

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

### Annual Notice of Changes for 2025

You are currently enrolled as a member of eternalHealth Valor Give Back (HMO-POS). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.eternalHealth.com](http://www.eternalHealth.com) You may also call Member Services to ask us to mail you an *Evidence of Coverage*).

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### What to do now

##### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers will be in our network next year.
- Think about whether you are happy with our plan.

##### 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in eternalHealth Valor Give Back (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with eternalHealth Valor Give Back (HMO-POS).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-(800) 680-4568 for additional information. (TTY users should call 711.) 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 of operations 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). 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.

**Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About eternalHealth Valor Give Back (HMO-POS)

- eternalHealth is an HMO and PPO organization with a Medicare contract. Enrollment in eternalHealth depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means eternalHealth. When it says “plan” or “our plan,” it means eternalHealth Valor Give Back (HMO-POS)
- This plan does not include Medicare Part D prescription drug coverage, and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

***Annual Notice of Changes for 2025***  
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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for eternalHealth Valor Give Back (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium</b> (See Section 1.1 for details.)</p>	\$0	\$0
<p><b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	\$5,500	\$5,500
<p><b>Doctor office visits</b></p>	<p><b>In-Network and Out-of-Network:</b> Primary care visits: \$0 copay per visit. <b>In-Network:</b> Specialist visits: \$0 copay per visit per visit. <b>Out-of-Network:</b> \$25 copay per visit.</p>	<p><b>In-Network and Out-of-Network:</b> Primary care visits: \$0 copay per visit. <b>In-Network:</b> Specialist visits: \$0 copay per visit per visit. <b>Out-of-Network:</b> \$25 copay per visit.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient hospital stays</b></p>	<p>In each benefit period you pay:</p> <p>Days 1–60 (of each benefit period): \$0 after you meet your Part A deductible.</p> <p>Days 61–90 (of each benefit period): A \$408 coinsurance amount each day.</p> <p>After day 90 (of each benefit period): An \$816 coinsurance amount each day while using your 60 lifetime reserve days</p>	<p>In each benefit period you pay:</p> <p>Days 1–60 (of each benefit period): \$0 after you meet your Part A deductible.</p> <p>Days 61–90 (of each benefit period): A \$408 coinsurance amount each day.</p> <p>After day 90 (of each benefit period): An \$816 coinsurance amount each day while using your 60 lifetime reserve days</p> <p>These are 2024 cost-sharing amounts and may change for 2025. eternalHealth will provide updated rates as soon as they are released.</p>

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly premium</b></p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$0	<p>\$0</p> <p>There is no change to your monthly premium in 2025.</p>
<p><b>Part B premium reduction</b></p>	\$85 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 reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.</p>	<p>\$5,500</p>	<p style="text-align: center;">\$5,500</p> <p>There is no change to your maximum out-of-pocket for 2025.</p> <p>Once you have paid \$5,500 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

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### Section 1.3 – Changes to the Provider Network

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Updated directories are located on our website at [www.eternalHealth.com](http://www.eternalHealth.com). You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at [www.eternalHealth.com](http://www.eternalHealth.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may 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, please contact Member Services so we may assist.

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### Section 1.4 – Changes to Benefits and Costs for Medical Services

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We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Health and wellness education programs</b>	You pay a \$0 copay for this benefit.	You pay a \$0 copay for this benefit.
<b>Fitness</b>	OnePass offers a robust and flexible fitness benefit, which gives members access to various gyms, boutique fitness studios, online fitness videos and home kits.	<p>OnePass offers a robust and flexible fitness benefit, which gives members access to various gyms, boutique fitness studios, online fitness videos, and a personalized online brain training program for improved cognitive health. Members may also choose to receive a home kit if they prefer working out at home. There are three kits offered.</p> <ol style="list-style-type: none"> <li>1. Fit Kit</li> <li>2. Yoga Kit</li> <li>3. Dance Kit</li> </ol> <p>Members also receive a \$300 annual reimbursement for the following:</p> <ul style="list-style-type: none"> <li>· Fees paid for aerobic/fitness activities or membership fees to a qualified fitness club that does not participate with One Pass</li> <li>· Activity fees such as pickleball fees, golf green fees, ski/lift passes and fees, bowling, yoga, stretching, dance classes.</li> <li>· Weights and fitness supplies such as exercise peddlers, yoga mats, exercise bands.</li> <li>· Wearable items such as tracking devices.</li> </ul> <p>Members will also have access to digital MSK (physical therapy) through plan approved vendor.</p>



