eternalHealth™

The Next Generation of Medicare Advantage

Member Benefit Guide

Answers to Your Most Frequently Asked Questions | 2026

Questions? Call Member Services

1-(800) 680-4568 | TTY: 711

Throughout this resource, you'll find clear, easy-to-follow answers to the most commonly asked questions about your eternalHealth benefits, coverage, and the tools available to help you get the most out of your plan. We encourage you to keep this guide handy as a go-to resource throughout the year.

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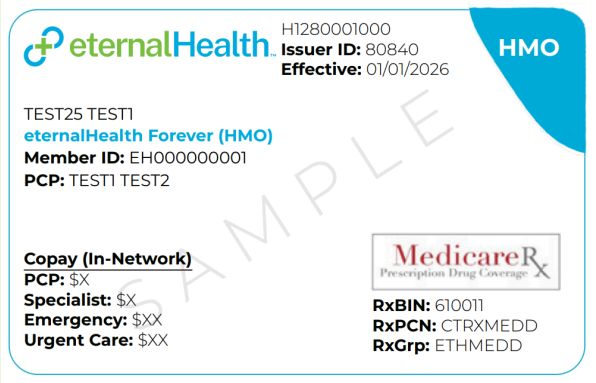
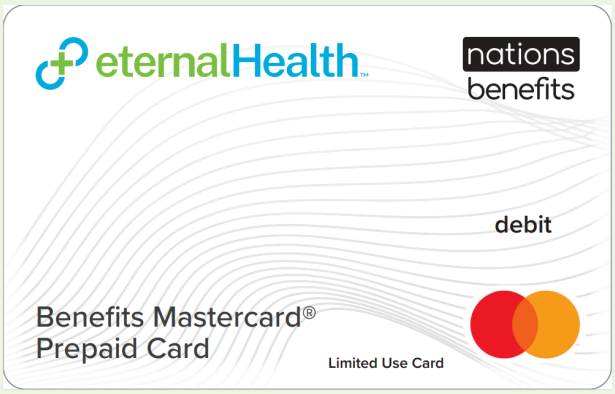
Section 1: Your Member ID & Benefits

1. What is my Member Card and my eternalPlus Benefit Card? How are they different?





Your **eternalHealth Member ID** card is your proof of enrollment in an eternalHealth plan. It is used for all of your medical care — doctor visits, specialist appointments, hospital stays, and prescription drugs.	Your **eternalPlus Benefits Card** is a prepaid Mastercard® debit card issued by NationsBenefits. It is used to access your supplemental benefit allowances, such as OTC items, dental care, healthy groceries*, and fitness expenses.
• Show this card every time you receive a covered service or fill a prescription • It includes your member ID number, plan name, and important contact numbers • Do NOT use your red, white, and blue Medicare card for covered services — use your eternalHealth card instead. Using the wrong card may result in being billed the full cost for the visit • Keep your Medicare card in a safe place	• Loaded with your benefit allowances (quarterly for OTC/healthy groceries*/wallets; annually for dental and Fitness Flex) • Use it in-store at participating pharmacies and grocery stores, online at eternalHealth.NationsBenefits.com, or at the dentist's office. • Cannot be used for cash withdrawals or non-approved items • Spending is restricted to Medicare-approved products and plan-eligible services only

*Lost or damaged your card? Call Member Services at **1-(800) 680-4568 (TTY: 711)** and we'll send you a replacement.*
**For qualified members only.*

Section 2: Enrollment & Card Activation

2. How do I know if I am enrolled and if my cards are active?

To confirm your enrollment status and that your eternalPlus Benefits Card is active, you can:

- Log in to your Member Portal at **member.eternalhealth.com**
- Visit **eternalHealth.NationsBenefits.com** and click "Activate Your Card" on top of the screen. Then, enter your card and member information to finalize the activation process
- Call Member Services at **1-(800) 680-4568 (TTY: 711)**

Once enrolled, you should receive your Member ID card and welcome kit in the mail within the first few weeks of your coverage start date. Your eternalPlus Benefits Card will arrive separately from NationsBenefits.

3. I haven't recevied my eternalHealth, NationsBenefits, or Welcome Kit in the mail yet. When can I expect them?

Your eternalHealth Member ID card, your eternalPlus Benefits Card (issued by NationsBenefits), and your Welcome Kit are mailed separately:

- Member ID card: Typically arrives within 10 business days of your coverage start date
- eternalPlus Benefits Card: Typically arrives within 1-2 weeks of your coverage start date
- Welcome Kit:

