Consistent Poor Performing Plan (40)
- ☐ Accessible Format Delay (21)
- ☐ Inv. Dis. – Loss of Part B (25)
- ☐ PACE Transition (27)
- ☐ Cost Plan Non-Renewal (28)
- ☐ Drop Medigap in Trial Period (29)
- ☐ Additional Part D IEP Eligibility (31)
- ☐ Part B General Enrollment (34)
- ☐ Lawfully Present (37)
- ☐ COVID-19 Disaster (02)

SEP (V)
- ☐ Permanent Move

SEP (W)
- ☐ Gain or Loss of Employer Coverage

SEP (L) Allowed once per Quarter
- ☐ Dual Eligible/Has Medicaid
- ☐ Has Non-Dual with LIS

SEP (U)
- ☐ Gain/Loss/Change in Dual Eligible Status
- ☐ Gain/Loss/Change of Medicaid
- ☐ Gain/Loss/Change in Non-Dual LIS

Producer Name:	**Producer NPN:**	**Application Receipt Date**:

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

Please call 1-866-509-5399 for more information, including free language translation services, regarding your Essence Healthcare plan. TTY users call the national relay service toll free at 711. Our telephone lines are open 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 D-SNP plan with a contract with Medicare and the state Medicaid Program. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare Part B premium.

Y0027_22_073_C

OMB No. 0938-1378
Expires: 7/31/2023

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: This plan is designed for people with both Medicare and Missouri Medicaid (MO HealthNet) who are QMB or QMB Plus eligible. We may need to contact you to ask for proof of eligibility. This is a Health Maintenance Organization (HMO) plan. It has a network of doctors, specialists, hospitals, and other providers you must use. 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 State Medicaid Number
- Your permanent address and phone number

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

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

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

How do I get help with this form?
Call Essence Healthcare at 1-866-509-5399. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Essence Healthcare al 1-866-509-5399 (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 D-SNP) Sales at 1-866-509-5399 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 *Dual Advantage* (HMO D-SNP) 017 – (Counties of Jefferson, St. Charles and St. Louis and the City of St. Louis) $33.40 per month

This plan is designed for people with both Medicare and Missouri Medicaid (MO HealthNet) who are QMB or QMB Plus eligible.

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 and Medicaid Information

Medicare Number: ___ ___ ___ ___- ___ ___ ___ - ___ ___ ___ ___

Medicaid 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:

_____ _____ _____

IMPORTANT: Read and Sign Below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Essence Healthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- 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, with Medicaid 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 if I become ineligible for Missouri Medicaid with QMB or QMB Plus, I can continue to get all my medical and prescription benefits from Essence Healthcare for up to 6 months following the loss of eligibility. If I have not transitioned to another plan already, I will be automatically disenrolled 6 months after the loss of Medicaid eligibility.
- 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, Medicaid, or Essence Healthcare.

Signature: **Today's Date:**

If you are the authorized representative, sign above and fill out these fields:

Name:

Address: Relationship to Enrollee: Phone Number:

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.
☐ Spanish ☐ Polish ☐ Chinese ☐ Arabic ☐ Vietnamese

Select one if you want us to send you information in an accessible format.
☐ Braille ☐ Large Print

Please contact Essence Healthcare at 1-866-509-5399 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:

Is this your current physician?
☐ Yes ☐ 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 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 by Electronic Funds Transfer (EFT) from your bank, Credit card, 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:

☐ 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.

☐ Electronic Funds Transfer (EFT) from your bank account each month.

If you choose to have the funds taken directly out of your checking account, this is referred to as Electronic Funds Transfer (EFT). If you elect this method of payment, you will receive a letter from the plan requesting a Voided Check be returned with the letter for account setup. Do not submit a voided check at time of enrollment. Your request will be processed within 60 business days of receipt of returned voided check and letter. Premiums are deducted from your bank account on the 2nd day of the month for the current month's coverage.

☐ 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.

Y0027_22-073_C

FOR OFFICE USE ONLY

Confirmation # (Quick Entry or Phone Enroll):			**Application Log #**:			
Plan ID #:			**Effective Date of Coverage**:			
Election Periods:	☐ **ICEP (I)**	☐ **IEP (E)**	☐ **2nd IEP (F)**	☐ **AEP (A)**	☐ **OEP (M)**	☐ **OEPI (T)**

Special Election Periods: (Must check all that apply)

SEP (S)
- ☐ SPAP (38)
- ☐ Loss of SNP (35)
- ☐ Retro Entitlement (32)
- ☐ Involuntary Loss/Cred. Coverage (22)
- ☐ Contract/Plan Non-Renewal (12)
- ☐ Contract Violations
- ☐ Contract Term – Immediate (11)
- ☐ Contract Term – MAO (12)
- ☐ Contract Term – CMS (11)
- ☐ CMS Sanction (23)
- ☐ FEMA/Disaster (01)
- ☐ Plan Placed in Receivership (39)
- ☐ CMS Identified Consistent Poor Performing Plan (40)
- ☐ Accessible Format Delay (21)
- ☐ Inv. Dis. – Loss of Part B (25)
- ☐ PACE Transition (27)
- ☐ Cost Plan Non-Renewal (28)
- ☐ Drop Medigap in Trial Period (29)
- ☐ Additional Part D IEP Eligibility (31)
- ☐ Part B General Enrollment (34)
- ☐ Lawfully Present (37)
- ☐ COVID-19 Disaster (02)

