

Choosing Your Medicare Advantage Plan



GETTING STARTED

Turning 65 is a major milestone, and so is getting Medicare. Wherever you are in your Medicare journey, there are some important facts you need to know:



- Some people are enrolled automatically, while others need to sign up.
- You can sign up for Medicare or change your coverage during certain times of the year.
- You can choose how you receive your Medicare coverage.
- When you are first eligible, you should sign up to receive Medicare Part B to avoid any penalties.
- You may be eligible to receive help with your Medicare costs.

The Four Parts of Medicare

1. **Part A:** Provides inpatient/hospital coverage
2. **Part B:** Provides outpatient/medical coverage
3. **Part C:** Offers an alternate way to receive Medicare benefits and includes Part A and Part B coverage
4. **Part D:** Provides prescription drug coverage

Once you have turned 65 and signed up, you will have Original Medicare unless you choose to receive your benefits from a Medicare Advantage plan (also called Part C), such as eternalHealth. If you do choose to enroll in a Medicare Advantage plan, you are still responsible for your Original Medicare premiums.

It is important to understand your benefits and your Medicare coverage. You have choices.



WHEN CAN I SIGN UP?



Initial Enrollment Period

You may sign up for Medicare when you first become eligible. You become eligible if you are over 65, or within 7 months of your 65th birthday (3 months prior and 3 months post). People younger than 65 with disabilities and people with End Stage Renal Disease may also be eligible for Medicare.

Annual Enrollment Period

You may sign up, switch, or drop a plan from October 15th - December 7th each year during AEP. As long as you have successfully enrolled your coverage will begin on January 1st.

Medicare Advantage Open Enrollment Period

If you are already enrolled in a Medicare Advantage plan you can switch to a different plan, or to Original Medicare from January 1st - March 31st each year. You may only switch plans once during this time.



WHY CHOOSE MEDICARE ADVANTAGE?

Your decision on Medicare coverage ultimately affects how much you pay out-of-pocket and the services and the quality of care you receive. Medicare Advantage Plans can offer additional benefits that Original Medicare does not such as vision, hearing, and dental coverage. Medicare Advantage plans are an "all in one" alternative.

ORIGINAL MEDICARE

- ☒ PART A
- ☒ PART B

You may add:

- ☐ PART D
- ☐ SUPPLEMENTAL BENEFITS

MEDICARE ADVANTAGE

- ☒ PART A
- ☒ PART B

Typically Include:

- ☒ PART D
- ☒ SUPPLEMENTAL BENEFITS



WHAT ARE THE COSTS ASSOCIATED WITH MEDICARE ADVANTAGE PLANS?



Costs include:

- Monthly premiums
- Part B premium
- Yearly deductibles
- Copays
- Co-Insurance
- Out-of-pocket costs

Each Medicare Advantage plan has different costs associated with their plan. Plans will set amounts they charge for premiums, deductibles, and services prior to each year, and may not be changed until the following year.

If you choose to enroll with a Medicare Advantage plan you may still be responsible for paying the Part B premium with Original Medicare.



WHATS THE DIFFERENCE?

HMO - Health Maintenance Organization

Plans that offer a specific network of physicians, provide integrated care, and often focus on prevention and wellness. Most HMOs require referrals from your primary care physician to ensure your care is coordinated.

PPO - Preferred Provider Organization

Plans that offer a specific network of physicians, but also give you the freedom to use out-of-network providers without referrals, usually at a higher cost.

PFFS - Private Fee-for-Service Plans

Plans that are offered by private health insurance companies.

SNP - Special Needs Plans

Plans that are offered to individuals with certain diseases, healthcare needs, or limited incomes.

MSA - Medical Savings Account Plans

A high deductible health plan that is paid for with a medical savings account.

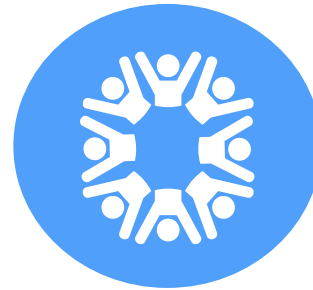


ABOUT eternalHealth

As a women-owned, run, and built Massachusetts based Medicare Advantage health plan, we take pride in serving the residents of our communities and are committed to being a catalyst for change in our home state.

