

eternalHealth Give Back (PPO) offered by eternalHealth

Annual Notice of Change for 2026

You're enrolled as a member of eternalHealth Give Back (PPO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in eternalHealth Give Back (PPO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.

Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.eternalHealth.com or call Member Services at 1-(800) 680-4568 (TTY users call 711) to get a copy by mail.

More Resources

- eternalHealth provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Member Services at 1-(800) 680-4568 (TTY users call 711). Hours are 8:00 a.m. to 8:00 p.m. local time seven days a week from October 1st to March 31st. From April 1st to September 30th the hours 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).

About eternalHealth Give Back (PPO)

- eternalHealth is an HMO/HMO-POS and PPO organization with a Medicare contract. Enrollment in eternalHealth depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means eternalHealth. When it says “plan” or “our plan,” it means eternalHealth Give Back (PPO).

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in eternalHealth Give Back (PPO).** Starting January 1, 2026, you'll get your medical and drug coverage through eternalHealth Give Back (PPO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	From network providers: \$6,500 From network and out-of-network providers combined: \$10,000	From network providers: \$6,500 From network and out-of-network providers combined: \$10,000
Primary care office visits	In-Network: \$0 copayment per visit Out-of-Network: \$0 copayment per visit	In-Network: \$0 copayment per visit Out-of-Network: \$0 copayment per visit
Specialist office visits	In-Network: \$0 copayment per visit Out-of-Network: \$20 copayment per visit	In-Network: \$0 copayment per visit Out-of-Network: \$20 copayment per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally	In-Network: \$395 per day for days 1-5 \$0 per day for days 6-90 \$0 per day for days 91+.	In-Network: \$390 per day for days 1-6 \$0 per day for days 7-90 \$0 per day for days 91+.

	2025 (this year)	2026 (next year)
admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	Out-of-Network: 30% of the total cost	Out-of-Network: 30% of the total cost
Part D drug coverage deductible (Go to Section 1 for details.)	\$300, except for covered insulin products and most adult Part D vaccines	\$350, except for covered insulin products and most adult Part D vaccines
Part D drug coverage Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.	Copayment/Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1: \$0 copayment Drug Tier 2: \$5 copayment Drug Tier 3: \$47 copayment You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: You pay 29% coinsurance You pay \$35 per month supply of each covered insulin product on this tier. Drug tier 5: You pay 29% coinsurance You pay \$35 per month supply of each covered	Copayment/Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1: \$0 copayment Drug Tier 2: \$5 copayment Drug Tier 3: 25% coinsurance You pay the lesser of 25% of the total cost or \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 40% coinsurance You pay the lesser of 25% of the total cost or \$35 per month supply of each covered insulin product on this tier. Drug tier 5: 29% coinsurance You pay the lesser of 25% of the total cost or

	2025 (this year)	2026 (next year)
	insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs	\$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 There is no change to your premium for 2026.
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$70	\$60

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you’re required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that’s at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you’ve paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs don’t count toward your maximum out-of-pocket amount.	\$6,500	\$6,500 Once you’ve paid \$6,500 out of pocket for covered Part A and Part B services, you’ll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year. There is no change to the in-network maximum out of pocket amount for 2026

	2025 (this year)	2026 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	\$10,000	\$10,000 Once you've paid \$10,000 out of pocket for covered Part A and Part B services, you'll 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. There is no change to the combined maximum out-of-pocket amount for 2026

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at www.eternalHealth.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.eternalHealth.com.
- Call Member Services at 1-(800) 680-4568 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-(800) 680-4568 (TTY users call 711) for help.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at www.eternalHealth.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.eternalHealth.com.
- Call Member Services at 1-(800) 891-6989 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-(800) 891-6989 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Chiropractic services	In-Network: \$20 copayment per visit Out-of-Network: \$50 copayment per visit	In-Network: \$15 copayment per visit Out-of-Network: \$50 copayment per visit
Diagnostic radiological services	In-Network: \$150 - \$300 copayment per visit \$150 copayment for ultrasounds and \$300 copayment for all other services. Out-of-Network: 20% of the total cost per visit	In-Network: \$80 - \$300 copayment per visit \$80 copayment for ultrasounds and \$300 copayment for all other services. Out-of-Network: 20% of the total cost per visit

