SOUTHWEST MISSOURI
AND NORTHWEST ARKANSAS

ESSENCE HEALTHCARE®

First Look:

2026 Plan Benefit Highlights

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

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 Barry, Christian, Dallas, Greene, Lawrence, Polk, Stone, Taney and Webster, and the Arkansas counties of Benton, Carroll, Madison and Washington

= 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

★★★★½ 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.