



# 2021

# Enrollment Kit

Imperial Insurance Company Traditional (HMO) 003

Imperial Insurance Company Dual (HMO D-SNP) 004

Imperial Insurance Value (HMO C-SNP) 005

Imperial Insurance Traditional Plus (HMO) 007



IMPERIAL INSURANCE COMPANIES





IMPERIAL INSURANCE COMPANIES

**2021 Imperial Insurance Companies (HMO) (HMO SNP)  
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## IMPERIAL INSURANCE COMPANIES

Dear Imperial Insurance Companies (HMO) (HMO SNP) Prospective Member,

Thank you for reviewing Imperial as your Medicare Health Plan. Imperial Insurance Companies is a Medicare Advantage Plan ready to provide you with detailed professional medical services. For 2021, we are pleased to introduce Imperial Insurance Companies in the following states and counties:

**Arizona:** Coconino, Maricopa, Pima, Pinal and Yavapai

**Nevada:** Clark

**New Mexico:** Bernalillo

**Texas:** Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson and Wise.

**Utah:** Salt Lake

Imperial Insurance Companies provides personalized, comprehensive health care focusing on wellness and prevention. As your Medicare Health Plan of choice, we work collaboratively with our contracted medical groups, hospitals, and physicians (primary and specialists) to coordinate all aspects of your patient care including inpatient hospitalization and specialty consultation care, as needed. We have a vast number of providers and our extensive specialty roster ensures you see a provider timely and within your community.

For 2021, you will have access to many supplemental benefits such as: comprehensive dental care, vision, hearing, transportation, health club membership, routine foot care and more. We are certain once you compare your benefits, you will make Imperial Insurance Companies your Medicare Advantage plan.

If you should have any questions during the next few days regarding your enrollment please contact our Member Services Department at 1-800-838-8271, TTY: 711, Monday through Sunday, 6:00 am to 8:00 pm PST except holidays during October 1 through March 31 and Monday through Friday 6:00 am to 8:00 pm PST April 1 through September 30 except holidays. We look forward to working with you.

### **Important Contact phone numbers:**

Potential members call:	800-838-5914 or <a href="mailto:sales@imperialhealthplan.com">sales@imperialhealthplan.com</a>
Member Services:	800-838-8271 or <a href="mailto:members@imperialhealthplan.com">members@imperialhealthplan.com</a>
Imperial web site:	<a href="http://www.Imperialhealthplan.com">www.Imperialhealthplan.com</a>
Medicare	800-633-4227
Medicare web page	<a href="http://www.medicare.gov">www.medicare.gov</a>
CMS web Page	<a href="http://www.cms.gov">www.cms.gov</a>

*Pavelijit S. Bindra, M.D.*  
CEO

*Imperial Insurance Companies is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies (HMO) (HMO SNP) depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).



## IMPERIAL INSURANCE COMPANIES

### ELIGIBILITY

Understanding eligibility and enrollment guidelines is important when enrolling into a Medicare advantage plan. If you are turning 65, you may be eligible to enroll into a Medicare Advantage Plan like Imperial Insurance Companies (HMO) (HMO SNP). If you are already with a Medicare Advantage Plan, you may change your coverage between October 15th through December 7<sup>th</sup> for the following year, other enrollment exceptions exist outside of this period. To find out more, please call Imperial at 1- 800-838-5914 October 1 through March 31 Monday through Sunday, from 6:00 am through 8:00 pm PST, April 1 through September 30 Monday through Friday, from 6:00 am through 8:00 pm PST except holidays.

#### **Service Area:**

Arizona: Coconino, Maricopa, Pima, Pinal, and Yavapai

Nevada: Clark

New Mexico: Bernalillo

Texas: Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson and Wise

Utah: Salt Lake

**The following are eligibility requirements for Imperial Insurance Companies:**

<b>Imperial Insurance Companies Plan's</b>	<b>Medicare A&amp;B</b>	<b>Reside in Service Area</b>	<b>Qualifications</b>
<b>003 – Imperial Insurance Company Traditional (HMO)</b>	Yes	Yes All Counties	N/A
<b>004 – Imperial Insurance Company Dual (HMO D-SNP)</b>	Yes	Yes TX: Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson and Wise	Must have Medicare and Medicaid
<b>005 – Imperial Insurance Value (HMO C-SNP)</b>	Yes	Yes All Counties	Cardiovascular Disorder, Chronicle Heart Failure and/or Diabetes. Must also complete SNP assessment
<b>007 – Imperial Insurance Traditional Plus (HMO)</b>	Yes	Yes AZ: Coconino, Maricopa, Pima, Pinal, Yavapai NV: Clark NM: Bernalillo UT: Salt Lake	N/A

Medicare: 1-800-633-4227










Medicare web page: [www.medicare.gov](http://www.medicare.gov) CMS web page: <http://www.cms.gov/>







Imperial Insurance Companies is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies depends on contract renewal. Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).