	2025 (this year)	2026 (next year)
Health and wellness education programs Fitness Benefit*: <u>OnePass:</u> OnePass offers a robust and flexible fitness benefit, which gives members access to various gyms, boutique fitness studios, online fitness videos, and a personalized online brain training program for improved cognitive health. If you have questions, please call 1-877-504-6830 (TTY: 711). The hours of operation are 8:00 a.m. to 9:00 p.m. CT seven days a week.	In-Network: You pay a \$0 copay for this benefit. Out-of-Network: You pay a 50% coinsurance when outside the OnePass network. Member must pay out of pocket and submit for reimbursement. The claim form can be found at www.eternalhealth.com or by calling Member Services for the claim form. <i>*Your costs do not count toward your maximum out-of-pocket amount.</i>	In-Network: You pay a \$0 copay for this benefit. Out-of-Network: You pay a \$0 copayment when outside the OnePass network. Member must pay out of pocket and submit for reimbursement. The claim form can be found at www.eternalhealth.com or by calling Member Services for the claim form. <i>*Your costs do not count toward your maximum out-of-pocket amount.</i>

	2025 (this year)	2026 (next year)
In-home support services	In-Network: You pay a \$0 copay for up to sixty (60) hours of in-home and virtual visits per year with Papa. Out-of-Network: You pay a \$0 copay for up to sixty (60) hours of in-home and virtual visits per year with Papa. You must use the Plan's approved vendor for this service.	In-Network: You pay a \$0 copay for up to thirty (30) hours of in-home and virtual visits per year with Papa. Out-of-Network: You pay a \$0 copay for up to thirty (30) hours of in-home and virtual visits per year with Papa. You must use the Plan's approved vendor for this service.
Inpatient hospital care	In-Network: You pay \$395 per day for days 1-5 You pay \$0 per day for days 6-90 You pay \$0 per day for days 91+ Out-of-Network: You pay 30% of the total cost per admission.	In-Network: You pay \$390 per day for days 1-6 You pay \$0 per day for days 7-90 You pay \$0 per day for days 91+ Out-of-Network: You pay 30% of the total cost per admission.

	2025 (this year)	2026 (next year)
Inpatient services in a psychiatric hospital	In-Network: You pay \$395 per day for days 1-5 You pay \$0 per day for days 6-90 You pay \$0 per day for days 91+ Out-of-Network: You pay 30% of the total cost per admission.	In-Network: You pay \$390 per day for days 1-6 You pay \$0 per day for days 7-90 You pay \$0 per day for days 91+ Out-of-Network: You pay 30% of the total cost per admission.
Lab services	In-Network: \$0-\$10 copayment per visit. There is a \$0 copayment for labs performed in an office setting. All other labs have a \$10 copayment. Out-of-Network: 20% of the total cost per visit	In-Network: \$0-\$20 copayment per visit. There is a \$0 copayment for labs performed in an office setting. All other labs have a \$20 copayment. Out-of-Network: 20% of the total cost per visit
Medicare-covered dental services	In-Network: \$45 copayment per visit Out-of-Network: \$50 copayment per visit	In-Network: \$35 copayment per visit Out-of-Network: \$50 copayment per visit

	2025 (this year)	2026 (next year)
Medicare-covered eye exams	In-Network: \$25 copayment per visit Out-of-Network: \$50 copayment per visit	In-Network: \$35 copayment per visit Out-of-Network: \$50 copayment per visit
Medicare-covered hearing exams	In-Network: \$25 copayment per visit Out-of-Network: \$50 copayment per visit	In-Network: \$35 copayment per visit Out-of-Network: \$50 copayment per visit
Medicare Part B insulin drugs	In-Network: \$35 per prescription Out-of-Network: 20% of the total cost per prescription with a maximum payment of \$35	In-Network: 0% - 20% of the total cost with a maximum cost-sharing amount of \$35 per 30-day supply Out-of-Network: 20% of the total cost with a maximum cost-sharing amount of \$35 per 30-day supply

Medicare Part B Rx drugs**In-Network:**

0%-20% of the total cost.

20% coinsurance unless a lower cost is required by the IRA (Inflation Reduction Act).

Out-of-Network:

0%-20% of the total cost

20% coinsurance unless a lower cost is required by the IRA (Insurance Reduction Act).

In-Network: 0%-20% of the total cost.

20% coinsurance unless a lower cost is required by the IRA (Inflation Reduction Act).

Out-of-Network:

0%-20% of the total cost.

20% coinsurance unless a lower cost is required by the IRA (Inflation Reduction Act).

Part B drugs may be subject to Step Therapy requirements.