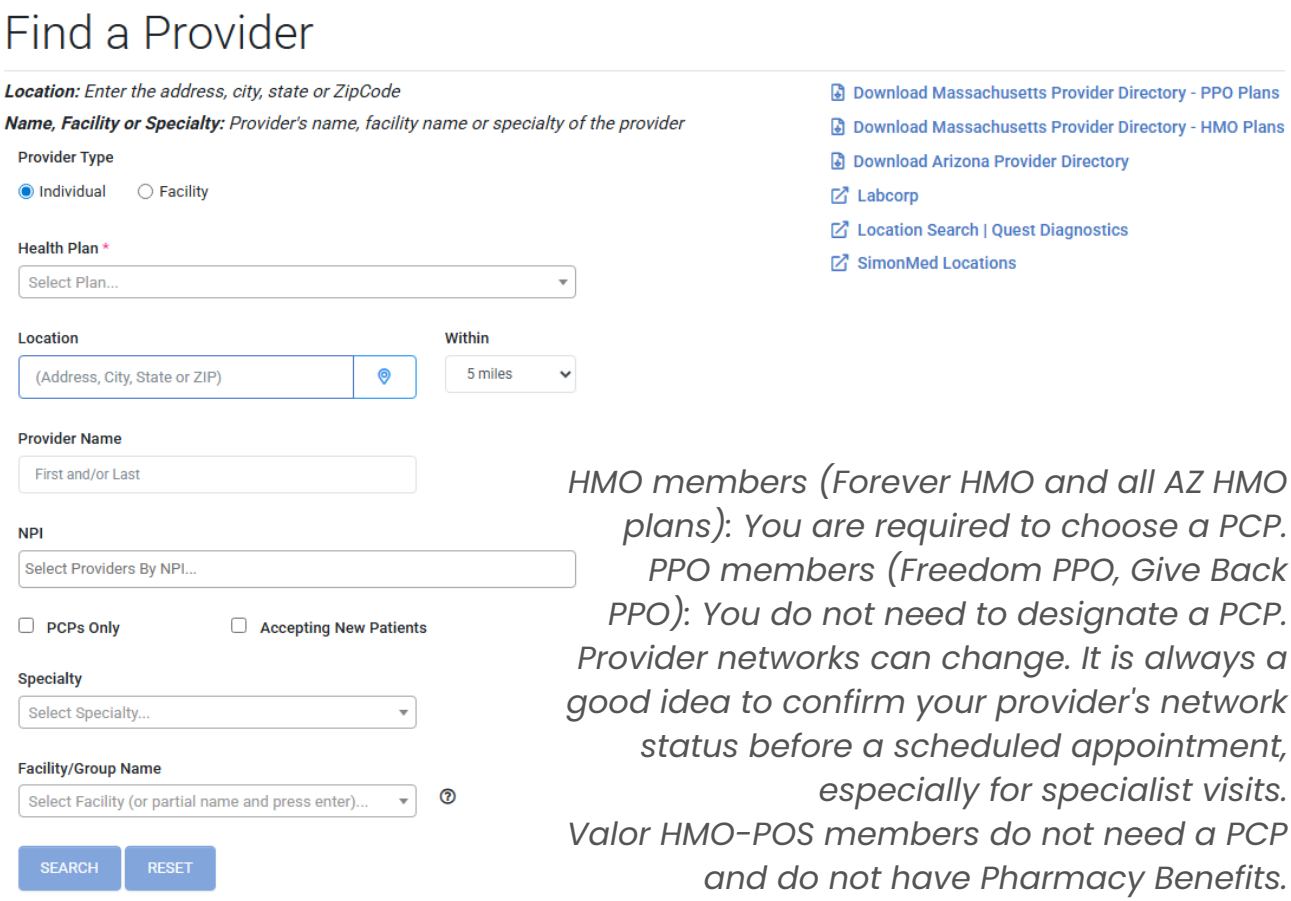
If you have not received either card within these timeframes, please be sure to confirm that your mailing address on file is correct. Call Member Services at **1-(800) 680-4568 (TTY: 711)** to request a replacement.

Section 3: Finding Doctors & Specialists

4. How and where do I find an in-network primary care provider (PCP), specialist, or pharmacy?

To find an in-network PCP, you have three options:

- Visit https://www.eternalhealth.com/for-members/find-a-provider-or-pharmacy/ and use the "Find a Provider" tool to search by location, specialty, and plan
- Download the “Provider Directory” for your service area and plan type to manually search for a provider
- Call Member Services at [1-(800) 680-4568 (TTY: 711)](tel:1-800-680-4568) and a representative will assist you



HMO members (Forever HMO and all AZ HMO plans): You are required to choose a PCP. PPO members (Freedom PPO, Give Back PPO): You do not need to designate a PCP. Provider networks can change. It is always a good idea to confirm your provider's network status before a scheduled appointment, especially for specialist visits. Valor HMO-POS members do not need a PCP and do not have Pharmacy Benefits.

5. Are referrals required to see a specialist?

We are proud to share ALL of our plans do NOT require referrals for specialists!

Section 4: Give Back Benefit

6. I am on the Give Back Plan, but I don't see a check for my Part B premium reduction. Where does that money go?

The Give Back benefit is applied directly as a reduction to your monthly Medicare Part B premium, it is not sent to you as a separate check or payment. Instead, you will see a lower Part B premium deducted from your Social Security benefit check each month.

Plan Type	Monthly Part B Premium Reduction
Give Back PPO (MA)	Up to $60/month reduction in your Part B premium
Grand Give Back HMO (AZ)	Up to $65/month reduction in your Part B premium
Valor Give Back HMO-POS (AZ)	Up to $100/month reduction in your Part B premium

*If you are not receiving Social Security benefits, your Part B premium reduction may be handled differently. Call Member Services at **1-(800) 680-4568 (TTY: 711)** or the Social Security Administration at 1-(800) 772-1213 (TTY: 1-800-325-0778) to confirm how your reduction is being applied.*

Section 5: Your eternalPlus Benefits Card

7. What are the differences between my allowances, wallets, and dental benefits? How do I use each?

Your eternalPlus Benefits Card is a prepaid Mastercard® that stores the allowance dollars included in your plan. Depending on the plan you have, your card may include different benefit "wallets," each with its own spending purpose and available balance. Below is a simple breakdown of which wallets are included in each plan:

Massachusetts Plans – Benefit Wallets

Benefit	Forever HMO	Freedom PPO	Give Back PPO
OTC Allowance	$60/quarter; no rollover	$60/quarter; no rollover	$45/quarter; no rollover
Healthy Grocery Allowance (Must have SSBCI)	$75/quarter; no rollover Combined with OTC	*Not included*	$50/quarter; no rollover Combined with OTC
Medical Expense Wallet	$200/quarter; no rollover *Use towards copays such as outpatient mental health, therapy, diagnostic procedures/tests, lab services, X-rays, diagnostic and therapeutic radiological services, urgently needed services, chiropractic and podiatry services. **For a full listing of covered services, see your **Evidence of Coverage**.*	*Not included*	*Not included*

Continued, MA Plans:

Benefit	Forever HMO	Freedom PPO	Give Back PPO
Fitness Flex	*Not included*	$300/year Use toward fitness trackers, home gym equipment, golf/tennis/ pickleball/bowling fees	*Not included*
Dental Allowance	$2,500/year with no network restrictions	$2,500/year with no network restrictions	$2,000/year with no network restrictions

