

REMINDER

Pending CMS approval of 2026 contracts. Not for distribution to Medicare beneficiaries. This document contains proprietary information intended for broker/agent use only. This information should not be distributed to the general public. Any redistribution without prior approval by eternalHealth is strictly prohibited. New plan offerings will not appear to the general public until October 1st when benefits can be marketed and discussed with Medicare beneficiaries.

eternalHealth is an HMO plan with a Medicare Contract for HMO, HMO-POS and PPO offerings. Enrollment in eternalHealth depends on contract renewal. To enroll in an eternalHealth plan you must meet certain eligibility requirements and reside in the plan's CMS-approved service area. Benefits and cost sharing may vary by plan. The benefits mentioned is/are part of a special supplemental program for the chronically ill. Qualifying conditions include Cardiovascular disorders, diabetes, chronic and disabling mental health conditions, cancer, and CKD. Having a listed condition does not guarantee coverage, as benefits are specifically for members who meet the criteria for "chronically ill enrollee" status. Out-of-network providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your evidence of coverage for more information, including the cost-sharing that applies to out-of-network services.



Get Contracted With
eternalHealth Today!

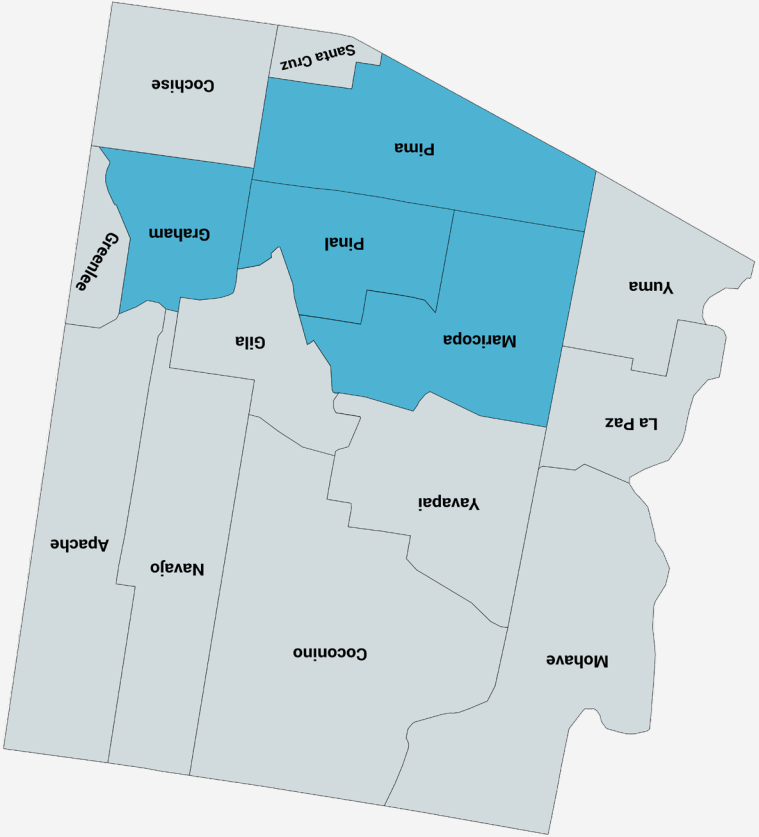


The Next Generation of Medicare Advantage

Benefits At
A Glance

Plan Year 2026
Arizona

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PLAN COSTS	Horizon (HMO) H3551-001		Grand Give Back (HMO) H3551-002		Valor Give Back (HMO-POS) H3551-003		eternalHealth + Fry's (HMO) H3551-004	
	In-Network		In-Network		In-Network	Out-of-Network	In-Network	
Monthly Premium	\$0		\$0		\$0		\$0	
MOOP	\$3,350		\$4,550		\$5,500	\$9,000	\$4,350	
Part B Give Back	\$0		\$65 reduction from Part B premium monthly		\$100 reduction from Part B premium monthly		\$0	
Medical Deductible	\$0		\$0		\$0		\$0	
INPATIENT CARE								
Inpatient Hospital	\$180 per days 1-7		\$325 per days 1-5		7% Coinsurance		\$200 per days 1-7	
Inpatient Mental Health	\$180 per days 1-7		\$325 per days 1-5		7% Coinsurance		\$200 per days 1-7	
Skilled Nursing Facility (SNF)	\$0 per days 0-20; \$203 per days 21-100		\$0 per days 0-20; \$203 per days 21-100		12% Coinsurance		\$0 per days 0-20; \$203 per days 21-100	
PCP Visit	\$0		\$0		\$0		\$0	
Specialist Visit	\$0		\$15		\$0		\$0	
Chiropractic Care	\$20		\$15		\$15	50% Coinsurance	\$15	
Podiatry Visit	\$20		\$30		\$20	50% Coinsurance	\$40	
Mental Health (Group or Individual)	\$15		\$30		20% Coinsurance	50% Coinsurance	\$30	
Outpatient Substance Use	\$20		\$20		20% Coinsurance	50% Coinsurance	\$30	
Physical and Speech Therapy (PT/ST)	\$20		\$30		\$30	50% Coinsurance	\$30	
Ambulatory Surgery Visit (ASC)	\$100		\$140		20% Coinsurance	50% Coinsurance	\$100	
