

Changes to the
eternalHealth Freedom PPO
2023

Evidence of Coverage, Annual Notice of Change, and Summary of Benefits

This is important information on changes in your eternalHealth Freedom PPO coverage.

We previously informed you that the Evidence of Coverage (EOC), Annual Notice of Change (ANOC), and Summary of Benefits which provides information about your coverage as an enrollee in our plan is located on our website at www.eternalHealth.com. This notice is to let you know there were errors in your EOC, ANOC and Summary of Benefits. Below you will find information describing and correcting the errors. Please keep this information for your reference. The corrected documents have been updated and can be found on our website www.eternalHealth.com.

Important Message About What You Pay For Part B Covered Drugs

Medicare beneficiaries have new benefits available under the Inflation Reduction Act (IRA) that apply to eternalHealth members.

Effective April 1, 2023

Your coinsurance for certain Part B rebatable drugs, as determined by Medicare, may be subject to a lower coinsurance (less than 20%).

Effective July 1, 2023

You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, if you use with a traditional insulin pump that is covered under the Medicare durable medical equipment benefit (Part B). Service category or plan level deductibles do not apply to covered Part B insulins.

Changes to your EOC

Where you can find the error in your 2023 EOC	Original Information	Corrected Information	What does this mean for you?
<p>On page 73, in Chapter 4 Medical Benefits Chart, your Evidence of Coverage lists the Medicare Part B prescription drug coverage as:</p>	<p>You pay 20% coinsurance for Medicare-covered Part B prescription drugs, including chemotherapy drugs. This cost share will apply to the administration of these drugs in all places of treatment.</p>	<p>You pay 20% coinsurance for Medicare-covered Part B prescription drugs, including chemotherapy drugs. This cost share will apply to the administration of these drugs in all places of treatment. Effective 4/1/2023, certain Part B rebatable drugs, as determined by Medicare, may be subject to a lower coinsurance (less than 20%).</p>	<p>You may pay less than 20% coinsurance for certain Part B rebatable drugs.</p>
<p>On page 59, in Chapter 4 Medical Benefits Chart your Evidence of Coverage lists your Part B diabetic supplies as:</p>	<p>You pay 0 - 20% coinsurance.</p>	<p>Effective July 1, you will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, if used with a traditional insulin pump that is covered under the Medicare durable medical equipment benefit (Part B). Service category or plan level deductibles do not apply to covered Part B insulins.</p>	<p>Effective July 1, 2023, you will not pay more than \$35 for one-month of insulin you use in a traditional insulin pump that is covered under the Medicare durable medical equipment benefit.</p>

Changes to your ANOC

Where you can find the error in your 2023 ANOC	Original Information	Corrected Information	What does this mean for you?
		<p>You pay 20% coinsurance for Medicare-covered Part B prescription drugs, including chemotherapy drugs. This cost share will apply to the administration of these drugs in all places of treatment. Effective 4/1/2023, certain Part B rebatable drugs, as determined by Medicare, may be subject to a lower coinsurance (less than 20%).</p>	<p>You may pay less than 20% coinsurance for certain Part B rebatable drugs.</p>
		<p>Effective July 1, you will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, if used with a traditional insulin pump that is covered under the Medicare durable medical equipment benefit (Part B). Service category or plan level deductibles do not apply to covered Part B insulins.</p>	<p>Effective July 1, 2023, you will not pay more than \$35 for one-month of insulin you use in a traditional insulin pump that is covered under the Medicare durable medical equipment benefit.</p>