Arizona Plans – Benefit Wallets

Benefit	Horizon HMO	Grand Give Back HMO	Valor Give Back HMO-POS	Fry's HMO
OTC Allowance	$70/quarter; no rollover	$75/quarter; no rollover	$50/quarter; no rollover	$125/quarter; no rollover
Healthy Grocery Allowance (Must have SSBCI)	$65/quarter; no rollover Combined with OTC	*Not included*	$200/quarter; no rollover Used towards healthy groceries, automobile gas*, rent/mortgage, and minor home/bathroom safety modifications **For gas, swipe your card at the pump, not in-store*	$130/quarter; no rollover Combined with OTC
Essentials Wallet (Must have SSBCI)	*Not included*	*Not included*		*Not included*

Continued, AZ Plans:

Benefit	Horizon HMO	Grand Give Back HMO	Valor Give Back HMO-POS	Fry's HMO
Medical Expense Wallet	$150/quarter; no rollover *Use towards copays such as outpatient mental health, therapy, diagnostic procedures/tests, lab services, X-rays, diagnostic and therapeutic radiological services, urgently needed services, chiropractic and podiatry services. **For a full listing of covered services, see your **Evidence of Coverage**.*	*Not included*	*Not included*	$150/quarter; no rollover Use towards copays on diagnostic procedures/ tests and outpatient lab services
Wellness Wallet	*Not included*	*Not included*	*Not included*	$250/quarter; no rollover Use toward acupuncture visits, routine chiropractic visits, and naturopathic physician services not covered by your medical benefit

Continued, AZ Plans:

Benefit	Horizon HMO	Grand Give Back HMO	Valor Give Back HMO-POS	Fry's HMO
Fitness Flex	*Not included*	*Not included*	$250/year Use toward fitness trackers, home gym equipment, golf/tennis/ pickleball/ bowling fees	$250/year Use toward fitness trackers, home gym equipment, golf/tennis/ pickleball/ bowling fees
Dental Allowance	$3,000/year with no network restrictions	$2,500/year with no network restrictions	$2,500/year with no network restrictions	$1,000/year with no network restrictions

You can download the mobile **Benefits Pro App** by NationsBenefits to view your member benefits in one place.

Important reminders about your eternalPlus Benefits Card:

- Unused quarterly balances do NOT roll over to the next quarter.
- The card cannot be used for cash withdrawals.
- Most funds are loaded quarterly, and some are loaded yearly.

For your dental benefits, you do not need to ask if the provider takes eternalHealth as insurance. You just need to pay with your prepaid eternalPlus Benefits Card.

- Use your card like a credit card at moment of payment.

See the **2026 Product Catalog** in eternalHealth's Member Forms and Documents tab. You can use your OTC and Healthy Grocery Allowance in various ways:

- In Store: Purchase at select pharmacies and grocery stores, then use your eternalPlus Benefits Card at checkout. Approved items will ring through. Find locations at **eternalHealth.NationsBenefits.com**.
- Online: Visit **eternalHealth.NationsBenefits.com** to place an order that will be delivered to your doorstep.
- Mail: Send your completed order form using the postage-paid envelope to: NationsBenefits 1700 N. University Drive Plantation, FL 33322

8. How do I check my available card balances?

You can check your eternalPlus Benefits Card balance at any time through three easy ways:

- Online: Visit **eternalHealth.NationsBenefits.com** and log in to the Benefits Pro Portal
- App: Download the NationsBenefits app for real-time balance access. You can download the mobile **Benefits Pro App** by NationsBenefits to view your member benefits in one place.
- Phone: Call **1-(800) 680-4568 (TTY: 711)** and speak with a Member Services representative

9. Why is my eternalPlus Benefits Card declining at checkout?

There are a few common reasons your eternalPlus Benefits Card may decline at checkout:

- *The item isn't on the approved list or isn't covered by that wallet.* Your eternalPlus Benefits Card is divided into separate wallets, each restricted to specific types of spending. For example, your OTC wallet can only be used for Medicare-approved over-the-counter health products, and your Healthy Grocery wallet is limited to approved food and produce items. If an item doesn't match what that wallet covers, it will not go through.
- *The register is prompting you for a PIN*. Your eternalPlus Benefits Card does not require a PIN. If the terminal asks for one, do not enter a number. Instead, select "Credit" or press "Cancel/Bypass" to process it as a credit card. This will allow the transaction to go through.

A full catalog of eligible items is mailed to you by NationsBenefits at the start of the year. You can also view the catalog at **eternalHealth.NationsBenefits.com** or in the Member Forms and Documents Tab under the **2026 Product Catalog**. Alternatively, you can call Member Services at **1-(800) 680-4568 (TTY: 711)** to verify if an item is a qualified product.

The card cannot be used for apparel, athletic shoes, cash withdrawals, or items not on the approved list.

Section 6: SSBCI & Supplemental Benefits

10. What is SSBCI and what extra benefits does it unlock?

SSBCI stands for Special Supplemental Benefits for the Chronically Ill. It is a Medicare Advantage program that allows eligible members with certain chronic conditions to access additional supplemental benefits. Depending on your plan, qualifying members may receive a Healthy Grocery Allowance or an Essentials Wallet loaded onto their eternalPlus Benefits Card each quarter.

→ For a full breakdown of which benefits are included in your plan and the amounts, see Section 5.

Unused balances do not roll over from quarter to quarter. Eligible items are listed in the 2026 Product Catalog. You can use your benefit online through your NationsBenefits portal, by phone, by mail order, or at participating stores.

11. What chronic conditions may qualify me for SSBCI benefits?

Members with any of the following conditions may be eligible:

- Diabetes
- Cancer
- Cardiovascular disorders
- Chronic Kidney Disease
- Chronic and disabling mental health conditions

eternalHealth will review your eligibility based on your health information. For complete eligibility details, please refer to your Evidence of Coverage.

12. How do I let eternalHealth know if I qualify?

There are two ways to let us know you may qualify:

- *Complete your Health Risk Assessment (HRA)*. This is the easiest and most recommended way. Your HRA helps our Care Management team identify your health needs and can automatically flag your eligibility for SSBCI benefits. You can complete it by visiting **this link** or scanning the QR code in page 24. Completing the questionnaire takes only 15–20 minutes.
- *Call Member Services to self-attest*. If you believe you have a qualifying chronic condition and have not yet completed your HRA, you can also call Member Services at **1-(800) 680-4568 (TTY: 711)**. A representative will guide you through the process and confirm whether your SSBCI benefits have been activated on your eternalPlus Benefits Card.

