



First Look:

2026 Plan Benefit Highlights

ESSENCE ADVANTAGE SELECT® (HMO)—H2610-016
ESSENCE ADVANTAGE® CHOICE (PPO)—H6200-001

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 Missouri counties of Boone and Callaway

 = Flex Card eligible	Essence Advantage Select (HMO)*	Essence Advantage Choice (PPO)*
INN = in-network OON = out-of-network	\$0 Monthly premium	\$0 Monthly premium
Plan Benefits		
Annual Medical Deductible	\$0 Per calendar year	\$0 Per calendar year
Preventive Care/ Screenings	\$0 Copay	\$0 Copay (INN & OON)
Primary Care Physician Visits	\$0 Copay	\$0 Copay (INN) 40% Coinsurance (OON)
Specialist Doctor Visits	\$30 Copay	\$40 Copay (INN) 40% Coinsurance (OON)
Lab Services	\$0 Copay	\$0 Copay (INN) 40% Coinsurance (OON)
Inpatient Hospital Coverage	Days 1–7: \$240 Copay/day Day 8 & beyond: \$0 Copay/day	Days 1–7: \$330 Copay/day (INN) 40% Coinsurance (OON) Day 8 & beyond: \$0 Copay/day (INN) 40% Coinsurance (OON)
Outpatient Surgery at Ambulatory Surgical Center	\$175 Copay	\$295 Copay (INN) 40% Coinsurance (OON)
Maximum Out-of-Pocket Limit	\$3,900 Per calendar year	\$5,400 (INN) \$7,400 (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
Tier 2 (Generic)	\$3/\$12/\$6	\$5/\$12/\$10
Tier 3 (Preferred Brand)	\$45/\$47/\$90	\$47/\$47/\$94
Tier 4 (Non-Preferred Brand)	\$75/\$100/\$150	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








INN = in-network
OON = out-of-network

Essence Advantage Select (HMO)

\$0 Monthly premium

Essence Advantage Choice (PPO)

\$0 Monthly premium

Benefits		
Preloaded Flexible Benefits Card 	\$2,900 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 INN and OON providers.	\$1,840 Shared annual allowance for non-Medicare-covered dental, vision and hearing items and services The Flex Card can be used with both INN and OON 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 	\$0 Copay for routine eye exam (INN & OON) \$200 Allowance for routine eyewear (frames, lenses and contact lenses) every calendar year (INN & OON 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) 	\$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) 
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.