



2027 Medicare Advantage Plan Information

All plans include the Illinois counties of Cook, DuPage, and Will
HMO plan also includes the Illinois counties of Kane and Kendall

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call Essence Healthcare at **1-855-418-5074** (TTY 711).

= Flex Card eligible INN = in-network OON = out-of-network	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)** \$267 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: \$195 copay/day Day 8 & beyond: \$0 copay/day	Days 1–7: \$370 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: \$350 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: \$300 copay/day, (INN & OON) Days 8–90: \$0 copay/day, (INN & OON) Day 91 and beyond: \$0 copay/day, (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	\$2,900 Per calendar year	\$4,450 Per calendar year (INN) \$6,450 Per calendar year (INN & OON combined)	\$6,700 Per calendar year (INN) \$10,000 Per calendar year (INN & OON combined)	\$2,900 Per calendar year (INN & OON combined)
Prescription Drugs – Preferred Retail (30-day)/Preferred Retail (90-day)/Mail Order (90-day)				
Tier 1 (Preferred Generic)	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0
Tier 2 (Generic)	\$3/\$9/\$6	\$5/\$15/\$10	\$5/\$15/\$10	\$5/\$15/\$10
Tier 3 (Preferred Brand)	\$45/\$135/\$90	25%/25%/25%	25%/25%/25%	25%/25%/25%
Tier 4 (Non-Preferred Drug)	\$95/\$285/\$190	28%/28%/28%	25%/25%/25%	26%/26%/26%
Tier 5 [†] (Specialty Drug)	30%/NA/NA	25%/NA/NA	25%/NA/NA	25%/NA/NA
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,400, you pay \$0 for all covered Part D drugs. Cost-sharing may change depending on the pharmacy you choose.			

*\$300 Deductible for tiers 4 and 5 (applies once regardless of pharmacy type). **\$700 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 2027 Information Kit if you’d like to see a full explanation of copayments or coinsurance.

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Benefits				
Preloaded Flexible Benefits Card 	\$2,500 Shared annual allowance for non-Medicare-covered dental, vision, and hearing items and services \$20 Quarterly allowance for OTC items The Flex Card can be used with both in- and out-of-network providers.	\$650 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.	\$1,900 Shared annual allowance for non-Medicare-covered dental, vision, and hearing items and services \$20 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, or contact lenses) every calendar year 	\$0 Copay for routine eye exam (INN & OON) \$175 Allowance for routine eyewear (frames, lenses, or contact lenses) every calendar year (INN & OON combined) 	\$0 Copay for routine eye exam (INN & OON) \$175 Allowance for routine eyewear (frames, lenses, or 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

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.