Section 7: Fitness Benefit & OnePass

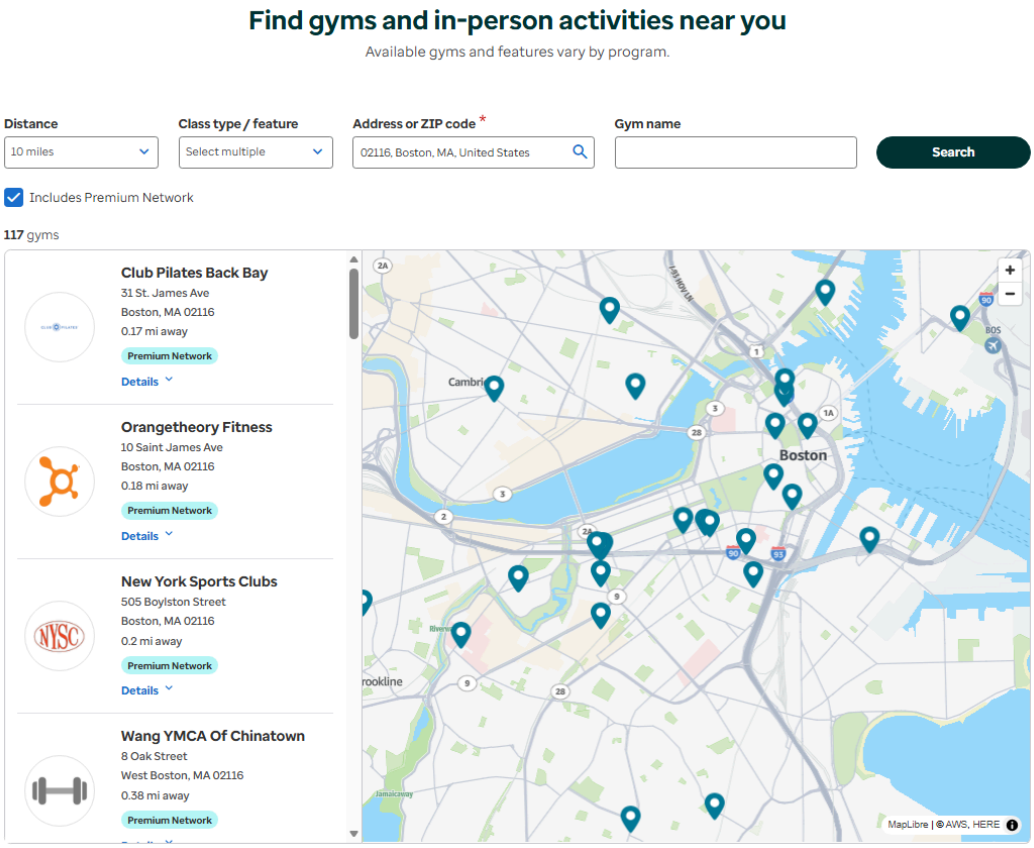
13. How do I confirm if my local gym is in a participating OnePass location?

All eternalHealth plans include the OnePass fitness benefit, which gives you access to thousands of gyms, boutique fitness studios, and online fitness classes nationwide. To get started, you will first need to obtain your member code by visiting www.youronepass.com and clicking "Get Member Code" at the top of the screen.

To find a participating gym near you:

1. Go to www.youronepass.com and click "Find a gym near you," or go directly to www.youronepass.com/#gym-search-link
    a. Make sure to select "Include Premium Network" to see your full offerings, including solidcore, Lifetime, and more.
2. Select your location of choice and book your spot
3. Bring your member code to any OnePass location

You can also call OnePass directly at 1-877-504-6830 (TTY: 711). Hours: 8 am–9 pm CT, 7 days a week.



14. What is the Fitness Flex Benefit and how do I use it?

Fitness Flex is an additional fitness allowance available on select plans:

Plan	Fitness Flex Amount	Notes
Freedom PPO (MA)	$300/year loaded on eternalPlus Benefits Card	Fitness trackers, home gym equipment (bikes, weights), golf green fees, tennis, pickleball, and bowling fees.
Valor Give Back HMO-POS (AZ)	$250/year loaded on eternalPlus Benefits Card	
Fry's HMO (AZ)	$250/year loaded on eternalPlus Benefits Card	

If purchasing from a non-sporting goods store (e.g., Walmart) or online (e.g., Amazon), you will have to pay out of pocket and submit reimbursement via the Nations portal at **eternalHealth.NationsBenefits.com**.

Excluded from Fitness Flex: apparel, athletic shoes, camping tents, fishing rods, hiking poles, and national/state park fees.

Section 8: Dental, Vision & Hearing Benefits

15. How do I use the prepaid card for my dental benefits?

Your eternalPlus Benefits Card is loaded with your dental allowance at the start of each year (January 1). Here is how to use it:

1. Schedule an appointment with any licensed dentist in the United States that accepts Mastercard®
2. At the time of your visit, do not ask if they take eternalHealth insurance, simply swipe your eternalPlus Benefits Card at the front desk at the time of payment.
3. Your dental allowance will be applied to your bill automatically

Your dental benefit covers non-cosmetic dental procedures, including: Cleanings, X-rays, Fillings, Simple extractions, Scaling & root planing, Dentures, Bridges, Crowns, Root canals, Implants, Composite fillings, and Fluoride treatment.

