

REMINDER

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



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eternalHealth Today!

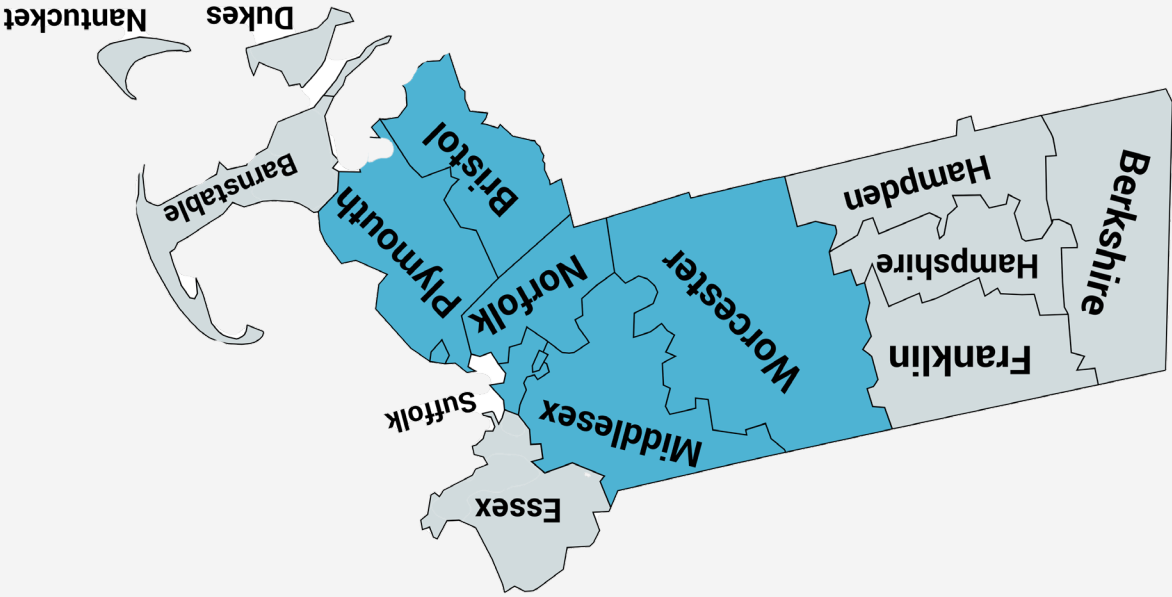


The Next Generation of Medicare Advantage

Benefits At
A Glance

Plan Year 2026
Massachusetts

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PLAN COSTS	Forever (HMO) H1280-001		Freedom (PPO) H2694-001		Give Back (PPO) H2694-002	
	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Premium	\$0		\$0		\$0	
MOOP	\$5,000		\$6,500	\$9,500 combined	\$6,500	\$10,000 combined
Part B Give Back	\$0		\$0		\$60 reduced from Part B premium monthly	
Medical Deductible	\$0		\$0		\$0	
INPATIENT CARE						
Inpatient Hospital	\$300 per days 1-5		\$370 per days 1-5	30% Coinsurance	\$390 per days 1-6	30% Coinsurance
Inpatient Mental	\$300 per days 1-5		\$370 per days 1-5	30% Coinsurance	\$390 per days 1-6	30% Coinsurance
Skilled Nursing Facility (SNF)	\$0 per days 1-20; \$203 per days 21-100		\$0 per days 1-20; \$203 per days 21-100	25% Coinsurance	\$0 per days 1-20; \$203 per days 21-100	30% Coinsurance
PCP Visit	\$0		\$0		\$0	
Specialist Visit	\$0		\$0	\$20	\$0	\$20
Chiropractic Care	\$15		\$15	\$50	\$15	\$50
Podiatry Visit	\$35		\$30	\$50	\$35	\$50
Mental Health (Group or Individual)	\$25		\$30	\$50	\$30	\$50
Outpatient Substance Use	\$25		\$30	\$50	\$30	\$50
Physical and Speech Therapy (PT/ST)	\$30		\$20	\$50	\$30	\$50
Ambulatory Surgery Visit (ASC)	\$225		\$250	20% Coinsurance	\$250	20% Coinsurance
Outpatient Hospital	\$325 outpatient surgery \$325 observation \$35 other outpatient services		\$350 outpatient surgery \$350 observation \$0 other outpatient services	20% outpatient surgery 20% observation \$50 other outpatient services	\$350 outpatient surgery \$350 observation \$35 other outpatient services	20% outpatient surgery 20% observation \$50 other outpatient services
Ambulance (Ground/Air/Water)	\$300		\$300		\$300	
ER Includes Worldwide Coverage	\$125		\$125	\$125	\$100	
Urgent Care Includes Worldwide Coverage	\$25		\$25		\$25	
Home Health Services	\$0		\$0	30% Coinsurance	\$0	30% Coinsurance
OUTPATIENT MEDICAL SERVICES AND SUPPLIES						
Durable Medical Equipment (DME)	20% Coinsurance		20% Coinsurance		20% Coinsurance	
Diabetic Supplies	20% Coinsurance		20% Coinsurance		20% Coinsurance	
Diabetic Footcare	\$0		\$0	\$50	\$0	\$50
Blood	\$0		\$0	20% Coinsurance	\$0	20% Coinsurance
Lab	\$0		\$0	\$10	\$0	\$20
Diagnostic Procedures/Tests	\$0 at office \$10 at freestanding facility		\$0 at office \$10 at freestanding facility	20% Coinsurance	\$0 at office \$20 at freestanding facility	20% Coinsurance
Medicare-covered Diagnostic Radiological Services	\$100 Ultrasounds \$250 all others		\$100 Ultrasounds \$250 all others		\$80 Ultrasounds \$300 all others	
Medicare Covered X-Ray	\$10		\$15	20% Coinsurance	\$20	20% Coinsurance
Diagnostic Colonoscopy	\$0		\$0		\$0	
Therapeutic Radiology	\$60		\$60	20% Coinsurance	\$60	20% Coinsurance
PREVENTIVE SERVICES						
Annual Physical Exam/Annual Wellness Exam	\$0		\$0		\$0	
Preventive Services	\$0		\$0		\$0	
MEDICARE PART B DRUGS						
Part B Drugs	20% Coinsurance		20% Coinsurance		20% Coinsurance	
PART D						
Deductible	\$250		\$185		\$350	
	Retail (30 90 Day)	Mail (30 100 Day)	Retail (30 90 Day)	Mail (30 100 Day)	Retail (30 90 Day)	Mail (30 100 Day)
