



MID-MISSOURI

2026 Medicare Advantage Plan Information

Our service area: the Missouri counties of Boone and Callaway

 = Flex Card eligible

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

Essence Advantage Select (HMO)* \$0 Monthly premium	Essence Advantage Choice (PPO)* \$0 Monthly premium
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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.
Ask for a plan’s 2026 Information Kit if you’d like to see a full explanation of copayments or coinsurance.

 = Flex Card eligible		Essence Advantage Select (HMO)	Essence Advantage Choice (PPO)
INN = in-network OON = out-of-network		\$0 Monthly premium	\$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 or contact lenses) every calendar year 	\$0 Copay for routine eye exam (INN & OON) \$200 Allowance for routine eyewear (frames, lenses or 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	

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call Essence Healthcare at **1-855-940-0053** (TTY 711).

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.