SEP (V)
- ☐ Permanent Move

SEP (W)
- ☐ Gain or Loss of Employer Coverage

SEP (L) Allowed once per Quarter
- ☐ Dual Eligible/Has Medicaid
- ☐ Has Non-Dual with LIS

SEP (U)
- ☐ Gain/Loss/Change in Dual Eligible Status
- ☐ Gain/Loss/Change of Medicaid
- ☐ Gain/Loss/Change in Non-Dual LIS

Producer Name:	**Producer NPN:**	**Application Receipt Date**:

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

Please call 1-866-509-5399 for more information, including free language translation services, regarding your Essence Healthcare plan. TTY users call the national relay service toll free at 711. Our telephone lines are open 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 D-SNP plan with a contract with Medicare and the state Medicaid Program. Enrollment in Essence Healthcare depends on contract renewal. You must continue to pay your Medicare Part B premium.

Y0027_22-073_C

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 got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date): ___ /___ /_____.
- ○ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

- ○ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or assisted-living facility). I moved/will move into/out of the facility on (insert date): ___ /___ /_____.
- ○ I recently left a PACE program on (insert date): ___ /___ /_____.
- ○ 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 want to enroll in a Medicare Advantage plan offered by a Medicare Advantage organization with an overall performance rating of five stars.
- ○ 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 1-877-709-9168 (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. Essence Healthcare also includes an HMO D-SNP plan with a contract with Medicare and the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal.

Attestation of Eligibility for an Enrollment Period

ESSENCE HEALTHCARE™

_____
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 got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date): ___ /___ /_____.
- ○ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

Y0027_22-005_C

- ○ 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 want to enroll in a Medicare Advantage plan offered by a Medicare Advantage organization with an overall performance rating of five stars.
- ○ 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 1-877-709-9168 (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. Essence Healthcare also includes an HMO D-SNP plan with a contract with Medicare and the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal.

Notes

Agent Use

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 D-SNP plan with a contract with Medicare and the state Medicaid program. 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.
- ○ Members must have Missouri Medicaid with QMB or QMB+ eligibility.

Medical Summary of Benefits

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

Other Benefits

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

Part D Pharmacy

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

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

Y0027_22-234_C

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 D-SNP plan with a contract with Medicare and the state Medicaid program. 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.
- ○ Members must have Missouri Medicaid with QMB or QMB+ eligibility.

Medical Summary of Benefits

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

Other Benefits

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

Part D Pharmacy

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

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

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 health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan: MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan: In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

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

Dental/Vision/Hearing Products

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

Hospital Indemnity Products

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

Medicare Supplement (Medigap) Products

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

Essence Healthcare is an HMO plan with a Medicare contract. Essence Healthcare also includes an HMO D-SNP plan with a contract with Medicare and the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal.

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 health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan: MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan: In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

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

Dental/Vision/Hearing Products

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

Hospital Indemnity Products

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

Medicare Supplement (Medigap) Products

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

Essence Healthcare is an HMO plan with a Medicare contract. Essence Healthcare also includes an HMO D-SNP plan with a contract with Medicare and the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal.

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. Essence Healthcare also includes an HMO D-SNP plan with a contract with Medicare and the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal.

Y0027_22-006_C

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. Essence Healthcare also includes an HMO D-SNP plan with a contract with Medicare and the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal.

Essence Healthcare - H2610
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 Rating that focuses on our medical or 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.

★★★★½
4.5 Stars

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

Health Plan Services: ★★★★
4 Stars

Drug Plan Services: ★★★★½
4.5 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. Central time at 866-509-5399 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

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

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.

Notes

Notes

Essence Healthcare is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Essence Healthcare depends on contract renewal. All Essence plans include Part D drug coverage.

To enroll, you must have both Medicare Parts A and B and medical assistance from the Missouri Medicaid program with QMB and QMB+ eligibility. You must also reside in the Missouri counties of Jefferson, St. Charles, St. Louis or the city of St. Louis. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party. Enrollment in an Essence Healthcare plan may be 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.

Premiums, copays, co-insurance and deductibles may vary based on your Medicaid eligibility, the level of Medicaid benefits for which you are eligible and the amount of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Restrictions and limitations apply, such as dental, eyewear, over-the-counter, and hearing aid allowances. Contact Essence for more information.

ESSENCE HEALTHCARE™

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

Toll free: 1-855-939-0576
TTY users call: 711
8 a.m. to 8 p.m., seven days a week

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

Y0027_22-132_M