eternalHealth Give Back (PPO) offered by eternalHealth

Annual Notice of Change for 2027

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, 2026, you'll stay in eternalHealth Give Back (PPO).
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* 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

- 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, 2026, you'll automatically be enrolled in eternalHealth Give Back (PPO)**. Starting January 1, 2027, 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.

Table of Contents

Summary of Important Costs for 2027

	2026 (this year)	2027 (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 most 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: $10 copayment per visit Out-of-Network: $40 copayment per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient	In-Network: $390 copayment per day for days 1-6 $0 copayment per day for days 7-90	**In-Network: $435 copayment per day for days 1-7 $0 copayment per day for days 8-90**

	2026 (this year)	2027 (next year)
hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	$0 copayment per day for days 91+ Out-of-Network: 30% coinsurance per stay.	**Out-of-Network: 45% coinsurance per stay.**
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $350, except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: $0 copayment Drug Tier 2: $5 copayment Drug Tier 3: 25% coinsurance You pay no more than $35 or 25% per month supply of each covered insulin product on this tier. Drug Tier 4: 40% coinsurance You pay no more than $35 or 25% per month supply of each covered insulin product on this tier. Drug Tier 5: 29% coinsurance You pay no more than $35 or 25% per month supply of each covered insulin product on this tier.	**Part D drug coverage deductible** **$400, except for covered insulin products and most adult Part D vaccines** **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1: $0 copayment** **Drug Tier 2: $0 copayment** **Drug Tier 3: 25% coinsurance** **You pay no more than $35 or 25% per month supply of each covered insulin product on this tier.** **Drug Tier 4: 35% coinsurance** **You pay no more than $35 or 25% per month supply of each covered insulin product on this tier.** **Drug Tier 5: 28% coinsurance** **You pay no more than $35 or 25% per month supply of each covered insulin product on this tier.**

	2026 (this year)	2027 (next year)
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**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

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$0** **There is no change to the monthly plan premium.**
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$60	**$48**

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 Part D or 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.

	2026 (this year)	2027 (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 2027**
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 2027**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *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 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. You may have a special enrollment period if your provider leaves the plan network.

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 2027 *Pharmacy Directory* 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

	2026 (this year)	**2027 (next year)**
Ambulatory Surgical Center (ASC)	**In-Network:** $0 - $250 copayment per service. $0 copayment for diagnostic colonoscopy and $250	**In-Network: $0 - $300 copayment per service. $0 copayment for diagnostic colonoscopy**

	2026 (this year)	2027 (next year)
	copayment for all other ASC services. **Out-Of-Network:** 20% of the total cost.	**and $300 copayment for all other ASC services.** **Out-Of-Network: 30% of the total cost.**
Dental Services – (Preventative and Comprehensive)	**In-Network and Out-of-Network:** There is a $2,000 annual allowance for non-Medicare covered preventive & comprehensive dental services. This benefit is accessed by using your eternalPlus Benefits card. *Your costs do not count toward your maximum out-of-pocket amount.*	**In-Network and Out-of-Network: There is a $1,750 annual allowance for non-Medicare covered preventive & comprehensive dental services.** **This benefit is accessed by using your eternalPlus Benefits card.** ***Your costs do not count toward your maximum out-of-pocket amount.***
Diagnostic Radiological Services	**In-Network:** $80 - $300 copayment per service. $80 copayment for ultrasound and $300 copayment for all other services. **Out-Of-Network:** 20% of the total cost.	**In-Network: $80 - $300 copayment per service. $80 copayment for ultrasound and $300 copayment for all other services.** **Out-Of-Network: 30% of the total cost.**
Durable Medical Equipment	**In-Network and Out-of-Network:** 20% of the total cost per visit.	**In-Network: 20% of the total cost per visit.** **Out-of-Network: 30% of the total cost per visit.**

	2026 (this year)	2027 (next year)
Emergency Services	**In-Network and Out-of-Network:** $100 copayment per visit.	**In-Network and Out-of-Network: $130 copayment per visit.**
Health and Wellness - Fitness	**Kaia Health:** Kaia is a digital therapy app for pain management you can do anywhere, anytime. With Kaia, you'll have everything you need to start feeling better, including proven exercises, daily routines, support from our expert care team, and more. Every program includes personalized exercises with real time feedback, relaxation techniques, education content, and 1:1 support from a care team of health coaches and Doctors of Physical Therapy. You must use the plan approved vendor, Kaia Health for this benefit. Please go to startkaia.com/eternalhealth to get started. Customer support is available Monday through Friday from 9:00 a.m. to 5:00 p.m. EST at help.kaiahealth.com.	**Not Covered.**
Hearing Aids (all types)	**In-Network:** $595 - $895 copayment per visit. You may receive 2 hearing	**In-Network: $595 - $895 copayment per visit.** **You may receive 2 hearing**