Plan	Annual Dental Allowance	Network Information
Forever HMO (MA)	Up to $2,500/year	No network or coverage restrictions! Any dentist that accepts Mastercard® in the U.S.
Freedom PPO (MA)	Up to $2,500/year	
Give Back PPO (MA)	Up to $2,000/year	
Horizon HMO (AZ)	Up to $3,000/year	
Grand Give Back HMO (AZ)	Up to $2,500/year	
Valor Give Back HMO-POS (AZ)	Up to $2,500/year	
Fry's HMO (AZ)	Up to $1,000/year	

16. How do I use my vision benefit, and how do I find an EyeMed location near me?

All eternalHealth plans cover routine vision benefits through EyeMed. Here is what is included for each plan:

Plan	Annual Eye Exam	Eyewear Allowance
Forever HMO (MA)	1 per year (with dilation), $0 copay through EyeMed. For Medicare-covered exams, $25 copay.	$200/year for eyeglasses OR contact lenses. 15% off balance over $200 for contacts, 20% off balance over $200 for eyeglasses. Must be purchased from participating EyeMed provider.
Freedom PPO (MA)	1 per year (with dilation), $0 copay through EyeMed. For Medicare-covered eye exams, $35 INN copay or $50 OON copay.	
Give Back PPO (MA)	1 per year (with dilation), $0 copay through EyeMed. For Medicare-covered eye exams, $35 INN copay or $50 OON copay.	
Horizon HMO (AZ)	1 per year (with dilation), $0 copay through EyeMed. For Medicare-covered exams, $20 copay.	
Grand Give Back HMO (AZ)	1 per year (with dilation), $0 copay through EyeMed. For Medicare-covered exams, $35 copay.	

Continued, AZ Plans:

Plan	Annual Eye Exam	Eyewear Allowance
Valor Give Back HMO-POS (AZ)	1 per year (with dilation), $0 copay through EyeMed. For Medicare-covered eye exams, 20% INN copay or 50% OON copay.	$200/year for eyeglasses OR contact lenses. 15% off balance over $200 for contacts, 20% off balance over $200 for eyeglasses. Must be purchased from participating EyeMed provider.
Fry's HMO (AZ)	1 per year (with dilation), $0 copay through EyeMed. For Medicare-covered exams, $30 copay.	

To find a participating EyeMed provider near you, visit **member.eyemedvisioncare.com** or call EyeMed at 1-(866) 800-5457 (TTY: 711). EyeMed hours: Mon–Sat 8 am–2 am, Sun 11 am–8 pm.

17. What hearing benefits are included in my plan?

All eternalHealth plans include routine hearing benefits through NationsHearing. This includes:

- One routine hearing exam per year
- Up to two hearing aids per year (one per ear) through NationsHearing — Entry Level ($595/aid) or Basic Level ($895/aid)

To schedule a hearing appointment, you can visit **eternalhealth.nationsbenefits.com/hearingpage** or call NationsHearing at 1-(888) 617-0350 (TTY: 711). Hours: Monday–Friday, 8 am–8 pm local time.

You must use a NationsHearing provider to use the hearing aid benefit. Hearing costs do not count toward your maximum out-of-pocket amount.

Section 9: Medical Copays & Expense Wallet

18. What copays does the Medical Expense Wallet cover, and which plans include it?

The Medical Expense Wallet is a quarterly allowance loaded on the eternalPlus Benefits Card on select plans that can be used to pay your cost share (copays/coinsurance) for covered medical services. The services vary by plan. To use, simply swipe your eternalPlus Benefits Card at the time of service.

Plan	Medical Expense Wallet Amount	Covered Medical Services
Forever HMO (MA)	Yes — $200/quarter with no rollover	Urgent care visits in the U.S. Chiropractic services Occupational therapy Individual and Group sessions for Mental Health Specialty and Psychiatric services Medicare-covered Podiatry services Physical therapy and Speech-language pathology services Opioid treatment program services Diagnostic procedures/tests Diagnostic and Therapeutic radiological services Outpatient X-ray services
Horizon HMO (AZ)	Yes — $150/quarter with no rollover	Urgent care visits in the U.S. Chiropractic services Cardiac rehabilitation services Occupational therapy Individual and Group sessions for Mental Health Specialty and Psychiatric services Medicare-covered Podiatry services Physical therapy and Speech-language pathology services Opioid treatment program services Diagnostic procedures/tests Diagnostic and Therapeutic radiological services Outpatient X-ray services

Continued:

Plan	Medical Expense Wallet Amount	Covered Medical Services
Fry's HMO (AZ)	Yes — $150/quarter with no rollover	Diagnostic procedures/tests Outpatient lab services

The Medical Expense Wallet cannot be used for dental services, hearing aids, prescription drug costs, eyewear, services outside the United States, or a provider excluded from participation in Medicare/Medicaid/federally funded program.

Section 10: Prescription Drug Coverage (Part D)

19. How do I fill a prescription? Where can I pick up my medications?

There are various ways to complete a prescription:

- You can fill your prescriptions at any network pharmacy. To find a network pharmacy near you, visit **www.eternalhealth.com/for-members/prescription-drugs/**.
- Additionally, you're able to sign into your OptumRx Portal at **www.eternalHealth.com/PartD** or call 1-(800) 891-6989 to order prescriptions, pay your bills, manage your health information, and more!
- To have your prescriptions delivered right to your door, you can also fill out a **Mail Order Form** or call 1-(800) 891-6989 and get up to a 100-day supply of most medications. Learn more about how mail order works at **www.eternalhealth.com/for-members/mail-order-information/**.

Valor members do not have a pharmacy benefit through eternalHealth.

20. How do I know what tier my medication is on, and what does that mean for what I pay?

Each drug covered by your plan is assigned to a tier on the Drug List (also called a formulary). The tier determines how much you pay at the pharmacy. Generally, lower-tier drugs cost less and higher-tier drugs cost more. For a plan-specific breakdown on costs, see your **Evidence of Coverage**.

Plan	Drug Type	What You Pay
Tier 1	Preferred generic drugs	$0 (Lowest cost drugs)
Tier 2	Generic drugs	Varies by plan & location (Low cost generic drugs)
Tier 3	Preferred brand drugs	Varies by plan & location (Medium cost brand drugs)
Tier 4	Non-preferred drugs	Varies by plan & location (Higher cost brand and some generic drugs)

Continued:

Plan	Drug Type	What You Pay
Tier 5	Specialty drugs	Varies by plan & location (Highest cost drugs, limited to 30 day supply)

To look up more information on how your specific medication is covered, you can:

- Visit **www.eternalhealth.com/for-members/prescription-drugs/** tab to select your location, check the drug list, find a network pharmacy, and even use our drug pricing tool
- Go to your OptumRx portal at **www.eternalHealth.com/PartD**
- Call OptumRx/Pharmacy Member Services at 1-(800) 891-6989 and a representative will look it up for you

The Drug List can change during the year. eternalHealth will notify you at least 30 days in advance of any changes that affect your medications. Does not apply to Valor members.

