## **BEWINDEB**

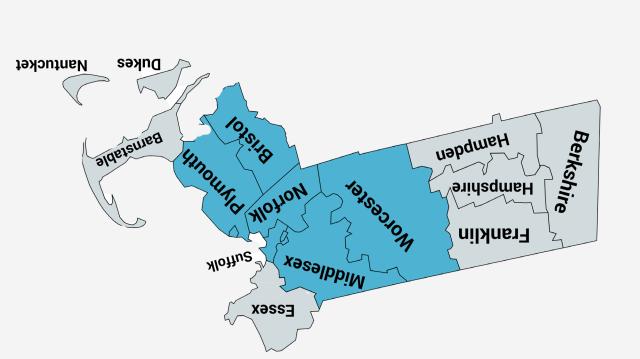
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The Next Generation of Medicare Advantage



Benefits At Some

Plan Year 2026 Massachusetts

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Y0160\_BRBAAG26MA\_M

PLAN COSTS	Forever (HMO) H1280-001		Freedom (PPO) H2694-001		Give Back (PPO)	
	In-Network		H2694 In-Network	-001 Out-of-Network	H269 In-Network	4-002 Out-of-Network
Monthly Premium	-	\$0	\$0		\$	
MOOP		5,000	\$6,500	\$9,500 combined	\$6,500	\$10,000 combined
Part B Give Back Medical Deductible		\$0 \$0	\$0 \$0		\$60 reduced from Part B premium monthly \$0	
INPATIENT CARE					,	
Inpatient Hospital Inpatient Mental	· ·	er days 1-5	\$370 per days 1-5	30% Coinsurance 30% Coinsurance	\$390 per days 1-6	30% Coinsurance 30% Coinsurance
Skilled Nursing Facility (SNF)	\$0 per c	er days 1-5 days 1-20;	\$370 per days 1-5 \$0 per days 1-20;	25% Coinsurance	\$390 per days 1-6 \$0 per days 1-20;	30% Coinsurance
PCP Visit	\$203 per days 21-100 \$0		\$203 per days 21-100 \$0		\$203 per days 21-100 \$0	
Specialist Visit		\$0 \$0	\$0	\$20	\$0	\$20
Chiropractic Care		515	\$15	\$50	\$15	\$50
Podiatry Visit  Montal Health (Group or Individual)	<u>'</u>	\$35 \$25	\$30 \$30	\$50 \$50	\$35 \$30	\$50 \$50
Mental Health (Group or Individual)  Outpatient Substance Use		\$25	\$30	\$50 \$50	\$30	\$50
Physical and Speech Therapy (PT/ST)	\$30		\$20	\$50	\$30	\$50
Ambulatory Surgery Visit (ASC) Outpatient Hospital	-	225 atient surgery	\$250 \$350 outpatient surgery	20% Coinsurance 20% outpatient surgery	\$250 \$350 outpatient surgery	20% Coinsurance 20% outpatient surgery
outputient Hospital	\$325 ob	patient services	\$350 observation \$0 other outpatient services	20% observation \$50 other outpatient services	\$350 observation \$35 other outpatient services	20% observation \$50 other outpatient services
Ambulance (Ground/Air/Water)	\$300		\$300		\$300	
ER Includes Worldwide Coverage	\$125		\$125	\$125	\$1	00
Urgent Care Includes Worldwide Coverage	\$25		\$25	5	\$2	25
Home Health Services	\$0		\$0 30% Coinsurance		\$0 30% Coinsurance	
OUTPATIENT MEDICAL SERVICES AND SU	PPLIES					
Durable Medical Equipment (DME)	20% Coinsurance 20% Coinsurance		20% Coinsurance 20% Coinsurance		20% Coinsurance 20% Coinsurance	
Diabetic Supplies Diabetic Footcare	-	\$0	\$0 \$0	surance \$50	\$0 \$0	surance \$50
Blood		\$0	\$0	20% Coinsurance	\$0	20% Coinsurance
Lab Diagnostic Procedures/Tests		\$0 t office	\$0 \$0 at office	\$10 20% Coinsurance	\$0 \$0 at office	\$20 20% Coinsurance
Medicare-covered Diagnostic Radiological Services	\$10 at freestanding facility \$100 Ultrasounds		\$10 at freestanding facility \$100 Ultra	sounds	\$20 at freestanding facility \$80 Ultra	asounds
Medicare Covered X-Ray	\$250 all others \$10		\$250 all others \$15 20% Coinsurance		\$300 all others \$20 20% Coinsurance	
Diagnostic Colonoscopy		\$0	\$0			0
Therapeutic Radiology PREVENTIVE SERVICES	\$	660	\$60	20% Coinsurance	\$60	20% Coinsurance
Annual Physical Exam/Annual Wellness Exam	\$0		\$0		\$0	
Preventive Services	\$0		\$0		\$0	
MEDICARE PART B DRUGS	000/ 0 :		200/ Cainavranas		20% Coinsurance	
Dowl D Drugo	20% Co	ingurance	209/ Cain	auronoo	20% Coi	nouranaa
Part B Drugs PART D	20% Co	insurance	20% Coins	surance	20% Coil	nsurance
3	\$	250	\$18	5	\$3	50
PART D	\$2 Retail (30 90 Day)	250 Mail (30 100 Day)	\$18 Retail (30 90 Day)	5 Mail (30 100 Day)	\$3 Retail (30 90 Day)	50 Mail (30 100 Day)
PART D  Deductible  Tier 1  Tier 2	\$2 Retail (30 90 Day) \$0   \$0 \$5   \$15	250  Mail (30 100 Day)  \$0   \$0  \$5   \$10	\$18 <b>Retail</b> (30 90 Day) \$0   \$0 \$5   \$15	5 <b>Mail</b> (30 100 Day) \$0   \$0 \$5   \$10	\$3 Retail (30 90 Day) \$0   \$0 \$5   \$15	50  Mail (30 100 Day)  \$0   \$0  \$5   \$10
PART D  Deductible  Tier 1  Tier 2  Tier 3	\$2 Retail (30 90 Day) \$0   \$0 \$5   \$15 23%   23%	250  Mail (30 100 Day)  \$0   \$0  \$5   \$10  23%   23%	\$18 Retail (30 90 Day) \$0   \$0 \$5   \$15 25%   25%	5 Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25%	\$3 Retail (30 90 Day) \$0   \$0 \$5   \$15 25%   25%	50  Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%
