



# 2024 Medicare Advantage Plan Information

**Our service area:** the Missouri counties of Barry, Christian, Greene, Lawrence, Stone, Taney and Webster

## Essence Advantage (HMO)

**\$0** Monthly premium

## Essence Advantage Choice (PPO)

**\$0** Monthly premium

Plan Benefits		
<b>Deductibles</b>	This plan doesn't have a deductible.	This plan doesn't have a deductible.
<b>Preventive Care/ Screenings</b>	\$0 Copay	\$0 Copay
<b>Primary Care Visits</b>	\$0 Copay	In-network: \$0 copay Out-of-network: \$15 copay
<b>Specialist Visits</b>	\$20 Copay	In- and out-of-network: \$30 copay
<b>Lab Services</b>	\$5 Copay	In-network: \$5 copay Out-of-network: 40% coinsurance
<b>Inpatient Hospital Coverage</b>	\$275 Days 1-5 \$0 Days 6 and beyond	In-network & out-of-network: \$275 days 1-5 \$0 days 6 and beyond
<b>Maximum Out-of- Pocket Limit</b>	\$2,850 Per calendar year	In-network: \$2,850 per calendar year Combined in- and out-of-network: \$4,850 per calendar year
Prescription Drugs – Preferred Retail (30-day)/Standard Retail (30-day)/Mail Order (90-day)		
<b>Tier 1</b> <i>(Preferred Generic)</i>	\$0/\$5/\$0	\$0/\$4/\$0
<b>Tier 2</b> <i>(Generic)</i>	\$5/\$10/\$12.50	\$0/\$12/\$0
<b>Tier 3</b> <i>(Preferred Brand)</i>	\$42/\$47/\$105	\$45/\$47/\$112.50
<b>Tier 4</b> <i>(Non-Preferred Brand)</i>	\$95/\$100/\$237.50	\$95/\$100/\$237.50
<b>Tier 5</b> <i>(Specialty Drug)</i>	33%/33%/Not offered	33%/33%/Not offered
<b>Tier 6</b> <i>(Insulins)</i>	\$0/\$0/\$0	Tier 6 not offered. Insulins covered under tiers 1-5.
<b>Coverage Gap &amp; Catastrophic Coverage</b>	Essence has eliminated copays on tier 1 and tier 2 drugs during the gap (preferred pharmacies). And if you hit the catastrophic phase, you won't pay anything for covered drugs.	

See reverse for additional details. Ask for a plan's 2024 Information Kit if you'd like to see a full explanation of copayments or coinsurance.

**Essence Advantage (HMO)****\$0** Monthly premium**Essence Advantage Choice (PPO)****\$0** Monthly premium

<b>Extra Benefits</b>		
<b>Dental</b>	<p>\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more</p> <p>\$1,000 Annual allowance for comprehensive dental, such as fillings, extractions, endodontics, implants, dentures and more. Allowance applies to combined comprehensive and preventive services.</p>	<p>\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more</p> <p>\$5,000 Annual allowance for comprehensive dental, such as fillings, extractions, endodontics, implants, dentures and more. Allowance applies to combined comprehensive and preventive services.</p> <p>In- or out-of-network providers</p>
<b>Vision</b>	<p>\$0 Copay for routine eye exam</p> <p>\$0 Copay for eyewear (eyeglass frames and lenses or contact lenses)</p> <p>\$200 Allowance for frames or contacts every calendar year</p>	<p>\$0 Copay for routine eye exam</p> <p>\$0 Copay for eyewear (eyeglass frames and lenses or contact lenses)</p> <p>\$300 Allowance for frames or contacts every calendar year</p> <p>In- or out-of-network providers</p>
<b>Hearing</b>	<p>\$1,000 Allowance for up to 2 hearing aids every 2 calendar years (both ears combined)</p> <p>\$0 Copay for one fitting/evaluation for hearing aids every 2 calendar years</p> <p>\$20 Copay for routine hearing exam</p>	<p>\$1,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined)</p> <p>\$0 Copay for hearing aid fitting/evaluation once every 2 calendar years</p> <p>\$20 Copay for routine hearing exam</p> <p>In- or out-of-network providers</p>
<b>Flex Card*</b>	<p>\$440 Shared allowance for OTC items, dental, vision and hearing</p> <p>Applied quarterly in \$110 increments<sup>†</sup></p> <p>In- or out-of-network providers</p>	<p>\$580 Shared allowance for OTC items, dental, vision and hearing</p> <p>Applied quarterly in \$145 increments<sup>†</sup></p> <p>In- or out-of-network providers</p>
<b>Fitness</b>	SilverSneakers® included at no additional cost	SilverSneakers® included at no additional cost
<b>Transportation</b>	No coverage	No coverage

**Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call Essence Healthcare at 1-855-954-0694 (TTY 711).**

\*For use on certain non-Medicare-covered items and services in the categories of dental, vision, hearing and OTC. The Flexible Benefits Card isn't a credit card, can't be converted to cash and can't be used to help pay for plan premiums or for non-covered Flex Card services. <sup>†</sup>Unused funds roll over from quarter to quarter but expire at the end of the year. 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. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/seven days a week, or your local State Health Insurance Program to get information on all of your options.