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

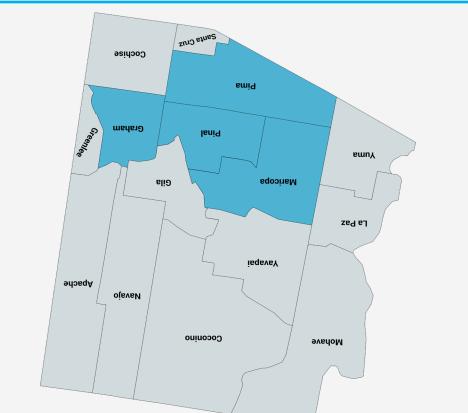
eternalHealth is an HMO plan with a Medicare Contract for HMO, HMO-POS and PPO offerings. Enrollment in eternalHealth depends on contract renewal. To enroll in an eternalHealth plan you must meet certain eligibility requirements and vary by plan. *The benefits mentioned is/are part of a special supplemental program for the chronically ill. Qualifying conditions include Cardiovascular disorders, diabetes, chronic and disabling mental health program for the 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!



Special State of Medicare Advantage



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Dnozi1A Plan Year 2026

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PLAN COSTS	Horizon (HMO)		Grand Give Back (HMO)		Valor Give Back (HMO-POS)		eternalHealth + Fry's (HMO)		
	H3551-001 In-Network		H3551-002 In-Network		H3551-003 In-Network Out-of-Network		H3551-004 In-Network		
Monthly Premium	\$0		\$0		\$0		\$0		
MOOP	\$3,350 \$0		\$4,550 \$65 reduction from Part B		\$5,500 \$9,000		\$4,350 \$0		
Part B Give Back	·		premium monthly		\$100 reduction from Part B premium monthly		·		
Medical Deductible INPATIENT CARE	\$	0	\$0)		\$0	\$	60	
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 da \$203 per d	ays 0-20; ays 21-100	
PCP Visit	\$0		\$0			\$0	\$	0	
Specialist Visit	\$2		\$15 \$15		\$15	\$0 50% Coinsurance	·	<u></u>	
Chiropractic Care Podiatry Visit	\$2		\$30		\$20	50% Coinsurance		40	
Mental Health (Group or Individual)	\$1		\$30		20% Coinsurance	50% Coinsurance	<u>'</u>		
Outpatient Substance Use	<u> </u>	\$20 \$20		0		20% Coinsurance 50% Coinsurance 50% Coinsurance		30 30	
Physical and Speech Therapy (PT/ST) Ambulatory Surgery Visit (ASC)	\$1		\$30 \$140		20% Coinsurance	¥		00	
Outpatient Hospital	\$175 outpat \$150 obs	\$175 outpatient surgery \$150 observation		ent surgery ervation	20% coinsurance 50% coinsurance		\$175 outpatient surgery \$150 observation		
Aucholous (Oussus di Air/Malston)	\$20 other outp	atient services	\$15 other outpatient services \$270		20% Coinsurance 50% Coinsurance		\$20 other outpatient services \$250		
Ambulance (Ground/Air/Water) ER	\$2 \$1		\$2.		20% Coinsurance 50% Coinsurance		\$2		
Includes Worldwide Coverage	\$0		·				· ·		
Urgent Care Includes Worldwide Coverage	· ·		\$25		20% Coinsurance		\$25		
Home Health Services OUTPATIENT MEDICAL SERVICES AND SU	PPLIES \$	U	\$0		\$0 50% Coinsurance		\$0		
Durable Medical Equipment (DME)	20% Coir	nsurance	20% Coir	surance	20% Coinsurance	50% Coinsurance	20% Coil	nsurance	
Diabetic Supplies	20% Coinsurance		20% Coinsurance		20% Coinsurance	50% Coinsurance	20% Coinsurance		
Diabetic Footcare Blood		\$0 \$0)	\$0 50% Coinsurance 20% Coinsurance 50% Coinsurance		·	<u>60</u>	
Lab	\$0		\$0 \$0		\$0 50% Coinsurance 50% Coinsurance				
Diagnostic Procedures/Tests	\$0 at PCP office		\$0 at PCP office		20% Coinsurance 50% Coinsurance		\$0 at PCP office \$60 at freestanding lab \$0 at PCP office		
Medicare-covered Diagnostic Radiological	\$0 at PCP office \$60 at freestanding facility \$0 Ultrasounds		\$0 at PCP office \$60 at freestanding facility		20% Coinsurance			\$0 at PCP office \$60 at freestanding facility	
Services	\$170 all others		\$0 Ultrasounds \$225 all others				\$75 Ultrasounds \$160 all others		
Medicare Covered X-Ray Diagnostic Colonoscopy	\$0 \$0		\$0 \$0		20% Coinsurance 20% Coinsurance	50% Coinsurance	\$10 \$0		