DIVERSE FOUNDATION

eternalHealth's commitment to female leadership and diversity at all levels, reflects the communities we serve and allows us to better support and identify the needs of our members, increase engagement, and improve outcomes.



MEMBER CENTRIC

At eternalHealth, we tell our members that we want to be their forever partner in healthcare, and that is because we are committed to being a new kind of plan that gives our members the tools they need to feel in control of their care.



FLEXIBLE PRODUCTS OFFERINGS

We understand that the needs of all residents in our communities will be different. Therefore, we developed a product portfolio that gives Massachusetts beneficiaries flexibility and choice when deciding which plan is the best fit for them.



A NEW KIND OF HEALTH PLAN



MISSION & VISION STATEMENT

MISSION STATEMENT

eternalHealth strives to provide sustainable, high-quality, and affordable care to all our members. By working closely with all the stakeholders across the care continuum and embracing the right technology platform, eternalHealth will be able to optimize our internal processes, to then pass down saving to our members through robust benefits and reduced out-of-pocket costs. At the end of the day, eternalHealth will operate with trust, transparency, and integrity to ensure that we are always working in the best interest of the member and prioritizing their care and needs.

VISION STATEMENT

eternalHealth is actively targeting the waste in the healthcare system, to be able to showcase the quality of care we can collectively deliver when all stakeholders of the care continuum are aligned and working in the best interest of the member. We firmly believe that when optimized, there is enough money within the healthcare system to insure the uninsured and underinsured populations. By establishing a new, higher standard of care, eternalHealth will not only continue to work in the best interest of our members but will be a catalyst of change within the healthcare industry, pushing other insurers to offer higher-quality care with out-of-pocket costs that Americans can afford. By nature, eternalHealth deals with vulnerable populations, and it is continuously important to act as an advocate and work with all Americans to make care accessible, affordable, and comprehensive.

YOUR FOREVER PARTNER IN HEALTHCARE



PROUD PARTNERSHIP

Our mission is simple: Deliver high quality, affordable care so that together we can make care accessible for all our fellow Massachusetts residents.

Trust
Transparency
Integrity
Dependable
Advocate
Innovative
Accessible

Pooja Ika

eternalHealth
CEO & Founder

"Big Papi"
David Ortiz

eternalHealth Spokesperson



eternalHealth is proud to be working with one of Boston's most beloved heroes and believe by coming together we can give back to the state that has given us both so much. We believe in operating with integrity in everything that we do and there is no better person who exemplifies that than David Ortiz.

WHY eternalHealth?

Healthcare can be complicated, but it doesn't need to be. We will be here for you from the very beginning, and every step of the way. Our Medicare Advantage plans provide all the coverage you would receive from Original Medicare along with a robust prescription drug plan, and benefits built around your needs.



Your Forever Partner in Healthcare.

No jargons, no complicated enrollment, and no surprises. All benefits and costs are shared with you upfront and our easy to use member portal is built for you without any flashy or confusing technology.

eternalHealth Forever

\$0 Health Maintenance Organization

Monthly Premium	\$0 Premium.
Maximum Out-of-Pocket Responsibility	\$6,500.
Primary Care Physician	\$0 Copay.
Specialist	\$40 Copay.
Ambulance Services	\$325.
Preventative Care	\$0 Copay.
Inpatient Hospital / Psychology	\$325 Copay (Days 1-5); \$0 Copay (Days 6-90)
Outpatient Hospital Services	\$0-\$325 Copay per visit.
Pharmacy (Part D) Deductible	Generic Drugs (Tier 1 and Tier 2) \$0 Deductible. Brand Drugs & Specialty Drugs (Tier 3, Tier 4, and Tier 5) \$185 Deductible.
Key Extra Benefits	Robust Hearing, Vision, and Dental Benefits. Personal Emergency Response System. Health Education Resources. \$15 Monthly Fitness Reimbursement. \$50 Quarterly Over-the-Counter Benefits.