PART D  Deductible  Tier 1  Tier 2	\$2 Retail (30 90 Day) \$0   \$0 \$5   \$15	250  Mail (30 100 Day)  \$0   \$0  \$5   \$10	\$18 <b>Retail</b> (30 90 Day) \$0   \$0 \$5   \$15	5 <b>Mail</b> (30 100 Day) \$0   \$0 \$5   \$10	\$3 Retail (30 90 Day) \$0   \$0 \$5   \$15	50  Mail (30 100 Day)  \$0   \$0  \$5   \$10
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin	\$2 Retail (30 90 Day) \$0   \$0 \$5   \$15 23%   23% 40%   40% 30%   N/A	250  Mail (30 100 Day)  \$0   \$0  \$5   \$10  23%   23%  40%   40%	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%	5  Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  30%   N/A	\$3 Retail (30 90 Day) \$0   \$0 \$5   \$15 25%   25% 40%   40%	50  Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin  EXTRA BENEFITS	\$2 Retail (30 90 Day) \$0   \$0 \$5   \$15 23%   23% 40%   40% 30%   N/A Lesser of \$35 or	250  Mail (30 100 Day)  \$0   \$0 \$5   \$10 23%   23% 40%   40% 30%   N/A	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 25	5  Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  30%   N/A  5% Coinsurance	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 2	50  Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card	\$2,500 annu No network	250  Mail (30 100 Day)  \$0   \$0  \$5   \$10  23%   23%  40%   40%  30%   N/A  25% Coinsurance  ual allowance k restrictions	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 29  \$2,500 annua No network r	5  Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  30%   N/A  5% Coinsurance	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 20  \$2,000 annu No network	50  Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance  al allowance restrictions
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision	\$2,500 annual ey	Mail (30 100 Day) \$0   \$0 \$5   \$10 23%   23% 40%   40% 30%   N/A 25% Coinsurance  ual allowance k restrictions tine exam e covered exam evewear allowance	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 26  \$2,500 annua No network r  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyes	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 30%   N/A 5% Coinsurance  I allowance estrictions e exam dicare covered exam year allowance	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 20  \$2,000 annu No network  \$0 routin \$35 INN   \$50 OON M \$200 annual eye	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 29%   N/A 25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card	\$2,500 annual ey \$0 rout \$25 Medicare \$20 annual ey \$25 Medicare	250  Mail (30 100 Day)  \$0   \$0  \$5   \$10  23%   23%  40%   40%  30%   N/A  25% Coinsurance  ual allowance k restrictions cine exam e covered exam	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 29  \$2,500 annua No network r  \$0 routine \$35 INN   \$50 OON Me	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 30%   N/A 5% Coinsurance  I allowance estrictions e exam dicare covered exam vear allowance e exam dicare covered exam vear allowance	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 20  \$2,000 annual No network  \$0 routin \$35 INN   \$50 OON M \$200 annual eye \$0 routin \$35 INN   \$50 OON M	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 29%   N/A 25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision	\$2,500 annual ey \$25 Medicare \$20 annual ey \$5   \$6 ans	Mail (30 100 Day) \$0   \$0 \$5   \$10 23%   23% 40%   40% 30%   N/A 25% Coinsurance  ual allowance k restrictions ine exam e covered exam yewear allowance ine exam e covered exam e covered exam e covered exam	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 29  \$2,500 annua No network r  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev \$0 routine	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 30%   N/A 5% Coinsurance  I allowance estrictions e exam dicare covered exam year allowance e exam dicare covered exam ear annually	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 20  \$2,000 annual No network  \$0 routin \$35 INN   \$50 OON M \$200 annual eye \$0 routin \$35 INN   \$50 OON M	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 29%   N/A 25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam er ear annually
