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

Annual Notice of Change for 2027

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, 2026, you'll stay in eternalHealth Valor Give Back (HMO-POS).
- 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

- This material is available for free in Spanish.
- 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).

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- **If you do nothing by December 7, 2026, you'll automatically be enrolled in eternalHealth Valor Give Back (HMO-POS).** Starting January 1, 2027, 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 that is added to your monthly premium if you enroll in Medicare drug coverage in the future.

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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.)	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: You pay nothing per visit**
Specialist office visits	In-Network and Out-of-Network: $0 copayment per visit	**In-Network and Out-of-Network: You pay nothing per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and	In each benefit period you pay: Days 1-60 (of each benefit period): $0 copayment after you meet your Part A deductible. Days 61-90 (of each benefit period): A $419 copayment amount each day.	**In each benefit period you pay: Days 1-60 (of each benefit period): $0 copayment after you meet your Part A deductible. Days 61-90 (of each benefit period): A $434 copayment amount each day.**

	2026 (this year)	2027 (next year)
ends the day before you're discharged.	After day 91 (of each benefit period): An $838 copayment amount each day while using your 60 lifetime reserve days.	**After day 91 (of each benefit period): An $868 copayment amount each day while using your 60 lifetime reserve days.** **These are 2026 cost-sharing amounts and may change for 2027. 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

	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.	$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.

	2026 (this year)	2027 (next year)
In-Network Maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) **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 2027.**

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount.	$9,000	**$9,000** **Once you've paid $9,000 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 your combined maximum out-of-pocket 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 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. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture - Non-Medicare	**In-Network:** $20 copayment for 20 visits per calendar year. **Out-of-Network:** 50% of the total cost per visit.	**In-Network: $25 copayment for 20 visits per calendar year.** **Out-of-Network: Not covered.**
Alternative Therapies - Non-Medicare	**Not covered.**	**$0 copayment for this benefit.** **This benefit provides members with personalized, on-demand therapeutic music experiences designed to support symptom management, functional status, and overall health and wellbeing.**
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	**Not Covered.**

	2026 (this year)	2027 (next year)
	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.	
Medicare Part B Insulin Drug	**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.**
Medicare-covered Diabetic Supplies	**In-Network:** 20% of the total cost. **Out-Of-Network:** 50% of the total cost. Prior Authorization is required.	**In-Network: 0% - 20% of the total cost.** **0% for preferred brand and 20% for non-preferred brand.** **Out-Of-Network: 50% of the total cost.** **Prior Authorization is required.**
Medicare-covered Kidney Disease Services	**In-Network:** 20% of the total cost per visit. **Out-Of-Network:** 50% of the total cost per visit.	**In-Network and Out-of-Network: $0 copayment per visit.**

	2026 (this year)	2027 (next year)
Partial Hospitalization Services	**In-Network:** 20% of the total cost per visit. **Out-of-Network:** 50% of the total cost per visit. Prior Authorization is not required.	**In-Network: 20% of the total cost per visit.** **Out-of-Network: 50% of the total cost per visit.** **Prior Authorization is required.**
Routine Chiropractic Care - Non-Medicare	**In-Network:** $25 copayment for 20 visits per calendar year. **Out-of-Network:** 50% of the total cost per visit.	**In-Network: $25 copayment for 20 visits per calendar year.** **Out-of-Network: Not covered.**

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, 2025, you can earn rewards by completing each recommended health initiative.	**Not covered.**

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 Medicare health 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 2027, 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). 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,** 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 Medicare.gov, check the *Medicare & You 2027* 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, 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 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 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 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 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *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)

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.