*This information is not a complete description of benefits. Call 1-800-680-4568 (TTY 711) for more information.

Key Product Highlights

- \$0 primary care visit.
- Competitive \$40 specialist visit copay.
- \$0 deductible for Tier 1 and 2 drugs.
- Competitive \$185 deductible for Tier 3-5 drugs.

For More Information
Call or Visit:



1 (800) 840-5431 (TTY 711)



www.eternalHealth.com

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eternalHealth ForeverMore

\$120 Health Maintenance Organization

Monthly Premium	\$120 Premium.
Maximum Out-of-Pocket Responsibility	\$3,900.
Primary Care Physician	\$0 Copay.
Specialist	\$10 Copay.
Ambulance Services	\$200.
Preventative Care	\$0 Copay.
Inpatient Hospital	\$350 (No copay per day).
Inpatient Psychology	\$350 Copay for Medicare covered stay; No copayment per day
Outpatient Hospital Services	\$0-\$150 Copay per visit.
Pharmacy (Part D) Deductible	Generic Drugs (Tier 1 and Tier 2) \$0 Deductible. Brand Drugs & Specialty Drugs (Tier 3, Tier 4, and Tier 5) \$185 Deductible.
Key Extra Benefits	Robust Hearing, Vision, and Dental Benefits. Personal Emergency Response System. Health Education Resources. \$15 Monthly Fitness Reimbursement. \$50 Quarterly Over-the-Counter Benefits.

*This information is not a complete description of benefits. Call 1-800-680-4568 (TTY 711) for more information.

Key Product Highlights

- \$0 primary care visit.
- Competitive \$10 specialist visit copay.
- \$0 deductible for Tiers 1 and 2 drugs.
- \$185 deductible for tiers 3-5.



eternalHealth Freedom

\$0 Preferred Provider Organization

	In-Network	Out-of-Network
Monthly Premium	\$0 Premium.	\$0 Premium.
Maximum Out-of-Pocket Responsibility	\$6,700.	\$7,500 Combined.
Primary Care Physician	\$0 Copay.	\$20 Copay.
Specialist	\$40 Copay.	30% Coinsurance.
Ambulance Services	\$275.	\$275.
Preventative Care	\$0 Copay.	30% Coinsurance.
Inpatient Hospital	\$385 Copay (Days 1-5); \$0 Copay (Days 6-90)	30% Coinsurance
Inpatient Psychology	\$370 Copay (Days 1-5); \$0 Copay (Days 6-90)	30% Coinsurance.
Outpatient Hospital Services	\$0-\$350 Copay per visit.	30% Coinsurance.
Pharmacy (Part D) Deductible	Generic Drugs (Tier 1 and Tier 2) \$0 Deductible. Brand Drugs & Specialty Drugs (Tier 3, Tier 4, and Tier 5) \$185 Deductible.	Generic Drugs (Tier 1 and Tier 2) \$0 Deductible. Brand Drugs & Specialty Drugs (Tier 3, Tier 4, and Tier 5) \$185 Deductible.
Key Extra Benefits	Robust Hearing, Vision, and Dental Benefits. Personal Emergency Response System. Health Education Resources. \$15 Monthly Fitness Reimbursement. \$50 Quarterly Over-the-Counter Benefits.	Robust Hearing, Vision, and Dental Benefits. Personal Emergency Response System. Health Education Resources. \$15 Monthly Fitness Reimbursement. \$50 Quarterly Over-the-Counter Benefits.

*This information is not a complete description of benefits. Call 1-800-680-4568 (TTY 711) for more information.

Key Product Highlights

- \$0 primary care visits (In-Network).
- Competitive \$40 Specialist visit copay.
- \$7,500 Maximum Out of Pocket (Combined).
- Inpatient Hospital: \$385 Copay per day 1-5.
- \$0 Deductible for Tiers 1-2.
- \$185 deductible for Tier 3-5 .