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card  Healthy Grocery Allowance* (SSBCI)	\$2,500 annu	Mail (30 100 Day)  \$0   \$0 \$5   \$10 23%   23% 40%   40% 30%   N/A 25% Coinsurance  ual allowance k restrictions tine exam e covered exam /ewear allowance tine exam e covered exam /er ear annually rly; no rollover	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 26  \$2,500 annua No network r  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  30%   N/A  5% Coinsurance  I allowance estrictions e exam dicare covered exam ear allowance e exam dicare covered exam ear annually no rollover	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 20  \$2,000 annu No network  \$0 routin \$35 INN   \$50 OON M \$200 annual eye  \$0 routin \$35 INN   \$50 OON M \$595/\$895 pe  \$45 quarterly	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam rear annually y; no rollover
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card  Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card  Medical Expense Wallet	\$2,500 annu No netword \$25 Medicare \$200 annual ey \$60 quarter Can be comb	Mail (30 100 Day) \$0   \$0 \$5   \$10 23%   23% 40%   40% 30%   N/A 25% Coinsurance  ual allowance k restrictions tine exam e covered exam evewar allowance tine exam er ear annually rly; no rollover	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 29  \$2,500 annua No network r  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$595/\$895 per \$60 quarterly;	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 30%   N/A 5% Coinsurance  I allowance estrictions e exam dicare covered exam vear allowance e exam dicare covered exam ear annually no rollover	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 20  \$2,000 annu No network  \$0 routin \$35 INN   \$50 OON M \$200 annual eye  \$0 routin \$35 INN   \$50 OON M \$200 annual eye  \$45 quarterly	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam r ear annually y; no rollover y; no rollover ned with OTC
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card  Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card	Retail (30 90 Day)  \$0   \$0  \$5   \$15  23%   23%  40%   40%  30%   N/A  Lesser of \$35 or  \$2,500 annument No network \$0 rout \$25 Medicare \$200 annual ey  \$0 rout \$25 Medicare \$595/\$895 po \$60 quarter  Can be combount the services, X-rays, diradiological services, under the services and services are services.	Mail (30 100 Day) \$0   \$0 \$5   \$10 23%   23% 40%   40% 30%   N/A 25% Coinsurance  ual allowance k restrictions cine exam c covered exam c evered exam c ever	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 29  \$2,500 annua No network r  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev \$0 routine \$35 INN   \$50 OON Me \$595/\$895 per \$60 quarterly;	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 30%   N/A 5% Coinsurance  I allowance estrictions e exam dicare covered exam vear allowance e exam dicare covered exam ear annually no rollover	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 3  \$2,000 annu No network  \$0 routin \$35 INN   \$50 OON M \$200 annual eye  \$0 routin \$35 INN   \$50 OON M \$595/\$895 pe  \$45 quarterly Can be combined	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam r ear annually y; no rollover y; no rollover ned with OTC
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card  Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card  Medical Expense Wallet	Retail (30 90 Day)  \$0   \$0  \$5   \$15  23%   23%  40%   40%  30%   N/A  Lesser of \$35 or  \$2,500 annual ey  \$0 rout \$25 Medicare \$200 annual ey  \$0 rout \$25 Medicare \$595/\$895 po \$60 quarter  \$75 quarter  Can be combounded to b	Mail (30 100 Day)  \$0   \$0 \$5   \$10 23%   23% 40%   40% 30%   N/A 25% Coinsurance  ual allowance k restrictions ine exam e covered exam e covered exam er ear annually rly; no rollover bined with OTC orly; no rollover uch as outpatient mental nostic procedures/tests, iagnostic and therapeutic urgently needed services,	