

eternalHealth Valor Give Back (HMO-POS) offered by eternalHealth

Annual Notice of Change for 2026

You're enrolled as a member of eternalHealth Valor Give Back (HMO-POS).

This material describes changes to your 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 Valor Give Back (HMO-POS).
- 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

- This material is available for free in Spanish.
- 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.
- 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).
- Call Member Services at 1-(800) 680-4568 (TTY users call 711) for additional information. Hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1 through March 31, and 8:00 a.m. to 8:00 p.m. Monday through Friday from April 1 through September 30. This call is free.

About eternalHealth Valor Give Back (HMO)

- 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 Valor Give Back (HMO-POS).

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in eternalHealth Valor Give Back (HMO-POS).** Starting January 1, 2026, you'll get your medical coverage through eternalHealth Valor Give Back (HMO-POS). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium	\$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.)	In-Network: \$5,500 Out-of-Network (Combined): \$9,000	In-Network: \$5,500 Out-of-Network (Combined): \$9,000
Primary care office visits	In-Network and Out-of-Network: \$0 copayment per visit	In-Network and Out-of-Network: \$0 copayment per visit
Specialist office visits	In-Network: \$0 copayment per visit. Out-of-Network: \$25 copayment per visit.	In-Network and Out-of-Network: \$0 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 admitted to the hospital with a doctor's order.	In each benefit period you pay: Days 1–60 (of each benefit period): \$0 after you meet your Part A deductible. Days 61–90 (of each benefit period): A \$419	In each benefit period you pay: Days 1–60 (of each benefit period): \$0 after you meet your Part A deductible. Days 61–90 (of each benefit period): A \$419

	2025 (this year)	2026 (next year)
The day before you're discharged is your last inpatient day.	coinsurance amount each day. After day 90 (of each benefit period): An \$838 coinsurance amount each day while using your 60 lifetime reserve days These are 2024 cost-sharing amounts and may change for 2025. eternalHealth will provide updated rates as soon as they are released.	coinsurance amount each day. After day 90 (of each benefit period): An \$838 coinsurance amount each day while using your 60 lifetime reserve days. These are 2025 cost-sharing amounts and may change for 2026. eternalHealth will provide updated rates as soon as they are released.

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 monthly premium in 2026.
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$100 per month.	\$100 per month.

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) count toward your maximum out-of-pocket amount.	\$5,500	\$5,500 Once you've paid \$5,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year. There is no change to your in-network maximum out-of-pocket for 2026.
Combined maximum out-of-pocket amount 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.	\$9,000	\$9,000 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. There is no change to your combined maximum out-of-pocket for 2026.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider Directory 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 your 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 Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Chiropractic services	In-Network: \$20 copayment per visit. Out-of-Network: 50% coinsurance per visit.	In-Network: \$15 copayment per visit. Out-of-Network: 50% coinsurance per visit.

Fitness

You pay a \$0 copay for this benefit.

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. Members may also choose to receive a home kit if they prefer working out at home. There are three kits offered.

1. Fit Kit
2. Yoga Kit
3. Dance Kit

Members also receive a **\$300** annual reimbursement for the following:

- Fees paid for aerobic/fitness activities or membership fees to a qualified fitness club that does not participate with One Pass• Activity fees such as pickleball fees, golf green fees, ski/lift passes and fees, bowling, yoga, stretching, dance classes.
- Weights and fitness supplies such as exercise peddlers, yoga mats, exercise bands.
- Wearable items such as tracking devices.

You pay a \$0 copay for this benefit.

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. Members may also choose to receive a home kit if they prefer working out at home. There are three kits offered.

- 1. Fit Kit**
- 2. Yoga Kit**
- 3. Dance Kit**

Members also receive a \$250 annual reimbursement for the following:

- Fees paid for aerobic/fitness activities or membership fees to a qualified fitness club that does not participate with One Pass• Activity fees such as pickleball fees, golf green fees, ski/lift passes and fees, bowling, yoga, stretching, dance classes.**
- Weights and fitness supplies such as exercise**

	2025 (this year)	2026 (next year)
	Members will also have access to digital MSK (physical therapy) through plan approved vendor.	peddlers, yoga mats, exercise bands. • Wearable items such as tracking devices. Members will also have access to digital MSK (physical therapy) through plan approved vendor.
Glaucoma screening services	In-Network: \$0 copay per visit. Out-of-Network: 50% coinsurance per visit	In-Network and Out-of-Network: \$0 copayment per visit.