## IMPERIAL INSURANCE COMPANIES

# 2021 Benefit Highlights Chart

2021 Benefit		Imperial Insurance Company Traditional – (HMO) 003	Imperial Insurance Company DUAL – (HMO SNP) 004	Imperial Insurance Value – (HMO C-SNP) 005	Imperial Insurance Traditional Plus- (HMO) 007
	Premium Part C	\$0			
	Physician Services	Doctor: \$0 Specialist <sup>1,2</sup> : \$0	Doctor: 20% co-insurance Specialist <sup>1,2</sup> : 20% co-insurance	Doctor: \$0 Specialist <sup>1,2</sup> : \$0	Doctor: 20% co-insurance Specialist <sup>1,2</sup> : 20% co-insurance
	Inpatient Hospital Care <sup>1,2</sup>	\$125 per day for days 1 through 5 and \$0 for days 6 through 90	Original Medicare	\$125 per day for days 1 through 5 and \$0 for days 6 through 90	Original Medicare
	Emergency Care	\$120 (waived if admitted within 48 hours)	20% co-insurance (waived if admitted within 3 days)	\$120 (waived if admitted within 48 hours)	20% (waived if admitted within 3 days)
	Urgent Care	\$0	20% co-insurance (waived if admitted within 3 days)	\$0	20% co-insurance (waived if admitted within 3 days)
	Worldwide Emergency Care	\$0 co-payment Maximum of \$50,000 for qualifying expenses			
	Ambulance Services <sup>1</sup>	\$125 Ground 20% Air	20% Co-insurance	\$125 Ground 20% Air	20% Co-insurance
	Transportation <sup>1,2</sup>	\$0 co-payment Round trip to plan approved health-related location			
	Durable Medical Equipment <sup>1,2</sup>	20% co-insurance			
	Health and Wellness	\$0 for fitness center membership or up to two home fitness kits per calendar year			

2021 Benefit		Imperial Insurance Company Traditional – (HMO) 003	Imperial Insurance Company DUAL – (HMO D-SNP) 004	Imperial Insurance Value – (HMO C-SNP) 005	Imperial Insurance Traditional Plus- (HMO) 007
	Vision Care	\$15 for annual routine eye exam, \$250 maximum for contacts, lenses and frames (every two years)	20% co-insurance for annual routine eye exam, \$250 maximum for contacts, lenses and frames (every two years)	\$15 for annual routine eye exam, \$250 maximum for contacts, lenses and frames (every two years)	20% co-insurance for annual routine eye exam, \$250 maximum for contacts, lenses and frames (every two years)
	Dental Services	\$0 Preventative \$500 Max and \$0 Comprehensive \$500 Max dental services			
	Hearing Services	20% co-insurance for routine hearing exams fitting/evaluation \$250 Max. 20% co-insurance for Hearing Aid \$1,250 maximum for both ears per year	20% co-insurance for routine hearing exams fitting/evaluation. 20% co-insurance for Hearing Aid \$1,250 maximum for both ears per year	20% co-insurance for routine hearing exams fitting/evaluation \$250 Max. 20% co-insurance for Hearing Aid \$1,250 maximum for both ears per year	20% co-insurance for routine hearing exams fitting/evaluation. 20% co-insurance for Hearing Aid \$1,250 maximum for both ears per year
	Over-the-Counter (OTC)	\$0 You have a \$60 Max every three months	\$0 You have a \$70 Max every three months	\$0 You have a \$35 Max every month	\$0 You have a \$70 Max every three months
	Podiatry Services <sup>1,2</sup>	\$0 for 6 routine foot care visits per calendar year	20% co-insurance for 6 routine foot care visits per calendar year	\$0 for 6 routine foot care visits per calendar year	20% co-insurance for 6 routine foot care visits per calendar year
	Part D Drugs	Covered. Refer to your Evidence of Coverage for detailed information.			

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor. Allowance will vary based on plan. Co-insurance and co-payments vary by plan. Imperial Insurance Companies is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies depends on contract renewal. This information is not a complete description of benefits. Contact 1-800-838-8271 (TTY: 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/ or copayments/co-insurance may change on January 1 of each year. Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitosde asistencia lingüística. Llame al 1-800-838-8271 (TTY:711).

H2793\_201.2 Benefit Highlights\_M ENG Accepted 09/09/20

# 2021

## Summary of Benefits

Imperial Insurance Value (HMO C-SNP) 005

Imperial Insurance Company Traditional (HMO) 003

Imperial Insurance Company Dual (HMO D-SNP) 004

Imperial Insurance Traditional Plus (HMO) 007



IMPERIAL INSURANCE COMPANIES



# Imperial Insurance Companies, Inc.

## (HMO) (HMO SNP)

This document is available for free in Spanish. This document is available in other formats such as Braille, large print or audio. For more information, please call us at 1-800-838- 8271 (TTY 711) October 1 – March 31: Monday – Sunday, from 6:00 a.m. – 8:00 p.m. PST or April 1 – September 30: Monday – Friday, from 6:00 a.m. – 8:00 p.m. PST except holidays, or visit us at [www.imperialhealthplan.com](http://www.imperialhealthplan.com).