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 29  \$2,500 annua No network r  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev \$0 routine \$35 INN   \$50 OON Me \$595/\$895 per \$60 quarterly;	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  30%   N/A  5% Coinsurance  I allowance estrictions e exam dicare covered exam year allowance exam dicare covered exam ear annually no rollover	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 3  \$2,000 annu No network  \$0 routin \$35 INN   \$50 OON M \$200 annual eye  \$0 routin \$35 INN   \$50 OON M \$595/\$895 pe  \$45 quarterly Can be combined	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam r ear annually y; no rollover y; no rollover ned with OTC //A
Deductible  Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card  Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card  Medical Expense Wallet Loaded onto eternalPlus Benefits Card	Retail (30 90 Day)  \$0   \$0  \$5   \$15  23%   23%  40%   40%  30%   N/A  Lesser of \$35 or  \$2,500 annual ey  \$0 rout \$25 Medicare \$200 annual ey  \$0 rout \$25 Medicare \$595/\$895 po \$60 quarter  Can be combounded to be combounded	Mail (30 100 Day)  \$0   \$0  \$5   \$10  23%   23%  40%   40%  30%   N/A  25% Coinsurance  ual allowance k restrictions tine exam e covered exam evewar allowance tine exam er ear annually fly; no rollover bined with OTC  rly; no rollover uch as outpatient mental hostic procedures/tests, iagnostic and therapeutic lingently needed services, if podiatry services	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 29  \$2,500 annua No network r  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$595/\$895 per \$60 quarterly;	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  30%   N/A  5% Coinsurance  I allowance estrictions e exam dicare covered exam vear allowance e exam dicare covered exam ear annually no rollover	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 3  \$2,000 annual No network  \$0 routin \$35 INN   \$50 OON M \$200 annual eye \$0 routin \$35 INN   \$50 OON M \$595/\$895 pe  \$45 quarterly  \$50 quarterly Can be combined  Note the combined of the com	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam r ear annually y; no rollover y; no rollover ned with OTC //A
PART D  Deductible  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card  Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card  Medical Expense Wallet Loaded onto eternalPlus Benefits Card  Transportation	Retail (30 90 Day)  \$0   \$0  \$5   \$15  23%   23%  40%   40%  30%   N/A  Lesser of \$35 or  \$2,500 annual ey  \$0 rout \$25 Medicare \$200 annual ey  \$0 rout \$25 Medicare \$595/\$895 pe  \$60 quarter  \$75 quarter Can be comb  \$200 quarte Use toward copays su health, therapy, diagr lab services, X-rays, di radiological services, u chiropractic and  36 one- To medical appointment  Up to 60 hours annual household chores, technicompa	Mail (30 100 Day)  \$0   \$0  \$5   \$10  23%   23%  40%   40%  30%   N/A  25% Coinsurance  ual allowance k restrictions tine exam e covered exam evewar allowance tine exam er ear annually  rly; no rollover bined with OTC  urly; no rollover uch as outpatient mental hostic procedures/tests, iagnostic and therapeutic urgently needed services, iagnostic and therapeutic urgently needed s	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 29  \$2,500 annual No network in \$0 routine \$35 INN   \$50 OON Me \$200 annual eyes \$0 routine \$35 INN   \$50 OON Me \$595/\$895 per \$60 quarterly;  N/A  N/A  S300 annual Use toward golf green fees, fees, bowling fees, fitness to the same and	Mail (30 100 Day)  \$0   \$0 \$5   \$10 25%   25% 40%   40% 30%   N/A  5% Coinsurance  I allowance estrictions e exam dicare covered exam ear allowance e exam dicare covered exam ear annually no rollover  A  allowance tennis and pickleball court rackers and home fitness	\$3  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  29%   N/A  Lesser of \$35 or 3  \$2,000 annual No network  \$0 routin \$35 INN   \$50 OON M \$200 annual eye \$0 routin \$35 INN   \$50 OON M \$595/\$895 pe  \$45 quarterly  \$50 quarterly Can be combined  Note the combined of the com	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam r ear annually y; no rollover y; no rollover he dwith OTC  /A  way trips ts, pharmacy, or dentist sistance with household chores, general companionship