Changes to your Summary of Benefits

Where you can find the error in your 2023 Summary of Benefits	Original Information	Corrected Information	What does this mean for you?
On page 7, of your Summary of Benefits lists the Medicare Part B prescription drug coverage as:	20% coinsurance.	You pay 20% coinsurance for Medicare-covered Part B prescription drugs, including chemotherapy drugs. This cost share will apply to the administration of these drugs in all places of treatment. Effective 4/1/2023, certain Part B rebatable drugs, as determined by Medicare, may be subject to a lower coinsurance (less than 20%).	You may pay less than 20% coinsurance for certain Part B rebatable drugs.
On page 10, of your Summary of Benefits lists your Part B diabetic supplies as:	You pay 0 - 20% coinsurance.	Effective July 1, you will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, if used with a traditional insulin pump that is covered under the Medicare durable medical equipment benefit (Part B). Service category or plan level deductibles do not apply to covered Part B insulins.	Effective July 1, 2023, you will not pay more than \$35 for one-month of insulin you use in a traditional insulin pump that is covered under the Medicare durable medical equipment benefit.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us at *1 (800) 680-4568 (TTY users should call 711)*. **Hours are 8:00 a.m. through 8:00 p.m., 7 days a week, from October 1 – March 31, and 8:00 a.m. through 8:00 p.m. Monday through Friday and 10:00 a.m. through 2:00 p.m. on Saturdays, from April 1 – September 30.**

Sincerely,

eternalHealth Team

eternalHealth Freedom PPO (PPO) offered by eternalHealth

Annual Notice of Changes for 2023

You are currently enrolled as a member of eternalHealth Freedom PPO. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.eternalHealth.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in eternalHealth Freedom PPO.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with eternalHealth Freedom PPO.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in English and Spanish.
- Please contact our Member Services number at *1-800-680-4568* for additional information. (TTY users should call *711*.) Hours are 8:00 a.m. to 8 p.m. seven days a week from October 1st to March 31st. From April 1st to September 30th the hours of operation are 8:00 a.m. to 8:00 p.m. from Monday through Friday. 10:00 a.m. to 2:00 p.m. on Saturdays.
- If you need information in a different language or format (such as braille, audio, or large print) – or you need any help at all – call us at *1-800-680-4568* (TTY *711*).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About eternalHealth Freedom PPO

- eternalHealth is a PPO Plan with a Medicare contract for HMO and PPO offerings. Enrollment in eternalHealth depends on contract renewal.
- When this document says “we,” “us,” or “our”, it means eternalHealth. When it says “plan” or “our plan,” it means eternalHealth Freedom PPO.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for eternalHealth Freedom PPO in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From network providers: \$6,700</p> <p>From network and out-of-network providers combined: \$7,500.</p>	<p>From network providers: \$6,700</p> <p>From network and out-of-network providers combined: \$10,000.</p>
<p>Doctor office visits</p>	<p>In-Network:</p> <p>Primary care visits: \$0 copay per visit.</p> <p>Specialist visits: \$40 copay per visit.</p> <p>Out-of-Network:</p> <p>Primary care visits: \$20 copay per visit.</p> <p>Specialist visits: 30% coinsurance per visit.</p>	<p>In-Network:</p> <p>Primary care visits: \$0 copay per visit.</p> <p>Specialist visits: \$35 copay per visit.</p> <p>Out-of-Network:</p> <p>Primary care visits: \$20 copay per visit</p> <p>Specialist visits: \$55 copay per visit.</p>
<p>Inpatient hospital stays</p>	<p>In-Network:</p> <p>\$385 per day, Days 1 – 5</p> <p>Out-of-Network:</p> <p>30% coinsurance per stay.</p>	<p>In-Network:</p> <p>\$370 per day, Days 1-5</p> <p>Out-of-Network:</p> <p>40% coinsurance per stay.</p>

Cost	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0 for Drug Tiers 1 and 2</p>	<p>Deductible: \$0 for Drug Tiers 1 and 2</p>
	<p>\$185 For Drug Tiers 3, 4 and 5</p>	<p>\$185 For Drug Tiers 3, 4 and 5</p>
	<p><i>Copayment/Coinsurance during the Initial Coverage Stage:</i></p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$5 • Drug Tier 3: \$47 • Drug Tier 4: \$100 • Drug Tier 5: 30% Coinsurance 	<p><i>Copayment/Coinsurance during the Initial Coverage Stage:</i></p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$5 • Drug Tier 3: \$47 • Insulin: \$35 • Drug Tier 4: \$100 • Drug Tier 5: 30% Coinsurance

