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.

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. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all your options.

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) 430-6971 (TTY 711)

Or scan the QR Code to Shop & Compare Online!

SCAN ME

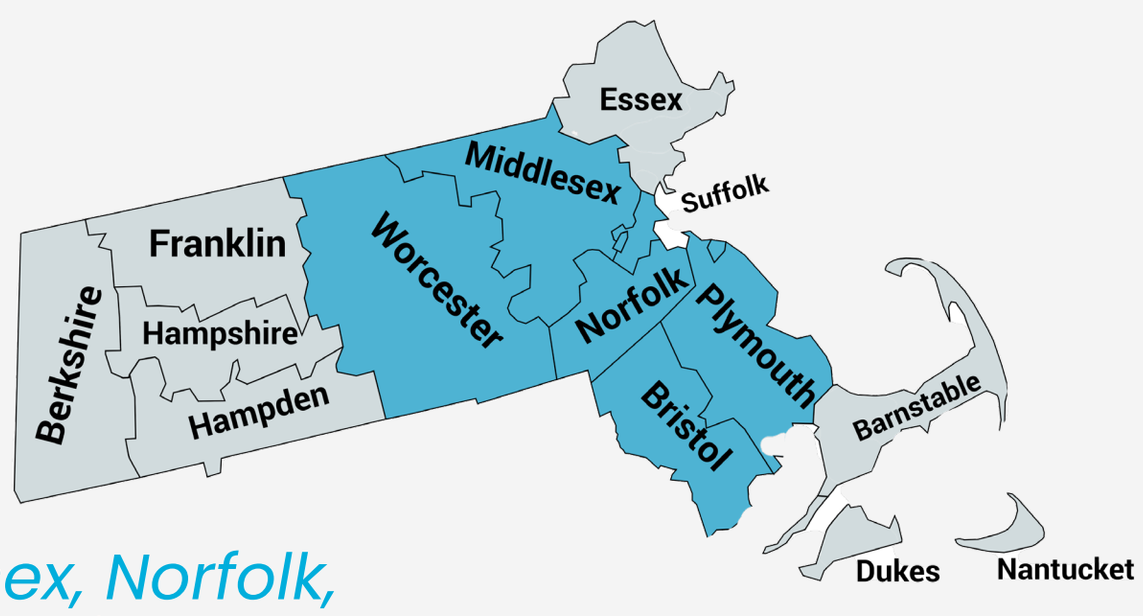
eternalHealth™

The Next Generation of Medicare Advantage

Benefits At A Glance

Plan Year 2027

Suffolk, Worcester, Middlesex, Norfolk, Bristol and Plymouth County in 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	$6,000	$6,500	$9,500 combined	$6,500	$10,000 combined
Part B Give Back	$0	$0		$50 reduced from Part B premium monthly	
Medical Deductible	$0	$0		$0	
INPATIENT CARE					
Inpatient Hospital	$400 per days 1-6	$370 per days 1-6	30% Coinsurance	$435 per days 1-7	45% Coinsurance
Inpatient Mental	$350 per days 1-6	$350 per days 1-6	30% Coinsurance	$335 per days 1-7	45% 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	$5	$10	$40	$10	$40
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	$300	30% Coinsurance	$300	30% Coinsurance
Outpatient Hospital	$325 outpatient surgery $325 observation $35 other outpatient services	$400 outpatient surgery $350 observation $0 other outpatient services	45% outpatient surgery 30% observation $50 other outpatient services	$425 outpatient surgery $350 observation $35 other outpatient services	45% outpatient surgery 30% observation $50 other outpatient services
Ambulance (Ground/Air/Water)	$300	$300		$300	
ER Includes Worldwide Coverage	$125	$125		$130	
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	30% Coinsurance	20% Coinsurance	30% Coinsurance
Diabetic Supplies	0%-20% Coinsurance	0%-20% Coinsurance	0%-30% Coinsurance	0%-20% Coinsurance	0%-30% Coinsurance
Diabetic Footcare	0%	$0	$50	$0	$50
Blood	$0	$0	20% Coinsurance	$0	20% Coinsurance
Lab	$0-$10	$0-$10	30% Coinsurance	$0-$20	30% Coinsurance
Diagnostic Procedures/Tests	$0 at office $10 at freestanding facility	$0 at office $10 at freestanding facility	30% Coinsurance	$0 at office $20 at freestanding facility	30% Coinsurance
Medicare-covered Diagnostic Radiological Services	$100 Ultrasounds $250 all others	$100 Ultrasounds $250 all others	30% Coinsurance	$80 Ultrasounds $300 all others	30% Coinsurance
Medicare Covered X-Ray	$10	$15	30% Coinsurance	$20	30% Coinsurance
Diagnostic Colonoscopy	$0	$0		$0	
Therapeutic Radiology	$60	$60	30% Coinsurance	$60	30% 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	50% Coinsurance	20% Coinsurance	
PART D					
Deductible	$250 Tiers 3, 4 and 5	$275 Tiers 3, 4 and 5		$400 Tiers 3, 4 and 5	
	Retail (30|100 Day)	Mail (30|100 Day)	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	$0 | $0	$0 | $0
Tier 2	$5 | $15	$5 | $10	$5 | $15	$5 | $10	$0 | $0	$0 | $0
Tier 3	23% | 23%	23% | 23%	25% | 25%	25% | 25%	25% | 25%	25% | 25%
Tier 4	37% | 37%	37% | 37%	32% | 32%	32% | 32%	35% | 35%	35% | 35%
Tier 5	30% | N/A	30% | N/A	30% | N/A	30% | N/A	28% | N/A	28% | N/A
Insulin	Lesser of $35 or 23% Coinsurance		Lesser of $35 or 25% Coinsurance		Lesser of $35 or 25% Coinsurance	
EXTRA BENEFITS						
Dental Loaded onto eternalPlus Benefits Card	$2,250 annual allowance No network restrictions		$2,000 annual allowance No network restrictions		$1,750 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		$50 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	
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 50 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		$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.			