



SECTION 2



MEMBER ELIGIBILITY AND COVERED BENEFITS

IDENTIFICATION OF MEMBERS AND ELIGIBILITY



Please use the information provided on the member's ID card to confirm the member's current eligibility and benefits through the eternalHealth provider portal at provider.eternalhealth.com.

Confirming the member's eligibility and benefits prior to providing care:

- Helps ensure that you submit the claim to the correct payer
- Allows you to collect applicable, accurate copayments
- Determines if a referral and prior authorization or notification is required
- Reduces denials for non-covered specifics

eternalHealth Members will receive their own personal Member identification card that will be physically mailed to their address. Additionally, virtual Membership cards are available to them through the Member portal.

eternalHealth uses unique non-Social Security, number-based identification codes. For Members, this will be a 11-digit alphanumeric Member ID. The syntax of the plan will be: EHXXXXXXXXX.

Example Member Cards:



Member Name: <Member Name>
Member ID: <Member ID>
Issuer ID: 80840

PCP Name: <PCP Name>
PCP Phone: XXX-XXX-XXXX

In-Network/Out-of-Network
PCP: \$0/\$20
Specialist: \$40/30%
Emergency: \$90/\$90
Medicare limiting charges apply.

PPO Freedom
H2694-001-000
Effective: MM/DD/YYYY

MedicareRx
Prescription Drug Coverage

RxBIN: 610011
RxPCN: CTRXMEDD
RxGrp: ETHMEDD

Member Services: **800-680-4568**
Pharmacy Services: **800-891-6989**
Behavioral Health: **800-892-1361**
24-Hr Nurse Advice: **800-680-4568**
Dental (DentaQuest): **833-615-0199**
Vision (EyeMed): **866-944-0347**
Hearing (Amplifon): **866-559-0158**

Medical Claims
Payer ID: RP037
eternalHealth
136 Turnpike Rd
Southborough, MA 01772

Pharmacy Claims
OptumRx
3515 Harbor Blvd.
Costa Mesa, CA 92626

www.eternalhealth.com

SERVICE AREA



2023 & 2024

Suffolk, Worcester, Middlesex, Bristol, Norfolk, and Plymouth
Counties of Massachusetts.
Maricopa County of Arizona

REFERRALS AND USE OF NETWORK PROVIDERS



HMO – Members choose a Primary Care Provider (PCP) from our network.

You must direct members to other network providers. Referrals may be required for members to see network specialists and other providers. There are a few exceptions, please find them listed below.

The services listed below do not require a referral or pre-authorization:

- Routine health care, which includes breast exams, screening mammograms (x-rays of the breast), Pap tests, and pelvic exams as long as you get them from a network provider.
- Flu shots, COVID-19 vaccinations, Hepatitis B vaccinations, and pneumonia vaccinations as long as you get them from a network provider.
- Emergency services from network providers or from out-of-network providers.
- Urgently needed services from network providers or from out-of-network providers when network providers are temporarily unavailable or inaccessible (e.g., when you are temporarily outside of the plan's service area).
- Dialysis services for Chronic Kidney Disease that you get at a Medicare-certified dialysis facility when you are temporarily outside the plan's service area.

PPO – Members do not have to choose a Primary Care Provider (PCP) from our network; however, we strongly encourage that they do.

You should direct members to other network providers, if possible, to help ensure lower cost-sharing and better coordination of care. Referrals are not required, but we encourage our PCPs to use them whenever referring to other network providers.

COVERED BENEFITS



We provide our members with a comprehensive benefit package, including the primary, preventive, and specialty care necessary for good health. Covered services must be medically necessary and appropriate. Claims for services excluded from Original Medicare will not be paid. You can learn more about Medicare excluded services here. To obtain member benefit information please visit <https://www.eternalhealth.com/members/forms-and-documents/> and select the plan that you would like more information about.

A member who elects to receive medical care for services not included in the contract, or for services that are determined not medically necessary, will be responsible for payment. In those instances, direct the member to the EOC and document prior approval from the member for such out-of-pocket expenses, or submit a request for organizational determination. All services can be subject to applicable member cost-sharing.

COORDINATION OF BENEFITS (COB)



Coordination of benefits (COB) and services is intended to avoid duplication of benefits and at the same time preserve certain rights to coverage under all plans in which the member is covered. COB is an important part of eternalHealth's overall objective of providing healthcare to members on a cost-effective basis. Members cannot be billed for covered services rendered except for any cost-sharing for which the member can be responsible. Your contract with eternalHealth requires you to accept eternalHealth's payment as payment in full.

Coordination of benefits for Medicare Advantage members with Medicaid

No share of cost should be collected at the time of the visit from a member with Medicaid coverage.

SUBROGATION



If there is a third party responsible for the cause of a member's injury or illness, eternalHealth reserves the right to recover benefits previously paid to a provider for related healthcare services. Recoveries can be pursued by eternalHealth or its contracted vendors to the extent permitted under applicable law.