21. What do I do if my medication isn't covered or isn't on the formulary?

If your drug is not on the Drug List or is restricted, you have several options:

- *Ask your doctor about an alternative*: There may be a different drug on a lower tier that treats the same condition. Your doctor can look up covered alternatives with you.
- *Request a formulary exception*: You or your doctor can ask eternalHealth to cover your drug as an exception. To qualify, your doctor must provide a statement explaining why the drug is medically necessary and why covered alternatives would not work for you. Call OptumRx/Pharmacy Member Services at 1-(800) 891-6989 (TTY: 711) to start this process.
- *Request a coverage decision*: If you need a drug right away, you or your doctor can request an expedited (fast) coverage decision. eternalHealth must respond within 24 hours for urgent requests.
- *File an appeal*: If your exception request is denied, you have the right to appeal the decision. Pharmacy Member Services can walk you through the appeals process.

Section 11: Plan Costs & Out-of-Pocket Maximums

22. What are my plan's monthly premium and out-of-pocket maximums?

Plan	Monthly Premium	In-Network MOOP	Combined MOOP
Forever HMO (MA)	$0	$5,000	—
Freedom PPO (MA)	$0	$6,500	$9,500
Give Back PPO (MA)	$0	$6,500	$10,000
Horizon HMO (AZ)	$0	$3,350	—
Grand Give Back HMO (AZ)	$0	$4,550	—
Valor Give Back HMO-POS (AZ)	$0	$5,500	$9,000
Fry's HMO (AZ)	$0	$4,350	—

23. What are my copays for doctor and specialist visits?

Plan	PCP Visit Copay	In-Network Specialist	Out-of-Network Specialist
Forever HMO (MA)	$0	$0	N/A
Freedom PPO (MA)	$0	$0	$20
Give Back PPO (MA)	$0	$0	$20
Horizon HMO (AZ)	$0	$0	N/A
Grand Give Back HMO (AZ)	$0	$15	N/A
Valor Give Back HMO-POS (AZ)	$0	$0	N/A
Fry's HMO (AZ)	$0	$0	N/A

Section 12: Member Rewards

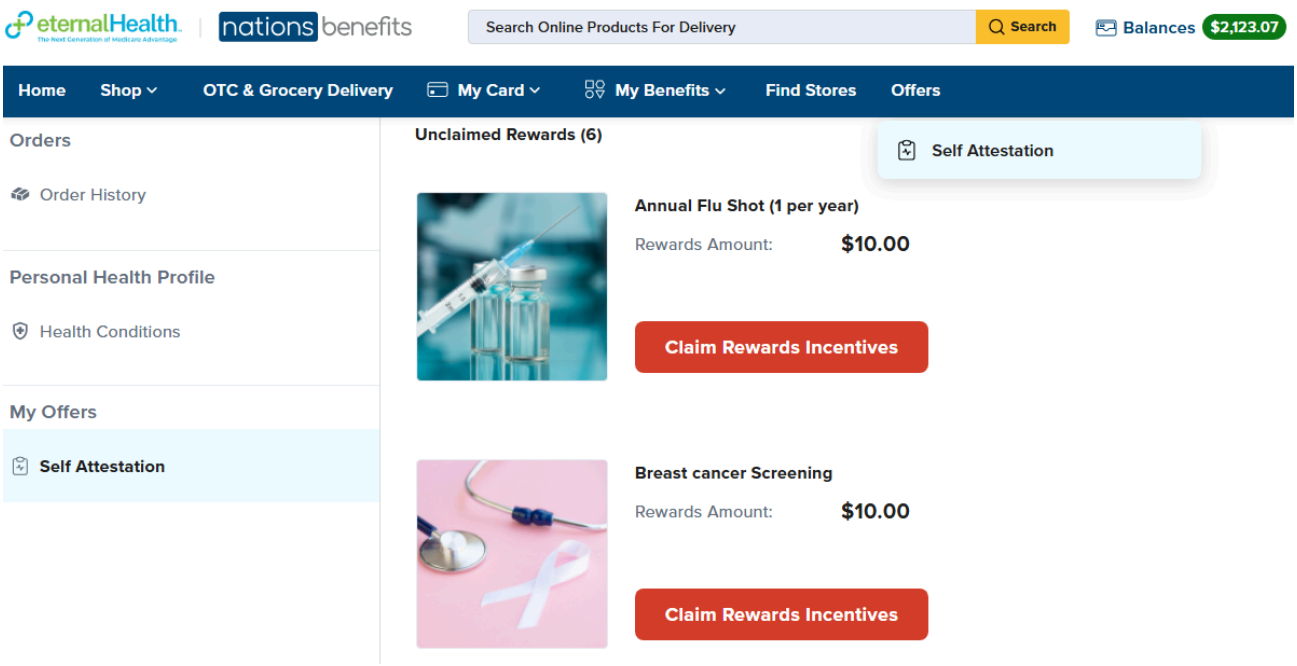
24. What is the Member Rewards Program and what does it include?

As an eternalHealth member, you can earn up to $85 in rewards by completing recommended health initiatives throughout the year. Rewards are loaded directly onto your eternalPlus Benefits Card and can be used for OTC items and, if eligible, healthy groceries. Rewards should be used before December 31, as they do not roll over to the following year.

Health Initiative	Dollar amount
Health Risk Assessment (HRA)	$15
Annual Wellness Exam	$10
Colorectal Cancer Screening	$10
Breast Cancer Screening	$10
Flu Shot (One Per Year)	$10
Diabetic Eye Exam	$10
Diabetic Kidney Exam	$10
HbA1C Test	$10

25. How long does it take for member incentive rewards to appear on my account?

For an incentive to appear on your account, you must call Member Services at **1-(800) 680-4568 (TTY: 711)** to confirm which incentive was completed, or you can visit the NationsBenefits portal at **eternalHealth.NationsBenefits.com** and self-attest to the health initiatives. The incentives will be loaded to your eternalPlus Benefits Card within 3-5 business days.



