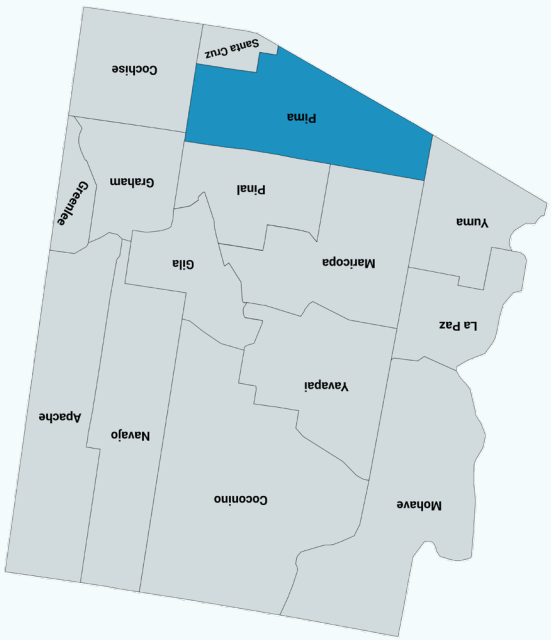


Benefits At A Glance

Plan Year 2027

Pima County in Arizona



Whether you’re looking for more savings, flexibility, or support for your active lifestyle – we have a plan that’s right for you.

Call Today for your **FREE** Medicare Review
1 (833) 430-6173 (TTY 711)

Or Scan the QR Code to Shop & Compare Online!



SCAN ME

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-approved 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. Other providers are available in our network. El Rio and TMC Health also contract with other Medicare plans.

Here's What Our Members Have to Say:

“We had such a great experience getting help with our eternalHealth insurance. We’re so happy to be part of the eternalHealth system! The employees provided exceptional assistance throughout the process. Their support made all the difference!”

– Sally W.



“Since I’m really healthy, I focus on finding plans with exceptional ‘extra benefits.’ I love that eternalHealth allows me to visit any dentist I choose and includes some smaller fitness companies in their network. Keep up the great work!”

– Therese S.



“I’ve been in many health plans, but nothing like eternalHealth. They have taken care of everything like no other. It’s good to know there’s always somebody there to help me.”

– Veronica D.