Tier 1	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Tier 2	\$5 \$15	\$5 \$10	\$5 \$15	\$5 \$10	\$5 \$15	\$5 \$10
Tier 3	23% 23%	23% 23%	25% 25%	25% 25%	25% 25%	25% 25%
Tier 4	40% 40%	40% 40%	40% 40%	40% 40%	40% 40%	40% 40%
Tier 5	30% N/A	30% N/A	30% N/A	30% N/A	29% N/A	29% N/A
Insulin	Lesser of \$35 or 25% Coinsurance		Lesser of \$35 or 25% Coinsurance		Lesser of \$35 or 25% Coinsurance	
EXTRA BENEFITS						
Dental Loaded onto eternalPlus Benefits Card	\$2,500 annual allowance No network restrictions		\$2,500 annual allowance No network restrictions		\$2,000 annual allowance No network restrictions	
Vision	\$0 routine exam \$25 Medicare covered exam \$200 annual eyewear allowance		\$0 routine exam \$35 INN \$50 OON Medicare covered exam \$200 annual eyewear allowance		\$0 routine exam \$35 INN \$50 OON Medicare covered exam \$200 annual eyewear allowance	
Hearing	\$0 routine exam \$25 Medicare covered exam \$595/\$895 per ear annually		\$0 routine exam \$35 INN \$50 OON Medicare covered exam \$595/\$895 per ear annually		\$0 routine exam \$35 INN \$50 OON Medicare covered exam \$595/\$895 per ear annually	
OTC Allowance Loaded onto eternalPlus Benefits Card	\$60 quarterly; no rollover		\$60 quarterly; no rollover		\$45 quarterly; no rollover	
Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card	\$75 quarterly; no rollover Can be combined with OTC		N/A		\$50 quarterly; no rollover Can be combined with OTC	
Medical Expense Wallet Loaded onto eternalPlus Benefits Card	\$200 quarterly; no rollover Use toward copays such as outpatient mental health, therapy, diagnostic procedures/tests, lab services, X-rays, diagnostic and therapeutic radiological services, urgently needed services, chiropractic and podiatry services		N/A		N/A	
Transportation	36 one-way trips To medical appointments, pharmacy, or dentist		24 one-way trips To medical appointments, pharmacy, or dentist		12 one-way trips To medical appointments, pharmacy, or dentist	
In-Home Support	Up to 60 hours annually for assistance with household chores, technical support, and general companionship		N/A		Up to 30 hours annually for assistance with household chores, technical support, and general companionship	
Fitness Flex Wallet Loaded onto eternalPlus Benefits Card	N/A		\$300 annual allowance Use toward golf green fees, tennis and pickleball court fees, bowling fees, fitness trackers and home fitness equipment		N/A	
Fitness with OnePass	Access to national and boutique fitness facilities, on-demand classes, social activities, brain training and at-home fitness kits					
Routine Chiropractic Services	N/A		\$25 copay, up to 20 visits combined with routine acupuncture		N/A	
Routine Acupuncture	N/A		\$25 copay, up to 20 visits combined with routine chiropractic services		N/A	
Meals	28 Meals/14 days upon discharge. Must be approved by plan prior to placing order					
PERS	Fully covered monthly subscription (in-home, mobile LTE and smartwatch LTE options)		N/A		N/A	
Digital MSK	Digital personalized therapy to help manage pain, improve balance, and prevent falls. Every program includes personalized exercises with real-time feedback, relaxation techniques, educational content, and 1:1 support from a care team of health coaches and Doctors of Physical Therapy.					

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