	2026 (this year)	2027 (next year)
	aids, 1 aid per ear per year. Members must purchase hearing aids from NationsHearing in order to receive the copay. **Out-of-Network:** You pay $0 for this benefit.	**aids, 1 aid per ear per year. Members must purchase hearing aids from NationsHearing in order to receive the copay.** **Out-of-Network: 80% of the total cost per visit.** **You may receive 2 hearing aids, 1 aid per ear per year at the provider of choice. Members must pay out of pocket when going OON and then submit to NationsHearing for reimbursement.**
Inpatient Hospital – Psychiatric	For each admission to a psychiatric unit in a general hospital, you pay a $390 copayment per day for days 1-6. You pay a $0 copayment per day for days 7 to 90. You pay $0 copayment per day for days 91+. For each admission in a free standing psychiatric hospital, you pay $390 copayment per day for days 1-6. You pay a $0 copayment per day for days 7 to 90. You pay $0 copayment for days 91 and beyond until you have reached the 190 day lifetime limit. If you get authorized inpatient care at an out of-	**For each admission to a psychiatric unit in a general hospital, you pay a $335 copayment per day for days 1-7. You pay a $0 copayment per day for days 8 to 90. You pay $0 copayment per day for days 91+.** **For each admission in a free standing psychiatric hospital, you pay $335 copayment per day for days 1-7. You pay a $0 copayment per day for days 8 to 90.** **You pay $0 copayment for days 91 and beyond until you have reached the 190 day lifetime limit.**

	2026 (this year)	2027 (next year)
	network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital. **Out-of-Network:** 30% coinsurance per stay. Prior Authorization is required, except in an emergency.	**Out-of-Network: 45% coinsurance per stay.** **If you get authorized inpatient care at an out of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital.** **Prior Authorization is required, except in an emergency.**
Lab Services	**In-Network:** $0 - $20 copayment per visit. **Out-of-Network:** 20% of the total cost per visit. Prior Authorization is required.	**In-Network: $0 - $20 copayment per visit.** **Out-of-Network: 30% of the total cost per visit.** **Prior Authorization is not required.**
Medical Supplies	**In-Network and Out-of-Network:** 20% of the total cost.	**In-Network: 20% of the total cost.** **Out-of-Network: 30% of the total cost.**
Medicare Part B Rx Drugs	**In-Network and Out-of-Network:** 0% - 20% of the total cost per visit.	**In-Network: 0% - 20% of the total cost per visit.** **Out-of-Network: 0% - 30% of the total cost per visit.**

	2026 (this year)	2027 (next year)
Medicare-covered Diabetic Supplies	**In-Network:** 0% - 20% of the total cost. 0% for preferred brand and 20% for nonpreferred brand. **Out-Of-Network:** 20% of the total cost.	**In-Network: 0% - 20% of the total cost.** **0% for preferred brand and 20% for nonpreferred brand.** **Out-Of-Network: 30% of the total cost.**
Medicare-covered Diabetic Therapeutic Shoes or Inserts	**In-Network and Out-of-Network:** 20% of the total cost per visit.	**In-Network: 20% of the total cost per visit.** **Out-of-Network: 30% of the total cost per visit.**
Medicare-covered Diagnostic Procedures Tests	**In-Network:** $0 - $20 copayment per visit. **Out-of-Network:** 20% of the total cost per visit. Prior Authorization is required.	**In-Network: $0 - $20 copayment per visit.** **Out-of-Network: 30% of the total cost per visit.** **Prior Authorization is not required.**
Medicare-covered Dialysis Services	**In-Network and Out-of-Network:** 20% of the total cost per visit.	**In-Network: 20% of the total cost per visit.** **Out-of-Network: 30% of the total cost per visit.**
Medicare-covered Therapeutic Radiological Services	**In-Network:** $60 copayment per visit. **Out-of-Network:** 20% of the total cost per visit.	**In-Network: $60 copayment per visit.** **Out-of-Network: 30% of the total cost per visit.**