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6.2 regarding “Extra Help” from Medicare.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$6,700	\$6,700 Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2022 (this year)	2023 (next year)
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$7,500</p>	<p>\$10,000</p> <p>Once you have paid \$10,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.eternalHealth.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<p>In-Patient Hospital Stays</p>	<p>In-Network:</p> <p>You pay \$385 per day, Days 1 – 5.</p> <p>Out-of-Network:</p> <p>You pay 30% coinsurance per stay.</p>	<p>In-Network:</p> <p>You pay \$370 per day, Days 1-5.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance per stay.</p>
<p>In-Patient Hospital Psychiatric Stays</p>	<p>In-Network:</p> <p>You pay \$370 per day, Days 1 – 5.</p> <p>Out-of-Network:</p> <p>You pay 30% coinsurance per stay.</p>	<p>In-Network:</p> <p>You pay \$370 per day, Days 1-5.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance per stay.</p>
<p>Skilled Nursing Facility</p>	<p>In-Network:</p> <p>You pay a \$0 copay per day for days 1-20.</p> <p>\$184 copay per day for days 21-58.</p> <p>\$0 copay per day for days 59-100.</p>	<p>In-Network:</p> <p>You pay a \$0 copay per day for days 1-20.</p> <p>\$196 copay per day for days 21-58.</p> <p>\$0 copay per day for days 59-100.</p>
<p>Cardiac and Pulmonary Rehabilitation Services</p>	<p>In-Network:</p> <p>You pay a \$0 copay per visit.</p>	<p>In-Network:</p> <p>You pay a \$20 copay per visit.</p>
<p>Supervised Exercise Therapy for Peripheral Artery Disease</p>	<p>In-Network:</p> <p>You pay a \$30 copay per visit.</p>	<p>In-Network:</p> <p>You pay a \$25 copay visit.</p>

Cost	2022 (this year)	2023 (next year)
Emergency Care	In- and Out-of-Network: You pay a \$90 copay per office visit.	In- and Out-of-Network: You pay a \$95 copay per office visit.
Ambulance	You pay \$275 copay per trip.	You pay \$300 copay per trip.
Outpatient Rehabilitation services including: Occupational Therapy Services Physical Therapy Speech Language therapy	No Prior authorization required.	Prior Authorization is required.
Specialist Services and Other Health Care Professionals	In-Network: You pay \$40 copay per visit.	In-Network: You pay \$35 copay per visit.
Mental Health Specialty Services/Psychiatric Services	In-Network: You pay \$25 copay per visit.	In-Network: You pay a \$0 - \$25 copay per visit.
Podiatry Services	In-Network: You pay a \$45 copay per visit.	In-Network: You pay a \$35 copay per visit.
Opioid Treatment Program Services	In-Network: You pay \$0 copay per visit.	In-Network: You pay a \$25 copay per visit.

Cost	2022 (this year)	2023 (next year)
<p>Outpatient Diagnostic Procedures/Tests/Lab Services</p>	<p>In-Network:</p> <p>For lab services:</p> <p>You pay \$30 copay for services.</p> <p>For Procedure/Test services:</p> <p>You pay \$30 copay for services.</p>	<p>In-Network:</p> <p>For lab services:</p> <p>You pay a \$0 copay in an office setting.</p> <p>You pay \$10 copay in a free-standing lab facility.</p> <p>For Procedure/Test services:</p> <p>You pay a \$0 copay in an office setting.</p> <p>You pay \$30 copay in a free-standing lab facility.</p>
<p>Outpatient Diagnostic and Therapeutic Radiation Services:</p> <ul style="list-style-type: none"> • Diagnostic Radiological Services (e.g., CT, MRI, etc.) 	<p>In-Network:</p> <p>You pay \$125 copay for services.</p>	<p>In-Network:</p> <p>You pay \$150 - \$300 copay for services.</p> <p>\$150 for ultrasound and \$300 for all other services.</p>
<p>Outpatient Hospital Services</p>	<p>In-Network:</p> <p>You pay a \$0-\$350 copay per service.</p> <p>Out-of-Network:</p> <p>You pay 30% coinsurance per service.</p> <p>No Prior authorization required.</p>	<p>In-Network:</p> <p>You pay a \$0-\$350 copay per service.</p> <p>Out-of-Network:</p> <p>You pay 40% coinsurance per service.</p> <p>Prior Authorization is required.</p>