Deductible  Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Insulin EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card  Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card  Medical Expense Wallet Loaded onto eternalPlus Benefits Card  Transportation  In-Home Support  Fitness Flex Wallet Loaded onto eternalPlus Benefits Card	Retail (30 90 Day)  \$0   \$0  \$5   \$15  23%   23%  40%   40%  30%   N/A  Lesser of \$35 or  \$2,500 annual ey  \$0 rout \$25 Medicare \$200 annual ey  \$0 rout \$25 Medicare \$595/\$895 po  \$60 quarter  Can be comb  \$200 quarte  Use toward copays su health, therapy, diagr lab services, X-rays, di radiological services, u chiropractic and  36 one- To medical appointment  Up to 60 hours annuthousehold chores, technic compa	Mail (30 100 Day)  \$0   \$0  \$5   \$10  23%   23%  40%   40%  30%   N/A  25% Coinsurance  ual allowance k restrictions line exam e covered exam yewear allowance line exam er ear annually rly; no rollover bined with OTC  rly; no rollover uch as outpatient mental hostic procedures/tests, liagnostic and therapeutic lingently needed services, liagnostic and general lianionship  N/A  Access to national and bo	\$18  Retail (30 90 Day)  \$0   \$0  \$5   \$15  25%   25%  40%   40%  30%   N/A  Lesser of \$35 or 29  \$2,500 annua No network r  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev  \$0 routine \$35 INN   \$50 OON Me \$595/\$895 per  \$60 quarterly;  N/A  N/A  Signature of \$30 annual  Vice toward golf green fees, fees, bowling fees, fitness to equipned the signature of the si	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  30%   N/A  5% Coinsurance  I allowance estrictions e exam dicare covered exam ear allowance e exam dicare covered exam ear annually no rollover  A  allowance tennis and pickleball court rackers and home fitness enent ear and classes, social activities	Retail (30 90 Day) \$0   \$0 \$5   \$15 25%   25% 40%   40% 29%   N/A Lesser of \$35 or 20 \$2,000 annual No network \$0 routin \$35 INN   \$50 OON M \$200 annual eye \$0 routin \$35 INN   \$50 OON M \$595/\$895 pe \$45 quarterly Can be combined Note that the second of	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam r ear annually y; no rollover y; no rollover ned with OTC //A  way trips ts, pharmacy, or dentist sistance with household chores, general companionship
Deductible  Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Insulin EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card  Medical Expense Wallet Loaded onto eternalPlus Benefits Card  Transportation  In-Home Support  Fitness Flex Wallet Loaded onto eternalPlus Benefits Card	Retail (30 90 Day)  \$0   \$0  \$5   \$15  23%   23%  40%   40%  30%   N/A  Lesser of \$35 or  \$2,500 annual ey  \$0 rout \$25 Medicare \$200 annual ey  \$0 rout \$25 Medicare \$595/\$895 po  \$60 quarter  Can be comb  \$200 quarte  Use toward copays su health, therapy, diagr lab services, X-rays, di radiological services, u chiropractic and  36 one- To medical appointment  Up to 60 hours annuthousehold chores, technic compa	Mail (30 100 Day)  \$0   \$0  \$5   \$10  23%   23%  40%   40%  30%   N/A  25% Coinsurance  ual allowance k restrictions line exam e covered exam evewar allowance line exam er ear annually ely; no rollover ly; no rollover	\$18  Retail (30 90 Day) \$0   \$0 \$5   \$15 25%   25% 40%   40% 30%   N/A  Lesser of \$35 or 29 \$2,500 annual No network r \$0 routine \$35 INN   \$50 OON Me \$200 annual eyev \$0 routine \$35 INN   \$50 OON Me \$595/\$895 per \$60 quarterly;  N/A  N/A  S300 annual Use toward golf green fees, fees, bowling fees, fitness the equipn	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  30%   N/A  5% Coinsurance  I allowance estrictions e exam dicare covered exam ear allowance e exam dicare covered exam ear annually no rollover  A  allowance tennis and pickleball court rackers and home fitness nent nand classes, social activities combined with routine	\$3 Retail (30 90 Day) \$0   \$0 \$5   \$15 25%   25% 40%   40% 29%   N/A Lesser of \$35 or 20 \$2,000 annual No network \$0 routing \$35 INN   \$50 OON M \$200 annual eye \$0 routing \$35 INN   \$50 OON M \$595/\$895 pe \$45 quarterly Can be combined  Note that the second of the seco	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam r ear annually y; no rollover y; no rollover ned with OTC //A  way trips ts, pharmacy, or dentist sistance with household chores, general companionship