PLAN COSTS	Horizon (HMO) H3551-001	Valor Give Back (HMO-POS) H3551-003		eternalHealth Catalina (HMO) H3551-005	
				  Other Providers Are Available In Our Network	
	In-Network	In-Network	Out-of-Network	In-Network	
Monthly Premium	\$0	\$0		\$0	
MOOP	\$4,000	\$5,500	\$9,000	\$3,100	
Part B Give Back	\$0	\$100 reduction from Part B premium monthly		\$0	
Medical Deductible	\$0	\$0		\$0	
INPATIENT CARE					
Inpatient Hospital	\$225 per days 1-7	7% Coinsurance		\$175 per days 1-5	
Inpatient Mental Health	\$225 per days 1-7	7% Coinsurance		\$175 per days 1-5	
Skilled Nursing Facility (SNF)	\$0 per days 0-20; \$203 per days 21-100	13% Coinsurance		\$0 per days 0-20; \$203 per days 21-100	
PCP Visit	\$0	\$0		\$0	
Specialist Visit	\$5	\$0		\$0	
Chiropractic Care	\$20	\$15	50% Coinsurance	\$20	
Podiatry Visit	\$20	\$20	50% Coinsurance	\$20	
Mental Health (Group or Individual)	\$15	20% Coinsurance	50% Coinsurance	\$15	
Outpatient Substance Use	\$20	20% Coinsurance	50% Coinsurance	\$20	
Physical and Speech Therapy (PT/ST)	\$20	\$30	50% Coinsurance	\$20	
Ambulatory Surgery Visit (ASC)	\$100	20% Coinsurance	50% Coinsurance	\$100	
Outpatient Hospital	\$175 outpatient surgery \$150 observation \$20 other outpatient services	20% coinsurance	50% coinsurance	\$175 outpatient surgery \$150 observation \$20 other outpatient services	
Ambulance (Ground/Air/Water)	\$250	20% Coinsurance	50% Coinsurance	\$250	
ER Includes Worldwide Coverage	\$135	20% Coinsurance		\$130	
Urgent Care Includes Worldwide Coverage	\$0	20% Coinsurance		\$25	
Home Health Services	\$0	\$0	50% Coinsurance	\$0	
OUTPATIENT MEDICAL SERVICES AND SUPPLIES					
Durable Medical Equipment (DME)	20% Coinsurance	20% Coinsurance	50% Coinsurance	20% Coinsurance	
Diabetic Supplies	0%-20% Coinsurance	0%-20% Coinsurance	50% Coinsurance	0%-20% Coinsurance	
Diabetic Footcare	\$0	\$0	50% Coinsurance	\$0	
Blood	\$0	20% Coinsurance	50% Coinsurance	\$0	
Lab	\$0	\$0	50% Coinsurance	\$0	
Diagnostic Procedures/Tests	\$0 at PCP office \$60 at freestanding facility	20% Coinsurance	50% Coinsurance	\$0 at PCP office \$60 at freestanding facility	
Medicare-covered Diagnostic Radiological Services	\$0 Ultrasounds \$170 all others	20% Coinsurance	50% Coinsurance	\$0 Ultrasounds \$150 all others	
Medicare Covered X-Ray	\$0	20% Coinsurance	50% Coinsurance	\$0	
Diagnostic Colonoscopy	\$0	20% Coinsurance	50% Coinsurance	\$0	
Therapeutic Radiology	\$60	20% Coinsurance	50% Coinsurance	\$60	
PREVENTIVE SERVICES					
Annual Physical Exam/Annual Wellness Exam	\$0	\$0		\$0	
Preventive Services	\$0	\$0		\$0	
PART D					
Deductible	\$200 Tiers 3,4 and 5		N/A	\$275 Tiers 3, 4 and 5	
	Retail (30 100 Day)	Mail (30 100 Day)		Retail (30 100 Day)	Mail (30 100 Day)
Tier 1	\$0 \$0	\$0 \$0		\$0 \$0	\$0 \$0
Tier 2	\$0 \$0	\$0 \$0		\$4 \$12	\$4 \$8
Tier 3	25% 25%	25% 25%		25% 25%	25% 25%
Tier 4	35% 35%	35% 35%		35% 35%	35% 35%
Tier 5	31% N/A	31% N/A		30% N/A	30% N/A
Insulin	Lesser of \$35 or 25% Coinsurance			Lesser of \$35 or 25% Coinsurance	
EXTRA BENEFITS					
Dental Loaded onto eternalPlus Benefits Card	\$2,800 annual allowance No network restrictions		\$2,500 annual allowance No network restrictions	\$1,000 annual allowance No network restrictions	
Vision	\$0 routine exam \$20 Medicare covered exam \$200 annual eyewear allowance		\$0 routine exam 20% INN 50% OON Medicare covered exam \$200 annual eyewear allowance	\$0 routine exam \$20 Medicare covered exam \$200 annual eyewear allowance	
Hearing	\$0 routine exam \$20 Medicare covered exam \$595/\$895 per aid annually		\$0 routine exam 20% INN 50% OON Medicare covered exam \$595/\$895 per aid annually	\$0 routine exam \$20 Medicare covered exam \$595/\$895 per aid annually	
OTC Allowance Loaded onto eternalPlus Benefits Card	\$70 quarterly; no rollover		\$50 quarterly; no rollover	\$75 quarterly; no rollover	
Healthy Grocery Allowance* (SSBCI) Loaded onto eternalPlus Benefits Card	N/A		\$200 quarterly; no rollover Use toward healthy groceries, automobile gas, rent/mortgage, and minor home/bathroom safety modifications	\$65 quarterly; no rollover Can be combined with OTC	
Essentials Wallet* (SSBCI) Loaded onto eternalPlus Benefits Card	N/A			N/A	
Medical Expense Wallet Loaded onto eternalPlus Benefits Card	N/A		N/A	\$150 quarterly; no rollover Use toward copays on diagnostic procedures and tests and lab services	
Wellness Wallet Loaded onto eternalPlus Benefits Card	N/A		N/A	\$500 bi-annually; no rollover Use toward acupuncture, naturopathic and chiropractic services	
Transportation	24 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 40 hours annually for assistance with household chores, technical support, and general companionship		N/A	N/A	
Fitness Flex Wallet Loaded onto eternalPlus Benefits Card	N/A		\$250 annual allowance Use toward golf green fees, tennis and pickleball court fees, bowling fees 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	
Myndstream Music Therapy			A music therapy mobile app with access to soundscapes designed to relax and recharge.	N/A	