Cost	2022 (this year)	2023 (next year)
<p>Outpatient Ambulatory Surgical Services</p>	<p>In-Network: You pay \$0 - \$350 copay for services.</p>	<p>In-Network: You pay \$0 - \$250 copay for services.</p>
<p>Medicare-covered Diabetic Supplies</p>	<p>You pay a 20% coinsurance.</p>	<p>You pay a 0 - 20% coinsurance.</p> <p>Preferred provider One Touch/Life scan brand test strips receive 0% coinsurance.</p> <p>Continuous Glucose Monitors (CMS) are limited to Abbott (Freestyle Libre) and Dexcom brands.</p>
<p>Transportation Services</p>	<p>In-Network: Not covered.</p>	<p>In-Network: You pay \$0 per trip with SafeRide.</p> <p>Out-of-Network: You pay 30% coinsurance per ride.</p>
<p>Fitness Benefit</p>	<p>In-Network: You receive \$15 a month for gym membership, fitness app, aquatic center, and fitness classes.</p>	<p>In-Network: You pay \$0 a month for One Pass.</p> <p>OnePass offers a robust and flexible fitness benefit, which gives members access to various gyms, boutique fitness studios, online fitness video and home kits. This also includes brain training, social activities, and home gym kits.</p> <p>Out-of-Network You pay 30% coinsurance.</p>

Cost	2022 (this year)	2023 (next year)
<p>In-Home Support Services</p>	<p>In-Network:</p> <p>Not covered.</p>	<p>In-Network:</p> <p>You have coverage for 60 hours for In Home Support (Papa’s Pals) Assistance for services such as:</p> <ul style="list-style-type: none"> • Household chores: light cleaning, organization, laundry. • Technical Guidance: assist with learning telehealth services to connect with physician, help install devices. • Exercise and Activity: walking or biking. • Assistance from a distance: virtual services. <p>Must use the plan's contracted provider/vendor.</p> <p>Out-of-Network:</p> <p>You pay 30% coinsurance</p>
<p>Medicare Covered Hearing Exams</p>	<p>In-Network:</p> <p>You pay \$40 copay per office visit.</p>	<p>In- and Out-of-Network:</p> <p>You pay \$15 copay per office visit.</p>
<p>Hearing Aids</p>	<p>You Pay \$595 or \$895 copay.</p>	<p>You Pay \$395 or \$695 copay.</p>

Cost	2022 (this year)	2023 (next year)
<p>Special Supplemental Benefits for Chronically Ill members with a Diabetic condition and a HbA1c of 8 or above.</p> <p><i>*Grocery benefit is a special supplemental benefit. Not all members will qualify for this benefit.</i></p>	<p>Not Covered.</p>	<p>Are eligible to use their standard \$50 OTC benefit combined with an additional \$70 benefit every three months towards healthy food and produce items or OTC.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically at www.eternalHealth.com.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Pharmacy Member Services for more information at 1-800-891-6989.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which

tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.” The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information at *1-800-891-6989*.

Important Message About What You Pay for Insulin - You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on even if you haven’t paid your deductible.

Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week for help comparing your options. TTY users should call **1-877-486-2048**.

