



2024 Medicare Advantage Plan Information

Our service area: St. Louis City, the Missouri counties of Crawford, Franklin, Gasconade, Jefferson, Lincoln, Montgomery, St. Charles, St. Louis, Warren and Washington, and the Illinois counties of Bond, Clinton, Jersey, Macoupin, Madison, Monroe and St. Clair

	Essence Advantage Select (HMO) \$0 Monthly premium	Essence Advantage (HMO) \$0 Monthly premium	Essence Advantage Plus (HMO) \$53.80 Monthly premium	Essence Advantage Choice (PPO) \$0 Monthly premium	Essence Advantage Choice Plus (PPO) \$22.20 Monthly premium
Plan Benefits					
Deductibles	This plan doesn't have a deductible.	This plan doesn't have a deductible.	This plan doesn't have a deductible.	This plan doesn't have a deductible.	This plan doesn't have a deductible.
Preventive Care/ Screenings	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Visits	\$0 Copay	\$0 Copay	\$0 Copay	In-network: \$0 copay Out-of-network: \$15 copay	In-network: \$0 copay Out-of-network: \$15 copay
Specialist Visits	\$25 Copay	\$20 Copay	\$30 Copay	In-network & out-of-network: \$30 copay	In-network & out-of-network: \$25 copay
Lab Services	\$0 Copay	\$0 Copay	\$0 Copay	In-network: \$0 copay Out-of-network: 40% coinsurance	In-network: \$0 copay Out-of-network: 40% coinsurance
Inpatient Hospital Coverage	\$250 Days 1-5 \$0 Days 6 and beyond	\$230 Days 1-5 \$0 Days 6 and beyond	\$195 Days 1-6 \$0 Days 7 and beyond	In-network & out-of-network: \$290 days 1-5 \$0 days 6 and beyond	In-network & out-of-network: \$275 days 1-5 \$0 days 6 and beyond
Maximum Out-of-Pocket Limit	\$2,800 Per calendar year	\$2,300 Per calendar year	\$1,900 Per calendar year	In-network: \$3,400 per calendar year Combined in- and out-of-network: \$5,400 per calendar year	In-network: \$3,000 per calendar year Combined in- and out-of-network: \$5,000 per calendar year
Prescription Drugs – Preferred Retail (30-day)/Standard Retail (30-day)/Mail Order (90-day)					
Tier 1 <i>(Preferred Generic)</i>	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$4/\$0	\$0/\$4/\$0
Tier 2 <i>(Generic)</i>	\$0/\$12/\$0	\$0/\$12/\$0	\$0/\$12/\$0	\$0/\$12/\$0	\$0/\$12/\$0
Tier 3 <i>(Preferred Brand)</i>	\$39/\$47/\$97.50	\$39/\$47/\$97.50	\$34/\$42/\$85	\$45/\$47/\$112.50	\$45/\$47/\$112.50
Tier 4 <i>(Non-Preferred Brand)</i>	\$75/\$100/\$187.50	\$75/\$100/\$187.50	\$65/\$80/\$162.50	\$95/\$100/\$237.50	\$95/\$100/\$237.50
Tier 5 <i>(Specialty Drug)</i>	33%/33%/Not offered	33%/33%/Not offered	33%/33%/Not offered	33%/33%/Not offered	33%/33%/Not offered
Tier 6 <i>(Insulins)</i>	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0	Tier 6 not offered. Insulins covered under tiers 1-5.	Tier 6 not offered. Insulins covered under tiers 1-5.
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. For Essence Advantage Plus, copays are also eliminated on tier 6 drugs during the gap.				

