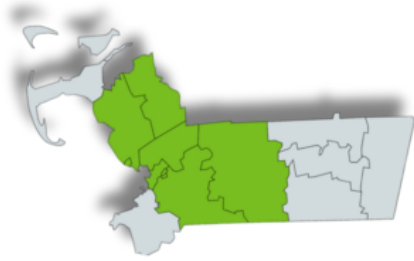


2025 Benefits at a Glance.

Serving Suffolk, Worcester,
Middlesex, Norfolk, Bristol,
and Plymouth County,
Massachusetts



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Plan Costs	Forever (HMO)		Freedom (PPO)		Give Back (PPO)	
	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Premium	\$0		\$0		\$0	
MOOP	\$5,000		\$6,000	\$9,000 Combined	\$6,500	\$10,000 Combined
Part B Give Back	N/A		N/A		\$70	
Medical Deductible	N/A		N/A		N/A	
INPATIENT CARE						
Inpatient Hospital	\$300; Days 1-5		\$370; Days 1-5	30% coinsurance	\$395; Days 1-5	30% coinsurance
Inpatient Mental	\$300; Days 1-5		\$370; Days 1-5	30% coinsurance	\$395; Days 1-5	30% coinsurance
Skilled Nursing Facility	\$0; Days 1-20 \$203; Days 21-100		\$0; Days 1-20 \$203; Days 21-100	25% coinsurance	\$0; Days 1-20 \$203; Days 21-100	25% coinsurance
OUTPATIENT CARE						
Primary Care Visit	\$0		\$0		\$0	
Specialist Visit	\$0		\$0	\$20	\$0	\$20
Chiropractor Visit	\$20		\$20	\$50	\$20	\$50
Podiatry Visit	\$35		\$25	\$50	\$25	\$50
Outpatient Mental Health	\$25		\$25	\$50	\$25	\$50
Outpatient Substance Abuse	\$20		\$25	\$50	\$25	\$50
Ambulatory Surgery Visit	\$225		\$250	20% coinsurance	\$250	20% coinsurance
Outpatient Hospital	\$0 for diagnostic colonoscopy \$325 for observation \$325 for all other services		\$0 for diagnostic colonoscopy \$350 for observation \$350 for all other services	20% coinsurance	\$0 for diagnostic colonoscopy \$350 for observation \$350 for all other services	20% coinsurance
Ambulance (Ground/Air)	\$300		\$300		\$300	
ER	\$100		\$100		\$100	
Includes Worldwide Coverage						
Urgent Care	\$25		\$25		\$25	
Includes Worldwide Coverage						
Home Health Services	\$0		\$0	30% coinsurance	\$0	30% coinsurance
OUTPATIENT MEDICAL SERVICES AND SUPPLIES						
Durable Medical Equipment	20% coinsurance		20% coinsurance		20% coinsurance	
Diabetic Supplies	0% coinsurance for preferred manufacturers, 20% coinsurance for all others		0% coinsurance for preferred manufacturers, 20% coinsurance for all others		0% coinsurance for preferred manufacturers, 20% coinsurance for all others	
Diagnostic Lab	\$10		\$10	20% coinsurance	\$10	20% coinsurance
Diagnostic Procedures	\$0 at office \$10 at free standing lab facility		\$0 at office \$10 at free standing lab facility	20% coinsurance	\$0 at office \$20 at free standing lab facility	20% coinsurance
Medicare-covered Diagnostic Radiological services	\$250		\$250	20% coinsurance	\$300	20% coinsurance
Medicare Covered X-Ray	\$10		\$15	20% coinsurance	\$20	20% coinsurance
Diagnostic Colonoscopy	\$0		\$0	20% coinsurance	\$0	20% coinsurance
Therapeutic Radiology	\$60		\$60	20% coinsurance	\$60	20% coinsurance
PREVENTATIVE SERVICES						
Preventive Services	\$0		\$0	\$0	\$0	\$0
PART D						
Deductible	\$185 for tiers 4 and 5		\$185 for tiers 4 and 5		\$300 for tiers 4 and 5	
	Retail (30d 100d)	Mail (30d 100d)	Retail (30d 100d)	Mail (30d 100d)	Retail (30d 100d)	Mail (30d 100d)
Tier 1	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Tier 2	\$5 \$15	\$5 \$10	\$5 \$15	\$5 \$10	\$5 \$15	\$5 \$10
Tier 3	\$47 \$141	\$47 \$94	\$47 \$141	\$47 \$94	\$47 \$141	\$47 \$94
Tier 4	30% 30%	30% 30%	27% 27%	27% 27%	29% 29%	29% 29%
Tier 5	30% 30%	30% 30%	30% 30%	30% 30%	29% 29%	29% 29%
Insulin	\$35 \$105	\$35 \$70	\$35 \$105	\$35 \$70	\$35 \$105	\$35 \$70
EXTRA BENEFITS						
Dental	\$3,000 annual allowance		\$3,000 annual allowance		\$2,500 annual allowance	
Vision	\$0 Routine Vision Exam \$15 Medicare Covered Exam \$200 Eyewear Allowance Annually		\$0 Routine Vision Exam (INN only) \$25 (INN) \$50 (OON) Medicare Covered Exam \$200 Eyewear Allowance Annually		\$0 Routine Vision Exam (INN only) \$25 (INN) \$50 (OON) Medicare Covered Exam \$200 Eyewear Allowance Annually	
Hearing	\$0 Routine Hearing Exam \$15 Medicare Covered Exam \$595/\$895 Copay Per Ear Annually		\$0 Routine Hearing Exam (INN only) \$25 (INN) \$50 (OON) Medicare Covered Exam \$595/\$895 Copay Per Ear Annually (INN)		\$0 Routine Hearing Exam (INN only) \$25 (INN) \$50 (OON) Medicare Covered Exam \$595/\$895 Copay Per Ear Annually (INN)	
OTC Allowance	\$60 Quarterly; Does not carry over		\$55 Quarterly; Does not carry over		\$45 Quarterly; Does not carry over	
Healthy Grocery Allowance*	\$75 Quarterly which can combine with OTC allowance; Does not carry over		Not covered		\$50 Quarterly which can combine with OTC allowance; Does not carry over	
Reduction In Cost Sharing (RICS)	\$200 Quarterly to use towards medical expenses.		Not covered		Not covered	
Transportation	Unlimited transportation to and from the pharmacy, dentist and medical appointments at no additional cost.		24 one-way trips to and from the pharmacy, dentist and medical appointments at no additional cost.		Unlimited transportation to and from the pharmacy, dentist and medical appointments at no additional cost.	
In-Home Support	Up to 60 hours annually for assistance with household chores, technical assistance, and general companionship. Virtual companionship is also available.		Not covered		Up to 60 hours annually for assistance with household chores, technical assistance, and general companionship. Virtual companionship is also available.	
Fitness Flex Allowance	Not covered		\$350 Annually to use towards fitness activity, pickleball, tennis, golf, yoga and dance fees plus cover the cost of fitness supplies and wearable items.		Not covered	
Fitness	Access to national and boutique fitness facilities, on-demand classes, social activities, brain training, and at-home fitness kits.					
Routine Chiropractic and Acupuncture services	Not covered		\$25 copay per visit. Limit of 20 visits combined.		Not covered	
Therapeutic Massage	Not covered		\$20 copay per visit. Limit of 20 visits.		Not covered	
Meals	14 days/28 meals upon discharge. Must be approved by plan prior to placing order.		14 days/28 meals upon discharge. Must be approved by plan prior to placing order.		14 days/28 meals upon discharge. Must be approved by plan prior to placing order.	
PERS	Fully covered monthly subscription. (In-home, Mobile LTE, and LTE Smartwatch options)		Not covered		Not covered	

*Members must qualify to receive this benefit. Not all members will qualify.