Deductible  Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Insulin EXTRA BENEFITS Dental Loaded onto eternalPlus Benefits Card Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card Medical Expense Wallet Loaded onto eternalPlus Benefits Card  Transportation  In-Home Support  Fitness Flex Wallet Loaded onto eternalPlus Benefits Card  Fitness with OnePass Routine Chiropractic Services  Routine Acupuncture	Retail (30 90 Day)  \$0   \$0  \$5   \$15  23%   23%  40%   40%  30%   N/A  Lesser of \$35 or  \$2,500 annual ey  \$0 rout \$25 Medicare \$200 annual ey  \$0 rout \$25 Medicare \$595/\$895 po \$60 quarter  \$75 quarter  Can be comb  \$200 quarte  Use toward copays suchealth, therapy, diagral lab services, X-rays, diradiological services, unchiropractic and  36 one- To medical appointment  Up to 60 hours annual household chores, technic compa	Mail (30 100 Day) \$0   \$0 \$5   \$10 23%   23% 40%   40% 30%   N/A 25% Coinsurance  ual allowance k restrictions line exam e covered exam er ear annually rly; no rollover line exam er ear annually rly; no rollover lich as outpatient mental hostic procedures/tests, liagnostic and therapeutic lirgently needed services, lipodiatry services  -way trips nts, pharmacy, or dentist ally for assistance with nical support, and general anionship N/A  Access to national and bo N/A  Access to national and bo	\$18    Retail (30 90 Day)   \$0   \$0   \$0   \$5   \$15   \$15   \$25%   40%   40%   30%   N/A   Lesser of \$35 or 25   \$2,500 annual No network response \$35 INN   \$50 OON Mestrophysis \$200 annual eyeves \$0 routines \$35 INN   \$50 OON Mestrophysis \$60 quarterly; \$10   \$10	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 30%   N/A 5% Coinsurance  I allowance estrictions e exam dicare covered exam ear annually no rollover  A  allowance tennis and pickleball court rackers and home fitness nent enand classes, social activities combined with routine cture combined with routine services	Retail (30 90 Day) \$0   \$0 \$5   \$15 25%   25% 40%   40% 29%   N/A Lesser of \$35 or 20 \$2,000 annual No network \$0 routin \$35 INN   \$50 OON M \$200 annual eye \$0 routin \$35 INN   \$50 OON M \$595/\$895 pe \$45 quarterly Can be combined  Note that the second of	Mail (30 100 Day)  \$0   \$0 \$5   \$10 25%   25% 40%   40% 29%   N/A 25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam r ear annually y; no rollover y; no rollover hed with OTC //A  way trips ts, pharmacy, or dentist sistance with household chores, general companionship //A
PART D Deductible  Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Insulin  EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card  Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card  Medical Expense Wallet Loaded onto eternalPlus Benefits Card  Transportation  In-Home Support  Fitness Flex Wallet Loaded onto eternalPlus Benefits Card  Fitness with OnePass  Routine Chiropractic Services	Retail (30 90 Day)  \$0   \$0  \$5   \$15  23%   23%  40%   40%  30%   N/A  Lesser of \$35 or  \$2,500 annument No network Set Medicare \$200 annual ey  \$0 rout \$25 Medicare \$200 annual ey  \$10 rout \$25 Medicare \$200 annual ey  \$10 rout \$25 Medicare \$200 annual ey  \$25 Medicare \$200 annual ey  \$25 Medicare \$200 quarter  \$25 Medicare \$200 quarter  \$25 Medicare \$200 quarter  \$36 one-To medical appointment of the services of the service	Mail (30 100 Day) \$0   \$0 \$5   \$10 23%   23% 40%   40% 30%   N/A 25% Coinsurance  ual allowance k restrictions ine exam e covered exam e covered exam er ear annually rly; no