Therapeutic Radiology	\$60		\$60		20% Coinsurance	50% Coinsurance	\$60		
PREVENTIVE SERVICES			^^		40		40		
Annual Physical Exam/Annual Wellness Exam	\$0		\$0			\$0	\$0		
Preventive Services PART D	\$0		\$0		\$0		\$0		
Deductible	\$200		\$400					\$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		N/A		\$0 \$0	\$0 \$0	
Tier 2 Tier 3	\$5 \$15 \$47 \$141	\$5 \$10 \$47 \$94	\$5 \$15 \$47 \$141	\$5 \$10 \$47 \$94			\$5 \$15 \$47 \$141	\$5 \$10 \$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 2	25% Coinsurance	Lesser of \$ Coinsu				Lesser of \$35 or 2	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		\$0 routine exam \$35 Medicare covered exam		\$0 routine exam 20% INN 50% OON Medicare covered exam		\$0 routine exam \$30 Medicare covered exam		
Hearing	\$200 annual eyewear allowance \$0 routine exam		\$200 annual eyewear allowance \$0 routine exam		\$200 annual eyewear allowance \$0 routine exam		\$200 annual eyewear allowance \$0 routine exam		
ricaring	\$20 Medicare covered exam \$595/\$895 per ear annually		\$35 Medicare covered exam \$595/\$895 per ear annually		20% INN 50% OON Medicare covered exam \$595/\$895 per ear annually		\$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		\$130 quarterly; no rollover Can be combined with OTC		
Essentials Wallet* (SSBCI) Loaded onto eternalPlus Benefits Card	N/A		N/A		Use toward healthy groceries, automobile gas, rent/ mortgage, and minor home/bathroom safety modifications		N/A		
Loaded onto eternalPlus Benefits Card Medical Expense Wallet	\$150 quarterly; no rollover		N/A		N/A		\$150 quarterly; no rollover		
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 product services						Use toward copays on diagnostic procedures and tests and lab services		
	diagnostic proce	edures/tests, lab							
	the reservation realis	, alagricotio aria							
	l aldelini lieer	JEU 3EI VICE3,							
Wellness Wallet	therapeutic radio urgently need chiropractic and p	podiatry services	N/	A		N/A	\$250 quarter	ly; no rollover	
Wellness Wallet Loaded onto eternalPlus Benefits Card	chiropractic and N	podiatry services /A	N/	A		N/A	Use toward acupur and chiropra	ncture, naturopathic actic services	
Wellness Wallet Loaded onto eternalPlus Benefits Card Transportation	chiropractic and p N/ 24 one-v To medical a	podiatry services /A way trips ppointments,	24 one-w To medical ar	vay trips	24 o To medical appoin	N/A one-way trips ments, pharmacy, or dentist	Use toward acupur and chiropra 36 one-\ To medical appoin	ncture, naturopathic actic services way trips thments, pharmacy.	
Loaded onto eternalPlus Benefits Card Transportation	chiropractic and p N/ 24 one-v To medical a pharmacy,	podiatry services /A way trips ppointments, or dentist	24 one-w To medical ap pharmacy,	vay trips ppointments, or dentist	24 o To medical appoin	one-way trips tments, pharmacy, or dentist	Use toward acupur and chiropra 36 one-\ To medical appoin grocery stor	ncture, naturopathic actic services way trips utments, pharmacy, es or dentist	
Loaded onto eternalPlus Benefits Card	chiropractic and p 24 one-v To medical all pharmacy, Up to 60 hour assistance with he technical support	way trips ppointments, or dentist rs annually for ousehold chores, ort, and general	24 one-w To medical ar	vay trips ppointments, or dentist	To medical appoint	one-way trips	Use toward acupur and chiropra 36 one-\ To medical appoin grocery stor	ncture, naturopathic actic services way trips thments, pharmacy.	
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