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 Select (HMO) \$0 Monthly premium	Essence Advantage (HMO) \$0 Monthly premium	Essence Advantage Plus (HMO) \$53.80 Monthly premium	Essence Advantage Choice (PPO) \$0 Monthly premium	Essence Advantage Choice Plus (PPO) \$22.20 Monthly premium
Extra Benefits					
Dental	Preventive and enhanced preventive dental services: \$0 copay Preventive services include: cleanings, x-rays, fluoride treatments, etc. Plan-covered comprehensive services: \$0 copay Yearly maximum benefit for combined preventive and comprehensive services: \$4,000 Comprehensive services include: fillings, dentures, implants, etc.	Preventive dental services: \$0 copay Preventive services include: cleanings, x-rays, fluoride treatments, etc.	Preventive dental services: \$0 copay Preventive services include: cleanings, x-rays, fluoride treatments, etc.	Preventive dental services: \$0 copay Preventive services include: cleanings, x-rays, fluoride treatments, etc. Plan-covered comprehensive services: \$0 copay Yearly maximum benefit for combined preventive and comprehensive services: \$5,000 Comprehensive services include: fillings, dentures, implants, etc.	Preventive dental services: \$0 copay Preventive services include: cleanings, x-rays, fluoride treatments, etc. Plan-covered comprehensive services: \$0 copay Yearly maximum benefit for combined preventive and comprehensive services: \$7,000 Comprehensive services include: fillings, dentures, implants, etc.
Vision	\$0 Copay for routine eye exam \$0 Copay for eyewear (eyeglass frames and lenses or contact lenses) \$200 Allowance for frames or contacts every calendar year	\$0 Copay for routine eye exam \$0 Copay for eyewear (eyeglass frames and lenses or contact lenses) \$200 Allowance for frames or contacts every calendar year	\$0 Copay for routine eye exam \$0 Copay for eyewear (eyeglass frames and lenses or contact lenses) \$200 Allowance for frames or contacts every calendar year	\$0 Copay for routine eye exam \$0 Copay for eyewear (eyeglass frames and lenses or contact lenses) \$200 Allowance for frames or contacts every calendar year In- or out-of-network providers	\$0 Copay for routine eye exam \$0 Copay for eyewear (eyeglass frames and lenses or contact lenses) \$200 Allowance for frames or contacts every calendar year In- or out-of-network providers
Hearing	\$1,000 Allowance for up to 2 hearing aids every 2 calendar years (both ears combined) \$0 Copay for one fitting/evaluation for hearing aids every 2 calendar years \$20 Copay for routine hearing exam	\$1,000 Allowance for up to 2 hearing aids every 2 calendar years (both ears combined) \$0 Copay for one fitting/evaluation for hearing aids every 2 calendar years \$20 Copay for routine hearing exam	\$1,000 Allowance for up to 2 hearing aids every 2 calendar years (both ears combined) \$0 Copay for one fitting/evaluation for hearing aids every 2 calendar years \$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 every 2 calendar years \$20 Copay for routine hearing exam In- or out-of-network providers	\$2,000 Allowance for up to 2 hearing aids (all types) every 2 calendar years (both ears combined) \$0 Copay for hearing aid fitting/evaluation every 2 calendar years \$20 Copay for routine hearing exam In- or out-of-network providers
Flex Card*	\$640 Shared allowance for OTC items, dental, vision and hearing Applied quarterly in \$160 increments [†] In- or out-of-network providers	\$440 Shared allowance for OTC items, dental, vision and hearing Applied quarterly in \$110 increments [†] + \$50 OTC per quarter for members with diabetes [‡] In- or out-of-network providers	\$400 Shared allowance for OTC items, dental, vision and hearing Applied quarterly in \$100 increments [†] + \$50 OTC per quarter for members with diabetes [‡] In- or out-of-network providers	\$608 Shared allowance for OTC items, dental, vision and hearing Applied quarterly in \$152 increments [†] In- or out-of-network providers	\$1,500 Shared allowance for OTC items, dental, vision and hearing Applied quarterly in \$375 increments [†] In- or out-of-network providers
Fitness	SilverSneakers® included at no additional cost	SilverSneakers® included at no additional cost	SilverSneakers® included at no additional cost	SilverSneakers® included at no additional cost	SilverSneakers® included at no additional cost
Transportation	\$0 Copay 24 One-way trips to plan-approved locations per calendar year	\$0 Copay 24 One-way trips to plan-approved locations per calendar year	\$0 Copay 24 One-way trips to plan-approved locations per calendar year	\$0 Copay 24 One-way trips to plan-approved locations per calendar year	\$0 Copay 24 One-way trips to plan-approved locations per calendar year

Get help finding the right plan for you. Simply ask your licensed sales agent for more information or call Essence Healthcare at 1-866-488-0243 (TTY 711).

*For use on certain non-Medicare-covered items and services in the categories of dental, vision, hearing and OTC. [†]Unused funds roll over from quarter to quarter but expire at the end of the year. [‡]Special supplemental program for the chronically ill. Not all members qualify. Extra diabetes-related OTC funds won't roll over from quarter to quarter. 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. 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.