rollover bined with OTC rly; no rollover coined exam exam exam exam exam exam exam exam	\$18    Retail (30 90 Day)   \$0   \$0   \$0   \$5   \$15   \$15   \$25%   40%   40%   30%   N/A   Lesser of \$35 or 25   \$2,500 annual No network resulting \$35 INN   \$50 OON Mestago	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 30%   N/A 5% Coinsurance  I allowance estrictions e exam dicare covered exam ear annually no rollover  A  allowance tennis and pickleball court rackers and home fitness nent exame to the combined with routine combined with routine combined with routine exervices  Must be approved by plan present the combined with routine exervices  Must be approved by plan present examinations and provided the combined with routine exervices  Must be approved by plan present examinations and provided the combined with routine exervices  Must be approved by plan present examinations and provided the combined with routine exervices  Must be approved by plan present examinations and provided the combined with routine exervices.	Retail (30 90 Day) \$0   \$0 \$5   \$15 25%   25% 40%   40% 29%   N/A Lesser of \$35 or 20 \$2,000 annual No network \$0 routin \$35 INN   \$50 OON M \$200 annual eye \$0 routin \$35 INN   \$50 OON M \$595/\$895 pe \$45 quarterly Can be combined  Note that the second of	Mail (30 100 Day)  \$0   \$0 \$5   \$10 25%   25% 40%   40% 29%   N/A 25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewaer allowance ne exam edicare covered exam r ear annually y; no rollover y; no rollover ned with OTC //A  way trips ts, pharmacy, or dentist sistance with household chores, general companionship
Deductible  Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Insulin EXTRA BENEFITS  Dental Loaded onto eternalPlus Benefits Card  Vision  Hearing  OTC Allowance Loaded onto eternalPlus Benefits Card  Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card  Medical Expense Wallet Loaded onto eternalPlus Benefits Card  Transportation  In-Home Support  Fitness Flex Wallet Loaded onto eternalPlus Benefits Card  Fitness with OnePass Routine Chiropractic Services  Routine Acupuncture  Meals	Retail (30 90 Day) \$0   \$0 \$5   \$15 23%   23% 40%   40% 30%   N/A Lesser of \$35 or \$2,500 annual ey \$0 rout \$25 Medicare \$200 annual ey \$595/\$895 pe \$60 quarter Can be comb \$200 quarte Use toward copays suchealth, therapy, diagrallab services, X-rays, diradiological services, uchiropractic and To medical appointment Up to 60 hours annual household chores, technic compa	Mail (30 100 Day)  \$0   \$0 \$5   \$10 23%   23% 40%   40% 30%   N/A  25% Coinsurance  ual allowance k restrictions line exam e covered exam er ear annually rly; no rollover line exam er ear annually rly; no rollover lich as outpatient mental hostic procedures/tests, liagnostic and therapeutic lingently needed services, liagnostic and therapeutic lingently needed services, liagnostic and therapeutic lingently needed services, liagnostic and general anionship  N/A  Access to national and bo N/A  Y subscription (in-home, lartwatch LTE options)	\$18    Retail (30 90 Day)   \$0   \$0   \$0   \$5   \$15   \$25%   25%   40%   40%   30%   N/A	Mail (30 100 Day) \$0   \$0 \$5   \$10 25%   25% 40%   40% 30%   N/A 5% Coinsurance  I allowance estrictions e exam dicare covered exam vear allowance e exam dicare covered exam ear annually no rollover  A  allowance tennis and pickleball court rackers and home fitness nent nand classes, social activities combined with routine cture combined with routine services Must be approved by plan pr	Retail (30 90 Day) \$0   \$0 \$5   \$15 25%   25% 40%   40% 29%   N/A Lesser of \$35 or 20 \$2,000 annu No network \$0 routin \$35 INN   \$50 OON M \$200 annual eye \$45 quarterly Can be combined Note the combined of	Mail (30 100 Day)  \$0   \$0  \$5   \$10  25%   25%  40%   40%  29%   N/A  25% Coinsurance  al allowance restrictions ne exam edicare covered exam ewear allowance ne exam edicare covered exam r ear annually y; no rollover y; no rollover ned with OTC //A  way trips ts, pharmacy, or dentist sistance with household chores, general companionship  //A  ess kits //A