CENTRAL ARKANSAS

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.
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 (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 or contact lenses) every calendar year	In- & out-of-network: **$0** copay for routine eye exam **$300** Allowance for routine eyewear (frames, lenses or 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

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call Essence Healthcare at **1-844-693-7174** (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.