Additional Resources to Help – Please contact our Member Services number at *1-800-680-4568* for additional information. (TTY users should call *711*.) Hours are 8:00 a.m. to 8 p.m. seven days a week from October 1st to March 31st. From April 1st to September 30th the hours of operation are 8:00 a.m. to 8:00 p.m. from Monday through Friday. 10:00 a.m. to 2:00 p.m. on Saturdays.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$185. During this stage, you pay \$0 cost sharing for drugs on Tier 1 and Tier 2 and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.</p>	<p>The deductible is \$185. During this stage, you pay \$0 cost sharing for drugs on Tier 1 and Tier 2 and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible. There is no deductible for eternalHealth Freedom PPO for insulin. You pay \$35 for a one-month supply of insulin.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><i>Tier 1 (Preferred Generic drugs):</i> You pay \$0 per prescription.</p> <p><i>Tier 2 (Generic drugs):</i> You pay \$5 per prescription.</p> <p><i>Tier 3 (Preferred Brand drugs):</i> You pay \$47 per prescription.</p> <p><i>Tier 4 (Non-Preferred drugs):</i> You pay \$100 per prescription.</p> <p><i>Tier 5 (Specialty drugs):</i> You pay 30% of the total cost.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><i>Tier 1 (Preferred Generic drugs):</i> You pay \$0 per prescription.</p> <p><i>Tier 2 (Generic drugs):</i> You pay \$5 per prescription.</p> <p><i>Tier 3 (Preferred Brand drugs):</i> You pay \$47 per prescription.</p> <p><u>You pay \$35 for insulin.</u></p> <p><i>Tier 4 (Non-Preferred drugs):</i> You pay \$100 per prescription.</p> <p><i>Tier 5 (Specialty drugs):</i> You pay 30% of the total cost.</p>

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month 30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>

For information about your costs in these stages, look at Chapter 6, Sections 5, 6, and 7, in your Evidence of Coverage.

eternalHealth Freedom PPO offers additional gap coverage for insulins. During the Coverage Gap stage, your out-of-pocket costs for insulin will be \$35 for a one-month supply.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in eternalHealth Freedom PPO

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our eternalHealth Freedom PPO.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,

- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, eternalHealth offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from eternalHealth Freedom PPO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from eternalHealth Freedom PPO.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so (phone numbers are in Section 6.1 of this booklet).
 - *OR* – Contact **Medicare**, at 1-800-MEDICARE (*1-800-633-4227*), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call *1-877-486-2048*.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription

drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called Serving Health Insurance Needs of Everyone (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at *1-800-243-4636*. You can learn more about SHINE by visiting their website (<https://shinema.org>).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (*1-800-633-4227*). TTY users should call *1-877-486-2048*, 24 hours a day/7 days a week;
 - The Social Security Office at *1-800-772-1213* between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, *1-800-325-0778*; or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Massachusetts HIV Drug Assistance Program (HDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call *1-617-502-1700* or

toll-free at 1-800-228-2714 or write to AccessHealthMA Attn: HDAP, The Schrafft's City Center, 529 Main Street, Suite 301, Boston, MA 02129.

SECTION 6 Questions?

Section 6.1 – Getting Help from eternalHealth Freedom PPO

Questions? We're here to help. Please call Member Services at 1-800-680-4568. (TTY only, call 711.) We are available for phone calls Hours are 8:00 a.m. to 8 p.m. seven days a week from October 1st to March 31st. From April 1st to September 30th the hours of operation are 8:00 a.m. to 8:00 p.m. from Monday through Friday. 10:00 a.m. to 2:00 p.m. on Saturdays. Calls to these numbers are free Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for eternalHealth Forever HMO. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.eternalHealth.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.eternalHealth.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Notice of Non-Discrimination: Discrimination is Against the Law

eternalHealth complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, religion, or sex. eternalHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex.

eternalHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact eternalHealth Member Services at 1-800-680-4568 (TTY 711).

If you believe that eternalHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

eternalHealth (Mail)

eternalHealth, Inc.
C/O Appeals & Grievances
PO Box 671
Southborough, MA 01772

Local Phone Number: 617-684-2348 (TTY 711)

Toll Free Phone Number: 1-800-680-4568 (TTY 711)

Fax: 1-866-326-1073

eternalHealth (In Person)

31 St. James Ave., Suite 950, Boston, MA 02116

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, eternalHealth Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Phone: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-680-4568 (TTY:711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-680-4568 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-680-4568 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-680-4568 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-680-4568 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-680-4568 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-680-4568 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-680-4568 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-680-4568 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-680-4568

(TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-680-4568, TTY:711. سيقوم شخص ما يتحدث بمساعدتك. هذه خدمة مجانية العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-680-4568 (TTY:711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-680-4568 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-680-4568 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-680-4568 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-680-4568 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-680-4568 (TTY:711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービス