

## eternalHealth Freedom (PPO) offered by eternalHealth

# Annual Notice of Changes for 2024

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](http://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 2024 "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](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* 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, 2023, 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, 2024**. 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**

- 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. local time seven days a week from October 1st to March 31st. From April 1st to September 30th the hours of operations are 8:00 a.m. to 8:00 p.m. local time from Monday through Friday. This call is free.
- 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About eternalHealth Freedom (PPO)**

- eternalHealth is a HMO 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 2024

The table below compares the 2023 costs and 2024 costs for eternalHealth Freedom (PPO) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p><b>Maximum out-of-pocket amounts</b></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: \$10,000</p>	<p>From network providers: \$6,000</p> <p>From network and Out-of-Network: providers combined: \$9,000</p>
<p><b>Doctor office visits</b></p>	<p>In-Network:</p> <p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$40 per visit</p> <p>Out-of-Network:</p> <p>Primary care visits: \$20 per visit</p> <p>Specialist visits: \$55 per visit</p>	<p>In-Network:</p> <p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$0 per visit</p> <p>Out-of-Network:</p> <p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$20 per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p>In-Network:</p> <p>\$370 per day, Days 1-5</p> <p>Out-of-Network:</p> <p>40% 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>

**Part D prescription drug coverage**  
(See Section 1.5 for details.)

Deductible: \$185 For Drug Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines.

*Copayment/Coinsurance*  
during the Initial Coverage Stage:

- Drug Tier 1: \$0
- Drug Tier 2: \$5
- Drug Tier 3: \$47  
You pay \$35 per month supply of each covered insulin product on this tier.
- Drug Tier 4: \$100  
You pay \$35 per month supply of each covered insulin product on this tier.
- Drug Tier 5: 30% Coinsurance
- You pay \$35 per month supply of each covered insulin product on this tier.

Catastrophic Coverage:

- During this payment stage, the plan pays most of the cost for your covered drugs.
- For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs).

Deductible: \$185 For Drug Tiers 3, 4 and 5 except for covered insulin products and most adult Part D vaccines.

*Copayment/Coinsurance*  
during the Initial Coverage Stage:

- Drug Tier 1: \$0
- Drug Tier 2: \$5
- Drug Tier 3: \$47  
You pay \$35 per month supply of each covered insulin product on this tier.
- Drug Tier 4: \$100  
You pay \$35 per month supply of each covered insulin product on this tier.
- Drug Tier 5: 30% Coinsurance  
You pay \$35 per month supply of each covered insulin product on this tier.

Catastrophic Coverage:

- During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (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.
- 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**

Cost	2023 (this year)	2024 (next year)
<b>In-network maximum out-of-pocket amount</b> 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	\$6,000 Once you have paid \$6,000 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 providers for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
<p><b>Combined maximum out-of-pocket amount</b></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>	\$10,000	<p>\$9,000</p> <p>Once you have paid \$9,000 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>

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.

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at eternalHealth.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 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 2024 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. *Note that beginning July 2023 cost-sharing for insulin furnished through an item of DME is subject to a coinsurance cap of \$35 for one-month’s supply of insulin.*

Cost	2023 (this year)	2024 (next year)
<b>Skilled Nursing Facility</b>	In-Network: You pay \$0 copayment per day for days 1-20.  \$196 copayment per day for days 21-61.  \$0 copayment per day for days 62-100	In-Network: You pay \$0 copayment per day for days 1-20.  \$203 copayment per day for days 21-100.
<b>Cardiac Rehabilitation Services</b>	In-Network: You pay a \$20 copay per visit.  PA & Referral <b>is</b> required.	In-Network: You pay a \$20 copay per visit.  Prior Authorization <b>is</b> required & Referral <b>not required.</b>
<b>Intensive Cardiac Rehabilitation</b>	In-Network: You pay a \$20 copay per visit.  PA & Referral <b>is</b> required.	In-Network: You pay a \$20 copay per visit.  Prior Authorization <b>is</b> required & Referral <b>not required.</b>
<b>Pulmonary Rehabilitation Services</b>	In-Network: You pay a \$20 copay per visit.  PA & Referral <b>is</b> required.	In-Network: You pay a \$15 copay visit.  Prior Authorization <b>is</b> required & Referral <b>not required.</b>
<b>SET for PAD Services</b>	In-Network: You pay a \$25 copay per visit.  PA & Referral <b>is</b> required.	In-Network: You pay a \$25 copay per visit.  Prior Authorization <b>is</b> required & Referral <b>not required.</b>
<b>Emergency Care</b>	In- and Out-of-Network: You pay a \$95 copay per visit.	In- and Out-of-Network: You pay a \$100 copay per visit.
<b>Urgently Needed Services</b>	In- and Out-of-Network: You pay a \$45 copay per visit.	In- and Out-of-Network: You pay a \$25 copay per visit.



Cost	2023 (this year)	2024 (next year)
<b>Partial Hospitalization</b>	In-Network: You pay a \$25 copay per visit.  PA & Referral <b>is</b> required.	In-Network: You pay a \$25 copay per visit.  Prior Authorization <b>is</b> required & Referral <b>is not</b> required.
<b>Primary Care Services</b>	In-Network: You pay a \$0 copay per visit.  Out-of-Network: You Pay a \$20 copay per visit.	In-Network: You pay a \$0 copay per visit.  Out-of-Network: You Pay a \$0 copay per visit.
<b>Chiropractic Services</b>	In-Network: You pay a \$20 copay per visit.  Prior Authorization <b>is</b> required & Referral <b>is not</b> required.	In-Network: You pay a \$15 copay per visit.  Prior Authorization <b>is not</b> required & Referral <b>is</b> required.
<b>Physician Specialist Services</b>	In-Network: You pay a \$35 copay per visit.  Out-of-Network: You Pay a \$55 copay per visit.  Referral <b>is</b> required.	In-Network: You pay a \$0 copay per visit.  Out-of-Network: You Pay a \$20 copay per visit.  Referral <b>is not</b> required.
<b>Podiatry Services</b>	In-Network: You pay a \$35 copay per visit.  Prior authorization <b>is not</b> required & Referral <b>is</b> required.	In-Network: You pay a \$35 copay per visit.  Prior Authorization <b>is</b> required for everything <b>except routine visit.</b> & Referral <b>is not</b> required.
<b>Other Health Care Professional</b>	In-Network: You pay a \$35 copay per visit.  Out-of-Network: You Pay a 30% coinsurance per visit.  Referral <b>is</b> required.	In-Network: You pay a \$25 copay per visit.  Out-of-Network: You Pay a \$55 copay per visit.  Referral <b>is not</b> required.

Cost	2023 (this year)	2024 (next year)
<b>Diagnostic Procedures/Tests</b>	<p>In-Network: You pay a \$30 copay per visit.</p> <p>Prior Authorization <b>is</b> required.</p>	<p>In-Network: You pay a \$30 copay per visit.</p> <p>Prior Authorization <b>is only</b> required for <b>high-tech imaging</b>.</p>
<b>Lab Services</b>	<p>In-Network: You pay a \$10 copay per visit.</p> <p>Prior Authorization <b>is</b> required.</p>	<p>In-Network: You pay a \$10 copay per visit.</p> <p>Prior Authorization <b>is only</b> required for <b>high-cost genetic testing and molecular studies</b>.</p>
<b>Outpatient X-Ray</b>	<p>In-Network: You pay a \$15 copay per visit.</p> <p>Prior Authorization <b>is</b> required.</p>	<p>In-Network: You pay a \$15 copay per visit.</p> <p>Prior Authorization <b>is not</b> required.</p>
<b>Outpatient Blood Services</b>	<p>In-Network: You pay a \$0 copay per visit.</p> <p>Out-of-Network: <b>Medicare Covered -</b> You Pay a 30% coinsurance per visit.</p> <p><b>Non-Medicare Covered –</b> You Pay a 30% coinsurance per visit.</p> <p>Prior Authorization <b>is</b> required.</p>	<p>In-Network: You pay a \$0 copay per visit.</p> <p>Out-of-Network: <b>Medicare Covered -</b> You Pay a 30% coinsurance per visit.</p> <p><b>Non-Medicare Covered –</b> You Pay a 50% coinsurance per visit.</p> <p>Prior Authorization <b>is not</b> required.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Medicare Covered Diabetic Supplies</b></p>	<p>0% for preferred manufacturers (Lifescan &amp; Roche), 20% for all others with an approved exception PA.</p> <p>Prior Authorization is required.</p>	<p>Test Strips: You pay 0% coinsurance for preferred brand (LifeScan &amp; Roche) test strips. All other brands are excluded and would need an approved exception. If approved, you pay 20% coinsurance.</p> <p>Continuous Glucose Monitors: You pay 0% coinsurance for preferred brand (Dexcom and Freestyle Libre) Medicare covered Continuous Glucose Monitors (CGM) when ordered by a physician and filled at a network pharmacy.</p> <p>All other brands are excluded and would need an approved exception. If approved, you pay 20% coinsurance.</p> <p>20% coinsurance for diabetic supplies accessed at non-pharmacy networks (i.e., durable medical equipment (DME) suppliers).</p> <p>Other Blood Glucose Testing Supplies: Other blood glucose testing supplies (e.g., lancets, glucose-control solution etc.), you pay 20% coinsurance.</p>
<p><b>Medicare Dialysis Services</b></p>	<p>In-Network: You pay a 20% coinsurance per visit.</p> <p>Referral <b>is</b> required.</p>	<p>In-Network: You pay a 20% coinsurance per visit.</p> <p>Referral <b>is not</b> required.</p>

Cost	2023 (this year)	2024 (next year)
<b>Diabetes Self-Management Training</b>	<p>In-Network: You pay a \$0 copay</p> <p>Prior Authorization <b>is not</b> required.</p>	<p>In-Network: You pay a \$0 copay</p> <p>Prior Authorization <b>is</b> required.</p>
<b>Medicare Part B Insulin</b>	<p>Effective July 1, 2023 you pay no 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.</p>	<p>You pay no 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.</p>
<b>Medicare Part B Chemotherapy/Radiation Drugs</b>	<p>In- and Out-of-Network: You pay a 20% coinsurance</p>	<p>In- and Out-of-Network: You pay a 0-20% coinsurance.</p> <p>Your coinsurance for certain Part B rebatable drugs, as determined by Medicare, may be subject to a lower coinsurance (less than 20%).</p>
<b>Other Medicare Part B Drugs</b>	<p>In- and Out-of-Network: You pay a 20% coinsurance</p>	<p>In- and Out-of-Network: You pay a 0-20% coinsurance.</p> <p>Your coinsurance for certain Part B rebatable drugs, as determined by Medicare, may be subject to a lower coinsurance (less than 20%).</p>
<b>Medicare Covered Dental</b>	<p>In-Network: You pay a \$30 copay per visit.</p> <p>Out-of-Network: You Pay a 50% coinsurance per visit.</p>	<p>In-Network: You pay a \$30 copay per visit.</p> <p>Out-of-Network: You Pay a 0% coinsurance per visit.</p>

Cost	2023 (this year)	2024 (next year)
<b>Medicare Covered Vision Care</b>	<p>In-Network: You pay a \$15 copay per visit.</p> <p>Out-of-Network: You Pay a 30% coinsurance per visit.</p>	<p>In-Network: You pay a \$15 copay per visit.</p> <p>Out-of-Network: You Pay a 50% coinsurance per visit.</p>
<b>Eyewear</b>	\$200 per year using EyeMed	<p>In-Network: Up to \$200 per year for covered Eyewear or Contact Lenses using EyeMed.</p> <p>Out-of-Network: The Plan will reimburse you 50% for covered Eyewear or Contact Lenses, up to \$200. Your reimbursement will not exceed \$200.</p>
<b>Medicare Covered Hearing Services</b>	<p>In-Network: You pay a \$15 copay per visit.</p> <p>Out-of-Network: You Pay a 30% coinsurance per visit.</p>	<p>In-Network: You pay a \$15 copay per visit.</p> <p>Out-of-Network: You Pay a 50% coinsurance per visit.</p>
<b>Worldwide Emergency Coverage</b>	In- and Out-of-Network: You pay a \$95 copay	In- and Out-of-Network: You pay a \$100 copay
<b>Non-Medicare – Annual Physical Exam</b>	<p>In-Network: You pay a \$0 copay per visit.</p> <p>Out-of-Network: You Pay a 30% coinsurance per visit.</p>	<p>In-Network: You pay a \$0 copay per visit.</p> <p>Out-of-Network: You Pay a 50% coinsurance per visit.</p>

Cost	2023 (this year)	2024 (next year)
<p><b>Preventative &amp; Comprehensive Dental</b></p>	<p><b>Non-Medicare Covered:</b> Preventative Dental:</p> <p>In-Network: You pay a \$0 copay per visit.</p> <p>Out-of-Network: You Pay a 50% coinsurance per visit.</p> <p>Comprehensive Dental: In- and Out-of-Network: You pay a 50% coinsurance</p>	<p>eternalHealth will pay as much as \$4,000 per year for Non-Medicare Covered preventative &amp; comprehensive dental services.</p> <p>This benefit is accessed by using your OTC/Dental Card.</p>
<p><b>Hearing Aids</b></p>	<p>\$395 or \$695 Based upon your selection through Amplifon</p>	<p>\$595 or \$895 Based upon your selection through Amplifon</p>
<p><b>Special Supplemental Benefits for Chronically Ill members*</b></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> <p><b>The benefit is available to qualified members with a Diabetic condition and a HbA1c of 8 or above.*</b></p>	<p>Are eligible to use their standard \$50 OTC benefit combined with an additional \$60 benefit every three months towards healthy food and produce items or OTC.</p> <p><b>The benefit is available to qualified members with Diabetes, Cancer, Cardiovascular disorders, Chronic and disabling mental health conditions &amp; End-stage renal disease (ESRD).*</b></p> <p><i>*Grocery benefit is a special supplemental benefit. Not all members will qualify for this benefit.</i></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. **You can get the complete “Drug List”** by calling Member Services (see the back cover) or visiting our website (eternalHealth.com).

We made changes to our “Drug List,” which could include removing or adding drugs, changing 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, or if your drug has been moved to a different cost-sharing tier.**

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 Member Services for more information.

**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 sent you 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 you haven’t received this insert by October 1<sup>st</sup>, 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.)

**Changes to the Deductible Stage**

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Tier 3, Tier 4 and Tier 5 drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$185</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1 and \$5 cost sharing for drugs on 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</p> <p>During this stage, you pay \$0 cost sharing for drugs on Tier 1 and \$5 cost sharing for drugs on Tier 2 and the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.</p>

**Changes to Your Cost Sharing in the Initial Coverage Stage**

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b>                      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 <b>you pay your share of the cost.</b>                      Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 (Preferred Generic drugs):</b>                      You pay \$0 per prescription.</p> <p><b>Tier 2 (Generic drugs):</b>                      You pay \$5 per prescription.</p> <p><b>Tier 3 (Preferred Brand drugs):</b>                      You pay \$47 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4 (Non-Preferred drugs):</b>                      You pay \$100 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 (Specialty drugs):</b>                      You pay 30% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 (Preferred Generic drugs):</b>                      You pay \$0 per prescription.</p> <p><b>Tier 2 (Generic drugs):</b>                      You pay \$5 per prescription.</p> <p><b>Tier 3 (Preferred Brand drugs):</b>                      You pay \$47 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4 (Non-Preferred drugs):</b>                      You pay \$100 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 (Specialty drugs):</b>                      You pay 30% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>



Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage (continued)</b></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; 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 \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

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

**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).

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## Section 2.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change plans for 2024 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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.
  - – *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, 2024.

### 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, 2024, 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, 2024.

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 ADAP. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-(617)-502-1700.

## 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. local time 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. local time from Monday through Friday. Calls to these numbers are free.

#### **Read your 2024 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 2024. For details, look in the *2024 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](http://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](http://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](http://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](http://www.medicare.gov/plan-compare).

**Read *Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document 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.

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