Cost	2024 (this year)	2025 (next year)
<b>In-home support services</b>	You pay a \$0 copay for in-home support services through a plan-approved vendor.	In-home support services is not covered.
<b>Meals program – post hospitalization</b>	Meals program post-hospitalization is not covered.	<p>You pay a \$0 copay for this program.</p> <p>Eligible members may receive 14 days/28 meals upon discharge.</p> <p>Meals must be ordered by an eternalHealth care manager through Plan approved vendor.</p> <p>There is no annual limit to the number of stays after which post-discharge meals can be provided.</p>

Cost	2024 (this year)	2025 (next year)
<b>Over the Counter items</b>	<p>You pay a \$0 copay for this benefit.</p> <p>Our plan offers up to a \$75 quarterly allowance to cover Medicare approved OTC items that are purchased for the member’s use from our catalog or retail pharmacies.</p>	<p>You pay a \$0 copay for this benefit.</p> <p>Our Plan covers:</p> <ul style="list-style-type: none"> <li>• Up to \$50 per calendar quarter funded on your eternalPlus Benefits Card in collaboration with Nations Benefits</li> <li>• Unused funds do not roll over to the next calendar quarter.</li> <li>• There are three convenient ways to utilize your OTC benefit:                             <ol style="list-style-type: none"> <li>1. In-Person at participating pharmacies or grocery stores</li> <li>2. Online through your Nations portal</li> <li>3. Mail-order</li> </ol> </li> </ul>
<b>Personal Emergency Response System (PERS)</b>	<p>You pay a \$0 copay for the PERS benefit through Connect America.</p>	<p>Personal emergency response system (PERS) is not covered.</p>
<b>Routine vision services</b>	<p>Unlimited</p>	<p>One routine eye exam per year.</p> <p>One pair of eyewear/contact lenses per year.</p>
<b>Routine hearing services</b>	<p>Unlimited</p>	<p>One routine hearing exam per year.</p> <p>Hearing aids are limited to two per year – one per ear per year.</p>

Cost	2024 (this year)	2025 (next year)
<b>Special Supplemental Benefit for the Chronically Ill</b>	Eligible members receive an additional \$50 benefit every three months towards healthy food and produce items or OTC. These dollars are added to their OTC card quarterly.	<p>Eligible members receive an additional \$300 benefit every three months towards the following:</p> <p>Healthy food and produce items</p> <p>Automobile gasoline</p> <p>Utilities and gas for the home; and</p> <p>The following home and bathroom safety items:</p> <ul style="list-style-type: none"> <li>• following home &amp; bathroom safety items:</li> <li>• Non-Skid Bathmats</li> <li>• Shower Chair</li> <li>• Rug Tape</li> <li>• Bed Rail</li> <li>• LED Night Lights</li> <li>• Transfer Devices</li> <li>• Raised Toilet Seat</li> <li>• Railings</li> <li>• Grab Bars</li> <li>• Temporary ramps</li> <li>• Handheld Showerhead</li> <li>• Adjustable hospital bed frame that extends upon OM coverage</li> <li>• Showerhead Holder</li> </ul>
<b>Transportation services</b>	You pay a \$0 copay for unlimited rides to medical and pharmacy related locations.	You pay a \$0 copay for up to 24 one-way rides for medical/dental appointments or to your pharmacy.

Cost	2024 (this year)	2025 (next year)
<b>Worldwide Emergency Coverage</b>	There is no maximum plan benefit coverage for Worldwide emergency coverage.	There is a \$25,000 maximum plan benefit coverage for Worldwide emergency coverage.

**SECTION 2 Administrative Changes**

Description	2024 (this year)	2025 (next year)
Outpatient hospital observation services – Prior Authorization	Prior Authorization is required.	Prior Authorization is <u>not</u> required.

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in eternalHealth Valor Give Back (HMO-POS)**

**To stay in our plan, you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our eternalHealth Valor Give Back (HMO-POS).

**Section 3.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,

- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 6.2).

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from eternalHealth Valor Give Back (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from eternalHealth Valor Give Back (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 Programs That Offer 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).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Arizona State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Arizona State Health Insurance Assistance Program at 1-800-432-4040. You can learn more about *Arizona State Health Insurance Assistance* by visiting their website ([Medicare Assistance | Arizona Department of Economic Security \(az.gov\)](https://www.az.gov/medicare-assistance)).

## SECTION 6 Questions?

### Section 6.1 – Getting Help from eternalHealth Valor Give Back (HMO-POS)

Questions? We're here to help. Please call Member Services at 1-(800) 680-4568. (TTY only, call 711.) We are 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 2025 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 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. A copy of the *Evidence of Coverage* is located on our website at [www.eternalHealth.com](http://www.eternalHealth.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit Our Website**

You can also visit our website at [www.eternalHealth.com](http://www.eternalHealth.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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## Section 6.2 – Getting Help from Medicare

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To get information directly 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 should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.