Prescription Drug Coverage

Pharmacy (Part D) Deductible:

- **Generic Drugs (Tier 1 and Tier 2)**
\$0 deductible
- **Brand Drugs & Specialty Drugs (Tier 3, Tier 4, and Tier 5)**
\$185 deductible

Initial Coverage

You stay in the Initial Coverage Stage until the total amount for the prescription drugs you have filled and refilled reaches the **\$4,430 limit for the Initial Coverage Stage**.

	Retail*	Mail Order*
Tier 1 (Preferred Generic)	30-day supply: \$0 Copay 100-day supply: \$0 Copay	30-day supply: \$0 Copay 100-day supply: \$0 Copay
Tier 2 (Non-preferred Generic)	30-day supply: \$5 Copay 100-day supply: \$15 Copay	30-day supply: \$5 Copay 100-day supply: \$5 Copay
Tier 3 (Preferred Brand)	30-day supply: \$47 Copay 100-day supply: \$141 Copay	30-day supply: \$47 Copay 100-day supply: \$47 Copay
Tier 4 (Non-Preferred Brand)	30-day supply: \$100 Copay 100-day supply: \$300 Copay	30-day supply: \$100 Copay 100-day supply: \$300 Copay
Tier 5 (Specialty Drugs)	30-day supply: 30% Coinsurance 100-day supply: Not covered	30-day supply: 30% Coinsurance 100-day supply: Not covered

Coverage Gap

During the Coverage Gap Stage, you receive a discount on brand name drugs and pay no more than 25% of the costs of generic drugs.

You stay in the Coverage Gap Stage until your out-of-pocket costs reach \$7,050.

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Vision, Hearing, and Dental Benefits

Hearing	Dental	Vision
<p>Medicare Covered Routine Hearing Exams: \$15 Copay per Exam.</p> <p>Routine Fitting Exams: \$0 Copay per Exam.</p> <p>Hearing Aids: Hearing aid cost will be either \$595 or \$895 based upon your selection through Amplifon.</p>	<p>Medicare Covered Dental Services: \$30 Copay.</p> <p>le. Reconstruction of the jaw following accidental injury.</p> <p>Preventative Dental Services: \$0 Copay.</p> <p>To include:</p> <ul style="list-style-type: none"> • Oral Exams (2 per plan year) • Prophylaxis (Cleaning) (2 per plan year) • Dental X-Rays (2 per plan year) <p>Comprehensive Dental Services: 50% Coinsurance.</p> <p>To Include:</p> <ul style="list-style-type: none"> • Diagnostic Services • Restorative Services • Endodontics • Periodontics • Extractions • Prosthodontics • Other Oral/Maxillofacial Surgery 	<p>Medicare Covered Eye Exams: \$15 Copay per exam.</p> <p>Routine Eye Exams: \$0 Copay per exam for any EyeMed provider.</p> <p>Eyewear Benefits: A maximum of \$200 is covered by the plan for eyewear per year through EyeMed providers.</p>

***This information is not a complete description of benefits. Call 1-800-680-4568 (TTY 711) for more information.**



FITNESS REIMBURSEMENT



eternalHealth will offer members a **\$15** monthly fitness reimbursement that can be used towards any gym, fitness class, and includes online fitness apps. Reimbursement can be up to **\$180** annually.

Our goal is to provide our members with the flexibility to take their health and wellness into their own hands, on their schedule.



OVER-THE-COUNTER BENEFIT



eternalHealth will offer members a **\$50** over the counter benefit quarterly. Up to **\$200** dollars annually.

Members will receive an OTC card that they can use to make online or retail purchases of CMS-Compliant OTC products such as cold medications, pain relievers, and first aid supplies.

Members will have access to a catalog through our vendors member portal which will provide information on what items are eligible for reimbursement.



PERSONAL EMERGENCY RESPONSE SYSTEM



If eligible, eternalHealth will cover the full monthly subscription for personal emergency response system (PERS) devices.

At eternalHealth, our goal is to provide our members with tools to ensure their safety. A part of that is making sure our members are prepared in the case of an emergency.



HEALTH EDUCATION RESOURCES



eternalHealth understands that knowledge is power when it comes to our members' health. Therefore, we provide our members with health education resources such as the **My Forever Health Mobile App.**

Features Include

- Proactive Medication Reminders.
- Prescription Refill Alerts.
- Provider Searches.
- Appointment Reminders.
- Blood Pressure, Sugar and Weight Tracking.
- Health information database
- Voice-Enabled



KNOWLEDGE IS POWER

We want our members to be informed and empowered

Medicare Advantage Plans

A type of Medicare health plan that contracts with Medicare to provide you will all your Part A and Part B benefits. eternalHealth's Medicare Advantage plan also includes Part D (your prescription drug plan) as well as additional benefits.

Benefits

The health care items or services covered under your insurance plan.

Copay

A fixed amount that you pay for a covered health service once you've paid your deductible.

Coinsurance

The percent (for example, 20%) you pay of the allowed amount for covered health care services to your providers.

Premium

The monthly amount that you pay for your health insurance plan.

Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you're only responsible for the appropriate co-payment.

In-Network Provider

The providers that are included within the plan's specific network.

Preventative Care

The portion of your care includes screenings, check-ups, and counseling to prevent health problems before they happen.

Coordinated Care

Your different healthcare providers organize your treatment, so you don't have to.



KNOWLEDGE IS POWER

We want our members to be informed and empowered

Part A

Covers inpatient hospital stays, skilled nursing care, hospice care, and limited home health-care services.

Part B

Covers medical services and items when they are medically necessary such as tests, outpatient care, home health services, and durable medical equipment.

Part C

A Medicare Advantage plan, such as eternalHealth that includes the same benefits as Part A and B plus additional coverage.

Part D

Covers prescription drugs.

Over-the-Counter (OTC) Benefit

You can save money on CMS approved items such as pain relievers, cold medications, and first aid supplies.

Maximum Out-of-Pocket (MOOP)

This is the most money you will pay for covered health care in a calendar year, aside from your monthly premium.

Specialist

A physician that focuses on a specific area of medicine, treating certain diseases, health problems, parts of the body, or certain age groups.

Inpatient Hospital

Care that is provided in a hospital or type of inpatient facility and spend at least one night.

Outpatient Hospital

Care that you do not stay in a hospital for.



NOTES

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WE ARE HERE TO HELP



Call to enroll or schedule a one-on-one appointment with one of our licensed agents:

**1 (800) 840-5431 (TTY 711)
October 15th - March 31st
8am-8pm/7 days a week**

Customer Service:

Call eternalHealth at 1 (800) 893-9457. TTY users can call 711.

Oct. 1st - Mar 31st; 8am-8pm/7 days a week. April 1st - September 30th; 8am-8pm/Mon-Fri

Or, call Medicare at 1-800 MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users can call 711.

En español:

Llame a eternalHealth al 1-800-633-4227. Las TTY usuarias pueden llamar 711. 1 de octubre - 31 de marzo; 8:00 a. M. A 8:00 p. M., Los 7 días de la semana. 1 de abril - 30 de septiembre; 8:00 a. M. A 8:00 p. M., Lunes a viernes

O, las usuarias pueden llamara a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle 24 horas al día / 7 días a la semana.



LANGUAGE SERVICES

English

Attention: If you speak English, language services are available free of charge. Call 1-800-891-6989 (TTY: 711).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-891-6989 (TTY: 711).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-891-6989 (TTY: 711)

繁體中文 (Chinese)

注意：如果您会说中文，可免费获得语言协助服务。呼叫 1-800-891-6989 (TTY: 711)

Kreyòl Ayisyen (French Creole/Haitian Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-891-6989 (TTY: 711).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-891-6989 (ATS : 711).

**Your
Forever Partner
In Healthcare.**

Disclaimer

eternalHealth is an HMO plan
with a Medicare contract. Enrollment in
eternalHealth depends on contract renewal.

