



First Look:

2026 Plan Benefit Highlights

ESSENCE ADVANTAGE SELECT® (HMO)—H2610-027
ESSENCE ADVANTAGE® CHOICE (PPO)—H6200-009
ESSENCE ADVANTAGE® CHOICE PLUS (PPO)—H6200-010
ESSENCE ADVANTAGE® PREMIER PLUS (PPO)—H6200-011

This document provides a first look at the Essence plan benefit highlights. It contains **confidential and proprietary information** and is for producer use only. Distribution to customers, other insurers or any other person, company or entity is strictly prohibited.

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

DO NOT:



- Share this First Look with beneficiaries.
- Post this information on any public website or social media account.
- Discuss this information with beneficiaries until 10/1/2025 or after.
- Pass this document to anyone else.
- Make copies or scans of this information for distribution.

1-877-259-8657
producersupport@lumeris.com
Producer.EssenceHealthcare.com




2026 Medicare Advantage Plan Information











Our service area: the Illinois counties of Cook, DuPage and Will

<div> = Flex Card eligible</div> <div>INN = in-network</div> <div>OON = out-of-network</div>	Essence Advantage Select (HMO) \$0 Monthly premium	Essence Advantage Choice (PPO)* \$0 Monthly premium	Essence Advantage Choice Plus (PPO) \$49 Monthly premium	Essence Advantage Premier Plus (PPO)** \$257 Monthly premium
Plan Benefits				
Annual Medical Deductible	\$0 Per calendar year	\$0 Per calendar year	\$0 Per calendar year	\$0 Per calendar year
Preventive Care/Screenings	\$0 Copay	\$0 Copay (INN & OON)	\$0 Copay (INN & OON)	\$0 Copay (INN & OON)
Primary Care Physician Visits	\$0 Copay	\$0 Copay (INN) \$50 Copay (OON)	\$0 Copay (INN) \$50 Copay (OON)	\$0 Copay (INN & OON)
Specialist Doctor Visits	\$25 Copay 	\$30 Copay (INN) 50% Coinsurance (OON)	\$25 Copay (INN) 50% Coinsurance (OON)	\$0 Copay (INN & OON)
Lab Services	\$0 Copay	\$0 Copay (INN) 50% Coinsurance (OON)	\$0 Copay (INN) 50% Coinsurance (OON)	\$0 Copay (INN & OON)
Inpatient Hospital Coverage	Days 1–7: \$245 copay/day Days 8–90: \$0 copay/day Day 91 & beyond: 40% coinsurance	Days 1–7: \$325 copay/day (INN), 50% coinsurance (OON) Days 8–90: \$0 copay/day (INN), 50% coinsurance (OON) Day 91 and beyond: 50% coinsurance (INN & OON)	Days 1–7: \$295 copay/day (INN), 50% coinsurance (OON) Days 8–90: \$0 copay/day (INN), 50% coinsurance (OON) Day 91 and beyond: 50% coinsurance (INN & OON)	\$500 Copay per stay (INN & OON)
Outpatient Surgery at Ambulatory Surgical Center	\$225 Copay	\$295 Copay (INN) 50% Coinsurance (OON)	\$245 Copay (INN) 50% Coinsurance (OON)	\$0 Copay (INN & OON)
Maximum Out-of-Pocket Limit	\$3,600 Per calendar year	\$4,150 Per calendar year (INN) \$6,150 Per calendar year (INN & OON combined)	\$4,150 Per calendar year (INN) \$6,150 Per calendar year (INN & OON combined)	\$2,000 Per calendar year (INN & OON combined)
Prescription Drugs – Preferred Retail (30-day)/Standard Retail (30-day)/Mail Order (90-day)				
Tier 1 (Preferred Generic)	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$15/\$0
Tier 2 (Generic)	\$3/\$12/\$6	\$5/\$12/\$10	\$5/\$12/\$10	\$3/\$20/\$6
Tier 3 (Preferred Brand)	\$45/\$47/\$90	\$47/\$47/\$94	\$47/\$47/\$94	\$47/\$47/\$94
Tier 4 (Non-Preferred Brand)	\$95/\$100/\$190	50%/50%/50%	50%/50%/50%	50%/50%/50%
Tier 5† (Specialty Drug)	33%/33%/NA	29%/29%/NA	33%/33%/NA	25%/25%/NA
Tier 6 (Select Care Drugs)	\$0/\$0/\$0	Tier 6 not offered. Insulins covered under tiers 1–5.	Tier 6 not offered. Insulins covered under tiers 1–5.	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. Cost-sharing may change depending on the pharmacy you choose.			

*\$340 Deductible for tiers 3–5 (applies once regardless of pharmacy type) **\$615 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
INN = in-network
OON = out-of-network

Essence Advantage Select (HMO)	Essence Advantage Choice (PPO)	Essence Advantage Choice Plus (PPO)	Essence Advantage Premier Plus (PPO)
\$0 Monthly premium	\$0 Monthly premium	\$49 Monthly premium	\$257 Monthly premium

Benefits				
Preloaded Flexible Benefits Card 	\$2,000 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services, plus medical copays \$40 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.	\$850 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services The Flex Card can be used with both in- and out-of-network providers.	\$2,500 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services \$40 Quarterly allowance for OTC items The Flex Card can be used with both in- and out-of-network providers.	Not covered
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 	Preventive and comprehensive services via Flex Card 	Medicare-covered services only
Vision	\$0 Copay for routine eye exam \$200 Allowance for routine eyewear (frames, lenses and contact lenses) every calendar year 	\$0 Copay for routine eye exam (INN & OON) \$200 Allowance for routine eyewear (frames, lenses and contact lenses) every calendar year (INN & OON combined) 	\$0 Copay for routine eye exam (INN & OON) \$200 Allowance for routine eyewear (frames, lenses and contact lenses) every calendar year (INN & OON combined) 	Medicare-covered services only
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) 	\$20 Copay for routine hearing exam (INN & OON) \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON) \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) (INN & OON) 	\$20 Copay for routine hearing exam (INN & OON) \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON) \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) (INN & OON) 	\$0 Copay for routine hearing exam (INN & OON) \$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) (INN & OON) \$0 Copay for hearing aid fitting/evaluation (covered once every 2 calendar years) (INN & OON)
Fitness/Gym Membership	SilverSneakers® included at no additional cost	SilverSneakers® included at no additional cost	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	Not covered	Oura Ring wearable device, Oura App and Oura Membership at no additional cost	Not covered

★★★★★ 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.