Outpatient Hospital	\$175 outpatient surgery \$150 observation \$20 other outpatient services		\$225 outpatient surgery \$185 observation \$15 other outpatient services		20% coinsurance	50% coinsurance	\$175 outpatient surgery \$150 observation \$20 other outpatient services	
Ambulance (Ground/Air/Water)	\$250		\$270		20% Coinsurance	50% Coinsurance	\$250	
ER Includes Worldwide Coverage	\$135		\$120		20% Coinsurance		\$130	
Urgent Care Includes Worldwide Coverage	\$0		\$25		20% Coinsurance		\$25	
Home Health Services	\$0		\$0		\$0	50% Coinsurance	\$0	
OUTPATIENT MEDICAL SERVICES AND SUPPLIES								
Durable Medical Equipment (DME)	20% Coinsurance		20% Coinsurance		20% Coinsurance	50% Coinsurance	20% Coinsurance	
Diabetic Supplies	20% Coinsurance		20% Coinsurance		20% Coinsurance	50% Coinsurance	20% Coinsurance	
Diabetic Footcare	\$0		\$0		\$0	50% Coinsurance	\$0	
Blood	\$0		\$0		20% Coinsurance	50% Coinsurance	\$0	
Lab	\$0		\$0		\$0	50% Coinsurance	\$0 at PCP office \$60 at freestanding lab	
Diagnostic Procedures/Tests	\$0 at PCP office \$60 at freestanding facility		\$0 at PCP office \$60 at freestanding facility		20% Coinsurance	50% Coinsurance	\$0 at PCP office \$60 at freestanding facility	
Medicare-covered Diagnostic Radiological Services	\$0 Ultrasounds \$170 all others		\$0 Ultrasounds \$225 all others		20% Coinsurance	50% Coinsurance	\$75 Ultrasounds \$160 all others	
Medicare Covered X-Ray	\$0		\$0		20% Coinsurance	50% Coinsurance	\$10	
Diagnostic Colonoscopy	\$0		\$0		20% Coinsurance	50% Coinsurance	\$0	
Therapeutic Radiology	\$60		\$60		20% Coinsurance	50% Coinsurance	\$60	
PREVENTIVE SERVICES								
Annual Physical Exam/Annual Wellness Exam	\$0		\$0		\$0		\$0	
Preventive Services	\$0		\$0		\$0		\$0	
PART D								
Deductible	\$200		\$400		N/A		\$250	
	Retail (30 90 Day)	Mail (30 100 Day)	Retail (30 90 Day)	Mail (30 100 Day)			Retail (30 90 Day)	Mail (30 100 Day)
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	35% 35%	35% 35%	35% 35%	35% 35%			35% 35%	35% 35%
Tier 5	30% 30%	30% 30%	28% 28%	28% 28%			30% 30%	30% 30%
Insulin	Lesser of \$35 or 25% Coinsurance		Lesser of \$35 or 25% Coinsurance				Lesser of \$35 or 25% Coinsurance	
EXTRA BENEFITS								
Dental Loaded onto eternalPlus Benefits Card	\$3,000 annual allowance No network restrictions		\$2,500 annual allowance No network restrictions		\$2,500 annual allowance No network restrictions		\$1,000 annual allowance No network restrictions	
Vision	\$0 routine exam \$20 Medicare covered exam \$200 annual eyewear allowance		\$0 routine exam \$35 Medicare covered exam \$200 annual eyewear allowance		20% INN 50% OON \$0 routine exam \$30 Medicare covered exam \$200 annual eyewear allowance		\$0 routine exam \$30 Medicare covered exam \$200 annual eyewear allowance	
Hearing	\$0 routine exam \$20 Medicare covered exam \$595/\$895 per ear annually		\$0 routine exam \$35 Medicare covered exam \$595/\$895 per ear annually		20% INN 50% OON \$0 routine exam \$30 Medicare covered exam \$595/\$895 per ear annually		\$0 routine exam \$30 Medicare covered exam \$595/\$895 per ear annually	
