



First Look:

2026 Plan Benefit Highlights

ESSENCE ADVANTAGE® (HMO)—H2610-015
ESSENCE ADVANTAGE® CHOICE (PPO)—H6200-004

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Please note, benefit information is not final and is subject to change.

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2026 Medicare Advantage Plan Information

Our service area: the Arkansas counties of Conway, Grant, Lonoke, Perry, Prairie and Pulaski

 = Flex Card eligible	Essence Advantage (HMO)* \$0 Monthly premium	Essence Advantage Choice (PPO)* \$0 Monthly premium
Plan Benefits		
Annual Medical Deductible	\$0 Per calendar year	\$0 Per calendar year
Preventive Care/ Screenings	\$0 Copay	In- & out-of-network: \$0 Copay
Primary Care Physician Visits	\$0 Copay	In-network: \$0 copay Out-of-network: \$30 copay
Specialist Doctor Visits	\$20 Copay	In- & out-of-network: \$30 copay
Lab Services	\$5 Copay	In-network: \$0 copay Out-of-network: 40% coinsurance
Inpatient Hospital Coverage	\$275 Copay/day (days 1–5) \$0 Copay/day (day 6 & beyond)	In- & out-of-network: \$295 Copay/day (days 1–7) \$0 Copay/day (day 8 & beyond)
Outpatient Surgery at Ambulatory Surgical Center	\$220 Copay	In-network: \$225 copay Out-of-network: 40% coinsurance
Maximum Out-of-Pocket Limit	\$3,350 Per calendar year	In-network: \$4,150 per calendar year Out-of-network: \$6,150 per calendar year (in-network & out-of-network combined)
Prescription Drugs – Preferred Retail (30-day)/Standard Retail (30-day)/Mail Order (90-day)		
Tier 1 (Preferred Generic)	\$0/\$5/\$0	\$0/\$4/\$0
Tier 2 (Generic)	\$3/\$10/\$6	\$3/\$12/\$6
Tier 3 (Preferred Brand)	\$45/\$47/\$90	\$47/\$47/\$94
Tier 4 (Non-Preferred Brand)	\$95/\$100/\$190	50%/50%/50%
Tier 5† (Specialty Drug)	29%/29%/NA	29%/29%/NA
Tier 6 (Select Care Drugs)	\$0/\$0/\$0	Tier 6 not offered. Insulins covered under tiers 1-5.
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,100, you pay \$0 for all covered part D drugs.	

*\$340 Deductible for tiers 3–5 (applies once regardless of pharmacy type)
†The Centers for Medicare & Medicaid Services limits tier 5 drugs to a 30-day supply.








 = Flex Card eligible

Essence Advantage (HMO)

\$0 Monthly premium

Essence Advantage Choice (PPO)

\$0 Monthly premium

Benefits		
Preloaded Flexible Benefits Card 	\$925 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services, plus medical copays See Summary of Benefits for approved medical copay categories. \$50 Quarterly allowance for OTC items The Flex Card can be used with both in- and out-of-network providers. For medical copays, providers must be in network.	\$1,000 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services, plus medical copays See Summary of Benefits for approved medical copay categories. The Flex Card can be used with both in- and out-of-network providers.
Dental	\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more Additional preventive and comprehensive services via Flex Card 	Preventive and comprehensive services via Flex Card 
Vision	\$0 Copay for routine eye exam \$200 Allowance for routine eyewear (frames, lenses and contact lenses) every calendar year 	In- & out-of-network: \$0 copay for routine eye exam \$300 Allowance for routine eyewear (frames, lenses and contact lenses) every calendar year (in- & out-of-network combined) 
Hearing	\$20 Copay for routine hearing exam \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) 	In- & out-of-network: \$20 copay for routine hearing exam In- & out-of-network: \$1,000 allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) In- & out-of-network: \$0 copay for hearing aid fitting/evaluation (covered once every 2 calendar years) 
Fitness/Gym Membership	SilverSneakers® included at no additional cost	SilverSneakers® included at no additional cost
Wellness Tracker	Oura Ring wearable device, Oura App and Oura Membership at no additional cost	Oura Ring wearable device, Oura App and Oura Membership at no additional cost

★★★★★ 4.5+ out of 5—5 years in a row (HMO plans 2021–2025)

For more details and benefits, please review our Summary of Benefits. Essence Healthcare includes HMO and PPO plans with Medicare contracts. Enrollment in Essence Healthcare depends on contract renewal. Every year, Medicare evaluates plans based on a 5-star rating system. Essence HMO plans (H2610 contract) received a 5-out-of-5-star Overall Plan Rating for 2022–2024 and a 4.5-star rating for 2025. Essence PPO plans (H6200 contract) achieved a 4-star Overall Plan Rating for 2025.