Medicare Part B Rx drugs

20% of the total cost.

20% of the total cost.

20% of the total cost 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**

This link will take you to a list of Part B drugs that may be subject to Step

	2025 (this year)	2026 (next year)
		Therapy: www.eternalhealth.com
Medicare Part B insulin drugs	In-Network and Out-of-Network: \$35 copayment per 30-day supply.	In-Network and Out-of-Network: 0% - 20% of the total cost with a maximum cost-sharing amount of \$35 per 30-day supply.
Outpatient diagnostic tests and therapeutic services and supplies	In-Network: You pay 20% coinsurance for Medicare-covered lab services. Out-of-Network: You pay 50% coinsurance for Medicare-covered lab services Prior Authorization is required for all diagnostic tests and therapeutic services and supplies, except for X-rays and blood.	In-Network: You pay a \$0 copayment for Medicare-covered lab services Out-of-Network: You pay 50% coinsurance for Medicare-covered lab services Prior Authorization is required for all diagnostic tests and therapeutic services and supplies, except for X-rays and blood.
Physician Specialist services	In-Network: \$0 copayment per visit Out-of-Network: \$25 copayment per visit.	In-Network and Out-of-Network: \$0 copayment per visit

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

Special Supplemental Benefit for the Chronically Ill

Eligible members receive an additional **\$300** benefit every three months towards the following:

Healthy food and produce items

Automobile gasoline

Utilities and gas for the home; and

The following home and bathroom safety items:

- following home & bathroom safety items:
- Non-Skid Bathmats
- Shower Chair
- Rug Tape
- Bed Rail
- LED Night Lights
- Transfer Devices
- Raised Toilet Seat
- Railings
- Grab Bars
- Temporary ramps
- Handheld Showerhead
- Adjustable hospital bed frame that extends upon OM coverage
- Showerhead Holder

Eligible members receive an additional \$200 benefit every three months towards the following:

Healthy food and produce items

Automobile gasoline

Utilities and gas for the home; and

The following home and bathroom safety items:

- **following home & bathroom safety items:**
- **Non-Skid Bathmats**
- **Shower Chair**
- **Rug Tape**
- **Bed Rail**
- **LED Night Lights**
- **Transfer Devices**
- **Raised Toilet Seat**
- **Railings**
- **Grab Bars**
- **Temporary ramps**
- **Handheld Showerhead**
- **Adjustable hospital bed frame that extends upon OM coverage**
- **Showerhead Holder**

Urgently needed services

In-Network and Out-of-Network:

In-Network and Out-of-Network:

You pay 20% coinsurance with a maximum per visit of \$55.

You pay 20% coinsurance per visit with a maximum per visit of \$50.

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 NationsHearing in 2026.
Transportation services	eternalHealth offered this benefit through SafeRide for 2025.	eternalHealth will offer this benefit through NationsBenefits for 2026.

SECTION 3 How to Change Plans

To stay in eternalHealth Valor Give Back (HMO-POS), you don't need to do anything.

Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our eternalHealth Valor Give Back (HMO-POS).

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 Valor Give Back (HMO-POS).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from eternalHealth Valor Give Back (HMO-POS).
- **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).

- **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 4), 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 may 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 Questions?

Get Help from eternalHealth Valor Give Back (HMO-POS)

- **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 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 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for eternalHealth Valor Give Back (HMO-POS). 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. Get the *Evidence of Coverage* on our website at www.eternalhealth.com or call Member Services at 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*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Arizona, the SHIP is called Arizona State Health Insurance Assistance Program (SHIP).

Call Arizona State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Arizona State Health Insurance Assistance Program (SHIP) at 1- (800) 432-4040. Learn more about *Arizona State Health Insurance Assistance* by visiting their website ([Medicare Assistance | Arizona Department of Economic Security \(az.gov\)](http://MedicareAssistance|ArizonaDepartmentofEconomicSecurity.az.gov))

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.