OTC Allowance Loaded onto eternalPlus Benefits Card	\$70 quarterly; no rollover		\$75 quarterly; no rollover		\$50 quarterly; no rollover		\$125 quarterly; no rollover	
Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card	\$65 quarterly; no rollover Can be combined with OTC		N/A		\$200 quarterly; no rollover Use toward healthy groceries, automobile gas, rent/ mortgage, and minor home/bathroom safety modifications		\$130 quarterly; no rollover Can be combined with OTC	
Essentials Wallet* (SSBCI) Loaded onto eternalPlus Benefits Card	N/A		N/A				N/A	
Medical Expense Wallet Loaded onto eternalPlus Benefits Card	\$150 quarterly; no rollover Use toward 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		N/A		N/A		\$150 quarterly; no rollover Use toward copays on diagnostic procedures and tests and lab services	
Wellness Wallet Loaded onto eternalPlus Benefits Card	N/A		N/A		N/A		\$250 quarterly; no rollover Use toward acupuncture, naturopathic and chiropractic services	
Transportation	24 one-way trips To medical appointments, pharmacy, or dentist		24 one-way trips To medical appointments, pharmacy, or dentist		24 one-way trips To medical appointments, pharmacy, or dentist		36 one-way trips To medical appointments, pharmacy, grocery stores or dentist	
In-Home Support	Up to 60 hours annually for assistance with household chores, technical support, and general companionship		N/A		N/A		N/A	
Fitness Flex Wallet Loaded onto eternalPlus Benefits Card	N/A		N/A		\$250 annual allowance Use toward golf green fees, tennis and pickleball court fees, bowling fees, fitness trackers and home fitness equipment		\$250 annual allowance Use toward golf green fees, tennis and pickleball court fees, bowling fees, fitness trackers and home fitness equipment	
Fitness with OnePass	Access to national and boutique fitness facilities, on-demand classes, social activities, brain training and at-home fitness kits							
Routine Chiropractic Services	N/A		\$25 copay, up to 20 visits combined with routine acupuncture		\$25 copay, up to 20 visits combined with routine acupuncture		N/A	
Routine Acupuncture	N/A		\$25 copay, up to 20 visits combined with routine chiropractic services		\$25 copay, up to 20 visits combined with routine chiropractic services		N/A	
Meals	28 Meals/14 days upon discharge. Must be approved by plan prior to placing order							
PERS	Fully covered monthly subscription (in-home, mobile LTE and smartwatch LTE options)				N/A		N/A	
Telehealth Dietician	N/A		N/A		N/A		4 visits annually with Kroger dietician	
Digital MSK	Digital personalized therapy to help manage pain, improve balance, and prevent falls. Every program includes personalized exercises with real-time feedback, relaxation techniques, educational content, and 1:1 support from a care team of health coaches and Doctors of Physical Therapy.							