Part B Step Therapy Drug Categories:

- Asthma
- Bevacizumab
- Bone Resorption Inhibitors
- Colony Stimulating Factors
- Eye Injections
- Familial Hypercholesterolemia
- Gout
- Immune Globulins
- Nausea
- Neurotoxins
- Pemetrexed
- Pertuzumab
- Rituximab
- Trastuzumab
- Viscosupplements

	2025 (this year)	2026 (next year)
Medicare Part B drugs, continued		This link will take you to a list of Part B drugs that may be subject to Step Therapy: www.eternalhealth.com
Mental health services – individual and group sessions	In-Network: \$0-\$25 copayment per visit. There is a \$0 copayment for brief office visits for the purpose of monitoring or changing medications. All other visits will have a \$25 copayment. Out-of-Network: \$50 copayment per visit	In-Network: \$0-\$30 copayment per visit. There is a \$0 copayment for brief office visits for the purpose of monitoring or changing medications. All other visits will have a \$30 copayment. Out-of-Network: \$50 copayment per visit
Occupational therapy services	In-Network: \$20 copayment per visit Out-of-Network: \$50 copayment per visit	In-Network: \$30 copayment per visit Out-of-Network: \$50 copayment per visit
Opioid treatment program services	In-Network: \$45 copayment per visit Out-of-Network: \$50 copayment per visit	In-Network: \$30 copayment per visit Out-of-Network: \$50 copayment per visit

	2025 (this year)	2026 (next year)
Physical therapy	In-Network: \$20 copayment per visit Out-of-Network: \$50 copayment per visit	In-Network: \$30 copayment per visit Out-of-Network: \$50 copayment per visit
Podiatry services	In-Network: \$25 copayment per visit Out-of-Network: \$50 copayment per visit	In-Network: \$35 copayment per visit Out-of-Network: \$50 copayment per visit
Preferred Diabetic Test Strips and Continuous Glucose Monitors filled through Pharmacy Benefit	You pay 0% coinsurance for preferred brand. All other brands are excluded and would need an approved exception. If approved, you would pay a 20% coinsurance. Preferred products include One Touch and Life Scan Brand test strips and Dexcom and Freestyle Libre Continuous Glucose Monitors. Products require prior authorization and have quantity limits.	You pay 0% coinsurance for preferred brand. All other brands are excluded and would need an approved exception. If approved, you would pay a 20% coinsurance. Preferred products include Roche and Ascencia test strips and Dexcom and Freestyle Libre Continuous Glucose Monitors. Products require prior authorization and have quantity limits.

	2025 (this year)	2026 (next year)
Preventive & comprehensive dental services – non-Medicare-covered	In-Network and Out-of-Network You pay a \$0 copay for this benefit. eternalHealth will pay as much as \$2,500 per year for Non-Medicare Covered preventative & comprehensive dental services. This benefit is accessed by using your eternalPlus Benefits card.	In-Network and Out-of-Network You pay a \$0 copay for this benefit. eternalHealth will pay as much as \$2,000 per year for Non-Medicare Covered preventative & comprehensive dental services. This benefit is accessed by using your eternalPlus Benefits card.
Psychiatric services – individual and group sessions	In-Network: \$0-\$25 copayment per visit. There is a \$0 copayment for brief office visits for the purpose of monitoring or changing medications. All other visits will have a \$30 copayment. Out-of-Network: \$50 copayment per visit	In-Network: \$0-\$30 copayment per visit. There is a \$0 copayment for brief office visits for the purpose of monitoring or changing medications. All other visits will have a \$30 copayment. Out-of-Network: \$50 copayment per visit

	2025 (this year)	2026 (next year)
Routine eye exams	In-Network: \$0 copayment for routine eye exams with an EyeMed provider. Out-of-Network 50% of the total cost per visit. You must pay out of pocket and then submit to plan for reimbursement.	In-Network: \$0 copayment for routine eye exams with an EyeMed provider. Out-of-Network \$0 copayment per visit. You must pay out of pocket and then submit to plan for reimbursement.
Routine hearing exam	In-Network: You pay a \$0 copayment for routine hearing exams or related hearing tests from an Amplifon provider. Out-of-Network: 50% of the total cost per visit. You must pay out of pocket and then submit to plan for reimbursement.	In-Network: You pay a \$0 copayment for routine hearing exams or related hearing tests from a NationsHearing provider. Out-of-Network: \$0 copayment per visit. You must pay out of pocket and then submit to plan for reimbursement.
Substance Use – individual and group sessions	In-Network: \$25 copayment per visit Out-of-Network: \$50 copayment per visit	In-Network: \$30 copayment per visit Out-of-Network: \$50 copayment per visit