	2026 (this year)	2027 (next year)
Observation Services	**In-Network:** $350 copayment per stay. **Out-of-Network:** 20% of the total cost per visit.	**In-Network: $350 copayment per stay.** **Out-of-Network: 30% of the total cost per visit.**
Outpatient Hospital Services	**In-Network:** $0 - $350 copayment per visit. **Out-of-Network:** 20% of the total cost per visit.	**In-Network: $0 - $425 copayment per visit.** **Out-of-Network: 45% of the total cost per visit.**
Prosthetic Devices	**In-Network and Out-of-Network:** 20% of the total cost per visit.	**In-Network: 20% of the total cost per visit.** **Out-of-Network: 30% of the total cost per visit.**
Radiology Services - X-Rays	**In-Network:** $20 copayment per visit. **Out-of-Network:** 20% of the total cost per visit.	**In-Network: $20 copayment per visit.** **Out-of-Network: 30% of the total cost per visit.**
Urgently Needed Services	**In-Network and Out-of-Network:** $0 - $25 copayment per visit.	**In-Network and Out-of-Network: $25 copayment per visit.**
Worldwide Emergency Coverage	$100 copayment per visit. eternalHealth will pay a maximum of $25,000 per year for Worldwide Emergency Services.	**$130 copayment per visit.** **eternalHealth will pay a maximum of $25,000 per year for Worldwide Emergency Services.**

	2026 (this year)	2027 (next year)
	**Your costs do not count toward your maximum out-of-pocket amount.*	****Your costs do not count toward your maximum out-of-pocket amount.***
Worldwide Urgent Care*	$0-$25 copayment per visit. You pay a $0 copayment for PCP related services and a $25 copayment for all other services. eternalHealth will pay a maximum of $25,000 per year for Worldwide Emergency/Urgent Services and Worldwide Emergency Transportation. **Your costs do not count toward your maximum out-of-pocket amount.*	**$25 copayment per visit.** **eternalHealth will pay a maximum of $25,000 per year for Worldwide Emergency/Urgent Services and Worldwide Emergency Transportation.** ****Your costs do not count toward your maximum out-of-pocket amount.***

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 posted online at www.eternalhealth.com.

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 you about your drug costs. If you get Extra Help and you don't get this material by October 1, 2026, call Member Services at 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.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3, 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 Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2026 (this year)	2027 (next year)
Yearly Deductible	$350 During this stage, you pay $0 cost sharing for drugs on Tier 1, $5 cost sharing for drugs on Tier 2 and 25% coinsurance of the drug on Tier 3, and the full cost of drugs on Tier 4 and Tier 5 until you've reached the yearly deductible.	**$400** **During this stage, you pay $0 cost sharing for drugs on Tier 1, $0 cost sharing for drugs on Tier 2 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

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 $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 Preferred Generic: 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**
Tier 2 Generic: 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	**$0 copayment**
Tier 3 Preferred Brand: 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.	25% coinsurance You pay $35 or 25% coinsurance per month supply of each covered insulin product on this tier. Your cost for a one-month (30 days) mail-order prescription is 25% coinsurance of the prescription.	**25% coinsurance** **You pay $35 or 25% coinsurance per month supply of each covered insulin product on this tier.** **Your cost for a one-month (30 days) mail-order prescription is 25% coinsurance of the prescription.**

	2026 (this year)	2027 (next year)
Tier 4 Non-Preferred Drug: 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.	40% coinsurance You pay $35 or 25% coinsurance per month supply of each covered insulin product on this tier. Your cost for a one-month (30 days) mail-order prescription is 40% coinsurance of the prescription.	**35% coinsurance** **You pay $35 or 25% coinsurance per month supply of each covered insulin product on this tier.** **Your cost for a one-month (30 days) mail-order prescription is 35% coinsurance of the prescription.**
Tier 5 Specialty Tier: 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% coinsurance You pay $35 or 25% coinsurance per month supply of each covered insulin product on this tier. Your cost for a one-month (30 days) mail-order prescription is 29% coinsurance of the prescription.	**28% coinsurance** **You pay $35 or 25% coinsurance per month supply of each covered insulin product on this tier.** **Your cost for a one-month (30 days) mail-order prescription is 28% coinsurance of the prescription.**

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Member Rewards & Incentives Program	**Rewards and Incentives Program:** As an eternalHealth member, you can earn up to **$85.00 in rewards.** From January 1 to December 31, 2026, you can earn rewards by completing	**Not covered.**

	2026 (this year)	2027 (next year)
	each recommended health initiative. Be sure to use your rewards before the end of the year, as they will not roll over.	

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 type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our eternalHealth Give Back (PPO).

If you want to change plans for 2027, 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). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from eternalHealth Give Back (PPO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll www.eternalhealth.com. 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 Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 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, 2027, 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 separate Medicare drug coverage) between January 1 – March 31, 2027.

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 separate 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, call Massachusetts HIV Drug Assistance Program (HDAP) at 1-(800) 228-2714. 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. 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 2027 you do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-800-680-4568 (TTY users should call 711) or visit 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. Hours are 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 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *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 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/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 Medicare.gov**

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

- **Write to Medicare**

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

- **Visit 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* 2027**

  The *Medicare & You 2027* 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 Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.