Sample Image on NationsBenefits Portal

26. How do I complete the Health Risk Assessment?

The Health Risk Assessment is a complementary tool included in your benefits designed to help our Care Management team and your Primary Care Provider (PCP) create a personalized preventive care plan. By using this tool, we can pinpoint any potential risk factors, offer customized preventive measures, and empower you to make informed choices, access timely interventions, and embrace a healthier lifestyle.

Scan/Click the QR Code or call Member Services at **1-(800) 680-4568 (TTY: 711)** to get started! Completing the questionnaire should only take 15-20 minutes.

Section 13: Transportation & Travel Emergencies

27. How do I schedule non-emergency medical transportation?

All eternalHealth plans include free rides to medical, dental, pharmacy, and appointments* through our transportation partner, NationsBenefits. Rides are available in standard sedans, vans, wheelchair-accessible vans, and via Uber and Lyft arranged by NationsBenefits. Round trips will count as two individual rides towards your benefit.

Plan	Annual Rides Included	How to Schedule
Forever HMO (MA)	36 one-way rides	To schedule a ride, contact NationsBenefits at 1-(888) 617-0350 (TTY: 711). Hours: Monday–Saturday, 6 am–6 pm local time. We recommend scheduling rides at least 48 hours in advance. For urgent needs, please call us directly at 1-(888) 617-0350 (TTY: 711) so we can confirm the ride in real time.
Freedom PPO (MA)	24 one-way rides	
Give Back PPO (MA)	12 one-way rides	
Horizon HMO (AZ)	24 one-way rides	
Grand Give Back HMO (AZ)	24 one-way rides	
Valor Give Back HMO-POS (AZ)	24 one-way rides	
Fry's HMO (AZ)*	36 one-way rides*	

All rides have a maximum distance of 60 miles per ride to pharmacy, medical, or dental appointments*. You are allowed to have a companion accompany you to your appointments. You will receive a text message reminder the day before your ride, real-time updates when your driver is on the way, and in some cases, you can track your ride on a map through the **Benefits Pro App** by NationsBenefits.

**Fry's Members can use transportation to go to the grocery store.*
Rides must be booked through NationsBenefits to be covered at no cost.

28. What if I need emergency or urgent care when I'm traveling?

Emergency care is covered 24/7 anywhere in the United States, and worldwide, regardless of your plan type. You do not need prior authorization or a referral for emergency care.

Medical Service	Notes
Emergency Care	Copayments vary by plan. For plan-specific breakdown on costs, see your **Evidence of Coverage** under Chapter 4 Section 2.
Urgently needed Primary Care Services	
Urgently needed Specialist Services	
Emergency Ambulance Services	

You will need to pay out-of-pocket and complete the **Medical Claims Reimbursement Document** to submit for reimbursement. Mail your documents to eternalHealth PO Box 1263 Westborough, MA 01581. Fax at 1-(866) 347-8132 or call Member Services at **1-(800) 680-4568 (TTY: 711)** if you have any questions.

Only services that would be considered emergency or post-stabilization care if they occurred in the U.S. are covered. Part D drugs obtained outside of the U.S. are not covered. Foreign taxes and conversion fees are not covered. Transportation back to the U.S. is not covered.

Section 14: In-Home & Hotline Support

29. What is Papa and how do I schedule a visit?

Papa provides in-home and virtual companionship visits to help with daily tasks, technology, transportation, grocery shopping, medication management, and social needs. Pals do not assist with medical or personal care.

Plan	Annual Hours with Papa	How to Schedule
Forever HMO (MA)	Up to 60 hours/year	Go to eternalHealth.com/InHome to schedule or call 1-855-485-8853 (TTY: 711). Available 7 days/week, 8 am–7 pm local time (not available Thanksgiving, Christmas, or New Year's Day). Visits must be scheduled at least 3 days before the visit time.
Give Back PPO (MA)	Up to 30 hours/year	
Horizon HMO (AZ)	Up to 60 hours/year	

Visits cannot exceed 4 hours per session. Cancel at least 3 hours in advance to avoid losing visit hours from your balance.

30. Is there a nurse hotline I can call when I'm not sure if I need to go to the doctor?

Yes! eternalHealth provides a 24-hour Nurse Hotline available to all members at no cost. You can call any time, day or night, to speak with a registered nurse who can help you decide if you need to go to the emergency room, urgent care, or schedule a regular appointment.

- 24-Hour Nurse Hotline: **1-800-892-1361**

Section 15: Prior Authorizations, Appeals, Appointed Representatives

As your members' forever partner in healthcare, we work tirelessly to serve our members. However, if there's ever an issue relating to your eternalHealth coverage, you have the right to contact eternalHealth immediately so that we may address your concern.

31. How do you ask for a Prior Authorization?

Normally, your provider will handle this issue for you, but you or a representative can also request a prior authorization by contacting our Member Services at **1-(800) 680-4568 (TTY: 711)**.

If you would like to do it in writing, you or a representative can fill out the **Prior Authorization Form**.

You can fax or mail the completed form to the following address:

Standard Fax Number: 1 (866) 337-8686
Expedited Fax Number: 1 (866) 215-4297
Mailing Address:
PO Box 1377
Westborough, MA 01581

Based on your medical needs and Medicare guidelines, our team at eternalHealth will make a careful decision. We will then send you a letter to detail our explanation and our decision.

Expect up to 7 calendar days for a decision to be made upon receival of your request. However, if we learn (or if your provider tells us) that waiting that long could harm your health, we'll expedite your request and send a decision within 72 hours.

32. How can I file an appeal?

If you do not agree with our decision, you or your provider/representative have the right to file an appeal to be reconsidered. Please note that filing an appeal is something you will need to submit yourself, and our Member Services team isn't able to file the appeal on your behalf. That said, we're always happy to walk you through this process by calling us at **1-(800) 680-4568 (TTY: 711)**.

