



2024 Medicare Advantage Plan Information

Our service area: the Kentucky counties of Anderson, Bourbon, Bullitt, Carroll, Clark, Fayette, Harrison, Henry, Jefferson, Larue, Meade, Mercer, Nelson, Oldham, Owen, Robertson, Shelby, Spencer, Trimble, Washington and Woodford, and the Indiana counties of Clark, Crawford, Floyd, Harrison, Jefferson, Ripley, Scott, Switzerland and Washington

Essence Advantage (HMO) \$0 Monthly premium	Essence Advantage Choice (PPO) \$0 Monthly premium
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Plan Benefits		
Deductibles	This plan doesn't have a deductible.	This plan doesn't have a deductible.
Preventive Care/ Screenings	\$0 Copay	\$0 Copay
Primary Care Visits	\$0 Copay	In-network: \$0 copay Out-of-network: \$15 copay
Specialist Visits	\$35 Copay	In- and out-of-network: \$30 copay
Lab Services	\$5 Copay	In-network: \$5 copay Out-of-network: 40% coinsurance
Inpatient Hospital Coverage	\$295 Days 1-5 \$0 Days 6 and beyond	In-network & out-of-network: \$315 days 1-5 \$0 days 6 and beyond
Maximum Out-of-Pocket Limit	\$3,350 Per calendar year	In-network: \$3,850 per calendar year Combined in- and out-of-network: \$5,750 per calendar year

Prescription Drugs – Preferred Retail (30-day)/Standard Retail (30-day)/Mail Order (90-day)		
Tier 1 <i>(Preferred Generic)</i>	\$0/\$5/\$0	\$0/\$4/\$0
Tier 2 <i>(Generic)</i>	\$0/\$10/\$0	\$0/\$12/\$0
Tier 3 <i>(Preferred Brand)</i>	\$40/\$47/\$100	\$45/\$47/\$112.50
Tier 4 <i>(Non-Preferred Brand)</i>	\$95/\$100/\$237.50	\$95/\$100/\$237.50
Tier 5 <i>(Specialty Drug)</i>	33%/33%/Not offered	33%/33%/Not offered
Coverage Gap & Catastrophic Coverage	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

Extra Benefits		
Dental	<p>\$0 Copay for preventive dental, such as cleanings, exams, X-rays and more</p> <p>\$7,000 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>\$7,000 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>
Vision	<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>\$200 Allowance for frames or contacts every calendar year</p> <p>In- or out-of-network providers</p>
Hearing	<p>\$2,000 Allowance for up to 2 hearing aids every calendar year (both ears combined)</p> <p>\$0 Copay for one fitting/evaluation for hearing aids every calendar year</p> <p>\$20 Copay for routine hearing exam</p>	<p>\$1,000 Allowance for up to 2 hearing aids (all types) every calendar year (both ears combined)</p> <p>\$0 Copay for hearing aid fitting/evaluation once every calendar year</p> <p>\$20 Copay for routine hearing exam</p> <p>In- or out-of-network providers</p>
Flex Card*	<p>\$540 Shared allowance for OTC items, dental, vision and hearing</p> <p>Applied quarterly in \$135 increments[†]</p> <p>In- or out-of-network providers</p>	<p>\$572 Shared allowance for OTC items, dental, vision and hearing</p> <p>Applied quarterly in \$143 increments[†]</p> <p>In- or out-of-network providers</p>
Fitness	<p>SilverSneakers® included at no additional cost</p>	<p>SilverSneakers® included at no additional cost</p>
Transportation	<p>\$0 Copay</p> <p>24 One-way trips to plan-approved locations per calendar year</p>	<p>\$0 Copay</p> <p>24 One-way trips to plan-approved locations per calendar year</p>

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call Essence Healthcare at 1-855-771-2239 (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. [†]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.