	2025 (this year)	2026 (next year)
Supervised exercise therapy (SET) services	In-Network: \$0 copayment per visit Out-of-Network: \$50 copayment per visit	In-Network: \$25 copayment per visit Out-of-Network: \$50 copayment per visit
Transportation services	In-Network: You pay a \$0 copayment for this benefit. Members have access to unlimited transportation to plan approved locations (medical, dental pharmacy). There is no mileage limit. Rides must be accessed through the plan's approved vendor to be covered. Out-of-Network You pay 50% of the total cost of each ride to medical/dental appointments or to your pharmacy. Member must pay out of pocket and submit receipts to eternalHealth for reimbursement.	In-Network: You pay a \$0 copayment for 12 one-way trips per calendar year with a maximum distance of 60 miles per ride to Medical/Dental appointments or to your pharmacy. Rides must be accessed through the plan's approved vendor to be covered. Out-of-Network \$0 copayment for up to 12 one way trips per year with a maximum distance of 60 miles per ride to medical/dental appointments or to your pharmacy. Member must pay out of pocket and submit receipts to eternalHealth for reimbursement.

	2025 (this year)	2026 (next year)
Worldwide urgent care coverage	\$40 copayment per visit Member must pay out of pocket and submit receipts to eternalHealth for reimbursement.	\$0-\$25 copayment per visit. \$0 copayment for PCP related visits and \$25 copayment for specialist related visits. Member must pay out of pocket and submit receipts to eternalHealth for reimbursement.

Section 1.6 Changes to Part D 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 at 1-(800) 891-6989 (TTY users call 711) or visiting our website at www.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, or moving them to a different cost-sharing tier. **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, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-(800) 891-6989 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by October 1, 2025, call Member Services 1-(800) 680-4568 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 4 and Tier 5 drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
Yearly Deductible	\$300 During this stage, you pay \$0 cost sharing for drugs on Tier 1, \$5 cost sharing for drugs on Tier 2, \$47 cost sharing for drugs on Tier 3 and the full cost of drugs on Tier 4 and Tier 5 until you've reached the yearly deductible.	\$350 During this stage, you pay \$0 cost sharing for drugs on Tier 1, \$5 cost sharing for drugs on Tier 2, 25% of the total cost of the drug for the drugs on Tier 3, and the full cost of drugs on Tier 4 and Tier 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

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. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<i>Tier 1 Preferred Generic:</i> 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.	\$0 copayment	\$0 copayment
<i>Tier 2 Generic:</i> 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.	\$5 copayment	\$5 copayment
<i>Tier 3 Preferred Brand:</i> 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.	\$47 copayment You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month (30 days) mail-order prescription is \$47.	25% of the total cost. You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier. Your cost for a one-month (30 day) mail-order prescription is 25% of the total cost.
<i>Tier 4 Non-Preferred Drugs:</i> 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.	29% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month (30 days) mail-	40% of the total cost. You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier. Your cost for a one-month (30 day) mail-

	2025 (this year)	2026 (next year)
	order prescription is 29% of the total cost.	order prescription is 40% of the total cost.
<i>Tier 5 Specialty</i> 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.	29% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.	29% of the total cost. You pay the lesser of \$35 or 25% per month supply of each covered insulin product on this tier Your cost for a one-month (30 days) mail-order prescription is 30% of the total cost of the prescription

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Routine Hearing services	eternalHealth offered this benefit through Amplifon Hearing in 2025.	eternalHealth will offer this benefit through

	2025 (this year)	2026 (next year)
		NationsHearing in 2026.
Transportation services	eternalHealth offered this benefit through SafeRide for 2025.	eternalHealth will offer this benefit through NationsBenefits for 2026.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-(800) 891-6989 (TTY users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in eternalHealth Give Back (PPO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our eternalHealth Give Back (PPO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from eternalHealth Give Back (PPO).

- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from eternalHealth Give Back (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-(800) 680-4568 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.6).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section *[edit section number as needed]* 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, eternalHealth offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in, 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently

moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** 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 (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Massachusetts HIV Drug Assistance Program (HDAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, please call Massachusetts HIV Drug Assistance Program (HDAP) at 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.. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare

health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-(800) 680-4568 (TTY users should call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from eternalHealth Give Back (PPO)

- **Call Member Services at 1-(800) 680-4568. (TTY users call 711.)**

We're available for phone calls from 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 are 8:00 a.m. to 8:00 p.m. local time from Monday through Friday. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for eternalHealth Give Back (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.eternalHealth.com or call Member Services 1-(800) 680-4568 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.eternalHealth.com**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get 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 SHINE.

Call SHINE to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHINE at 1-(800) 243-4636. Learn more about SHINE by visiting www.shinema.org.

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.