You can send us a written appeal by mail or fax. You'll need to include:

- Your name
- Your address
- Your eternalHealth ID number
- Tell us why you're making an appeal: Let us know the type of treatment or service you're writing about, the date you asked for approval for said treatment or service (or the date you've received it), and why you disagree with our decision. If you have any other supporting documents, please include that as well.

Don't forget to keep a copy of everything for your own records!

Fax Number: 1 (888) 692-7270
Mailing Address:
PO Box 1377
Westborough, MA 01581

Deadlines to file an appeal vary by service:

- For appeals related to Part C medical service/items you have 65 calendar days from the date of the denial notification to file a standard appeal request.
- For Medicare Part B drugs you have 7 calendar days from the date of the denial notification to file a standard appeal request.
- You have 72 hours from the date of a denial notification to file an expedited (fast) appeal request.
- If you have already received care, you have 65 calendar days from the date of the denial notification to request a standard appeal. Post service appeals do not qualify for an expedited review.

Please review your Evidence of Coverage for detailed information on coverage requests, grievances, and appeals.

The next steps will vary depending on your situation.

- If you're waiting to find out if you can receive a treatment or service, we'll send you a letter within 30 days.
- If we find out that waiting can harm your health, we'll send you an answer within 72 hours through an expedited request.
- If you have already received treatment or a service, you'll receive an answer in 60 days.

In the case we uphold our initial decision, meaning we do not reverse the initial determination, we will automatically send the information, which includes your appeal and our response, to an external group of experts. They'll review the information to make sure we made the right decision.

This organization is called an Independent Review Entity (IRE), and they work for Medicare. Once the IRE has made a decision, you'll be informed via mail. Your Explanation of Coverage (EOC) document has details about the IRE and what we refer to as the "Level 2 Appeal Process".

33. How can I file a grievance (complaint)?

Complaints are different from the prior authorization and appeals process. They're not about your coverage rights. Instead, complaints are about other issues related to care that you receive from eternalHealth. We know things don't always go as planned, but if you ever run into an issue, we want to hear about it. Reaching out to Member Services is always the right call, and resolving your concern is our top priority.

To start, give Member Services at **1-(800) 680-4568 (TTY: 711)**. We'll try to resolve the issue right away on the phone. However, you can also fax or mail a written complaint to:

Fax Number: 1-888-692-7270
Mailing Address:
PO Box 1377
Westborough, MA 01581

It is worth nothing that you have 60 days to file a complaint. This 60-day period starts the day that you first have the issue the complaint is about. The sooner you file, the faster we can take the necessary steps to resolve the issue. We'll look into your complaint, and you'll receive a response back from us within 30 days.

34. How can I appoint a representative?

You can always ask someone to act on your behalf when making one of these requests. Appointing a representative means formally naming someone to act on your behalf when you are involved in a claim, appeal, or other entitlement process. This person, called your appointed representative, can help you communicate, handle paperwork, and make decisions about your plan benefits.

If you would like to establish an appointed representative, you can fill out the **CMS Appointment of Representative Form**. This form gives that permission to act on your behalf. It must be signed by you and by the person you would like to act on your behalf. You must give us a copy of the signed form to:

Fax Number: 1-888-692-7270
Mailing Address:
PO Box 1377
Westborough, MA 01581

Section 16: Member Portal, Resources & Contact Information

35. How do I access the Member Portal and what can I do in there?

Your Member Portal at **https://member.eternalhealth.com** gives you 24/7 access to your plan information. Through the portal, you can:

- View your coverage and benefits details
- Find in-network doctors, specialists, and pharmacies
- Select or change your PCP (HMO members)
- Access your claims and Explanation of Benefits (EOB)
- Download forms and documents
- Request a replacement Member ID card

For assistance setting up your Member Portal account, call Member Services at **1-(800) 680-4568 (TTY: 711)**.

36. If there are changes to my benefits, how will you let me know?

We're committed to keeping you informed. Your Annual Notice of Change (ANOC) will be delivered by September 30th each year. Here, you will find how your plan will change with the coming year.

- You can also find these documents on our website in our **For Members - Forms & Documents** Tab.
- Remember to review this carefully before Annual Enrollment Period (October 15th - December 7th).

37. If I have feedback, what's the best way to reach you?

You're welcome to provide feedback by calling our Member Services line at at **1-(800) 680-4568 (TTY: 711)**. We also send out bi-annual surveys every March and October. Additionally, we host bi-annual Member Advisory councils, where leadership sits down with a small group of eternalHealth members. Members join for an open, honest conversation about their experience with their plan, day-to-day usability, pharmacy and clinical support, and directly shape how eternalHealth grows and improves.

38. What are the most important phone numbers I should have on hand?

Plan	Phone Number	Hours
Member Services (all plans)	1-(800) 680-4568 | TTY: 711	Oct 1st–Mar 31st: 8am–8pm, 7 days a week. Apr 1st–Sep 30th: 8am–8pm, Mon–Fri
24-Hour Nurse Hotline	1-(800) 892-1361	24 hours / 7 days a week
NationsBenefits	1-(888) 617-0350 | TTY: 711	Mon–Sat, 6 am–6 pm local time
EyeMed (Vision)	1-(866) 800-5457 | TTY: 711	Mon–Sat 8am–2am, Sun 11am–8pm EST
NationsHearing (Hearing Aids)	1-(888) 617-0350 | TTY: 711	Mon–Fri, 8am–8pm local time
OnePass (Fitness)	1-(877) 504-6830 | TTY: 711	8am–9pm CT, 7 days a week
Papa	1-(855) 485-8853 | TTY: 711	7 days/week, 8am–7pm local time
Kaia Health (Digital Therapy)	help.kaiahealth.com	Mon–Fri, 9am–5pm EST
OptumRx/ Pharmacy Member Services	1-(800) 891-6989	Available 24/7
Social Security Administration	1-(800) 772-1213 | TTY: 1-800-325-0778	Mon–Fri, business hours
eternalHealth Website	www.eternalhealth.com	Available 24/7 online

This document is for informational purposes only. For complete plan details, please refer to your 2026 Evidence of Coverage (EOC) or call Member Services at ***1-(800) 680-4568 | TTY: 711***