### Who can join?

To join Imperial Insurance Companies, Inc. (HMO) (HMO SNP), you must meet all of the following requirements:

- You live in our service area
- You have both Medicare Part A and Medicare Part B
- You are a United States Citizen

Some of our plans have additional requirements to join.

- To join Imperial Insurance Company Dual (HMO D-SNP), you must also have both Medicaid and Medicare.
- To join Imperial Insurance Value (HMO C-SNP) you must also have been diagnosed with a cardiovascular disorder, chronic heart failure and/or diabetes.

### Which doctors, hospitals, and pharmacies can I use?

Imperial Insurance Companies have a network of doctors, hospitals, pharmacies, and other providers

who are available to provide you with medical and supplemental benefit care. When you join our health plan, you must select a primary care physician (PCP). Your PCP will work with us to coordinate your medical and specialty care when you need to see other providers. If you use any provider that is not in our network, the plan may not pay for these services, except in emergency situations. You can view our directories on our website: [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

### How do I determine my Part D prescription drug costs?

The Part D drugs we cover are grouped into five and six different tiers, depending on the plan benefit package you enroll with. You will need a copy of our drug list or “formulary” to find out which tier your drug is on. The amount you pay depends on the drug’s tier, the number of day supplies, the benefit stage you have reached, whether you are using a network pharmacy, and the type of pharmacy you use (e.g., retail, mail order, long term care, home infusion, etc).

### Where can I find more information?

Our Member Services staff is available to answer any questions on eligibility and benefits. Please call 1-800-838-8271, (TTY: 711), October 1 through March 31, Monday - Sunday, 6:00 a.m. to 8:00 p.m. PST or April 1 through September 30 Monday - Friday 6:00 a.m. to 8:00 p.m. PST except holidays.

This Summary of Benefits is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To

get a complete list of services we cover, please refer to the "Evidence of coverage". You can find this book on our website at [www.Imperialhealthplan.com](http://www.Imperialhealthplan.com) listed under member benefits.

If you want to know more about the coverage and costs of Original Medicare, please refer to the "Medicare & You" handbook. You can find this handbook at [www.Medicare.gov](http://www.Medicare.gov) or call 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048.

## Imperial Insurance Companies Service Area

Plan	Counties Served
<b>Imperial Insurance Company Traditional (HMO) 003</b>	<b>Arizona:</b> Coconino, Maricopa, Pima, Pinal, Yavapai <b>Nevada:</b> Clark <b>New Mexico:</b> Bernalillo
<b>Imperial Insurance Value (HMO C-SNP) 005</b>	<b>Texas:</b> Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson, and Wise <b>Utah:</b> Salt Lake
<b>Imperial Insurance Company Dual (HMO D-SNP) 004</b>	<b>Texas:</b> Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson, and Wise
<b>Imperial Insurance Traditional Plus (HMO) 007</b>	<b>Arizona:</b> Maricopa, Pima, Coconino, Pinal, Yavapai <b>Nevada:</b> Clark <b>New Mexico:</b> Bernalillo <b>Utah:</b> Salt Lake

## Imperial Insurance Company Traditional (HMO) 003

Premiums and Benefits	Imperial Insurance Company Traditional (HMO)
<b>Premiums</b> How much do I need to pay monthly?	<ul style="list-style-type: none"> <li>• Part C Premium: You pay \$0 per month</li> <li>• Part D Premium: You pay \$0 per month</li> <li>• You must continue to pay your Medicare Part B premium</li> </ul>
<b>Deductible</b> How much do I need to pay before the plan pays?	<ul style="list-style-type: none"> <li>• This plan does not have a Part C deductible</li> </ul>
<b>Maximum Out-of-Pocket costs</b> What's the limit on how much I will pay?	<ul style="list-style-type: none"> <li>• The most you will pay each year for Part C services in this plan is \$2,999</li> </ul>
<b>Inpatient Hospital Coverage<sup>1,2</sup></b> How long will my plan cover? How much do I pay?	<ul style="list-style-type: none"> <li>• After the Medicare-covered stay, you pay \$125 for days 1-5</li> <li>• You pay \$0 per day for days 6 - 90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60</li> </ul>
<b>Outpatient Hospital Coverage<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay \$0</li> </ul>
<b>Doctor visits</b> How much do I pay to visit a primary care physician or specialist?	<ul style="list-style-type: none"> <li>• Primary care physician visit: You pay \$0</li> <li>• Specialist visit<sup>1,2</sup>: You pay \$0</li> <li>• You have the option of getting certain services by telehealth using phone or video</li> </ul>
<b>Preventive Care<sup>1,2</sup></b> How much do I pay for Preventive Care?	<ul style="list-style-type: none"> <li>• You pay \$0 for covered services</li> </ul>
<b>Emergency Care</b> How much do I pay for Emergency Care?	<ul style="list-style-type: none"> <li>• You pay \$120</li> <li>• Your copay is waived if you are admitted to the hospital within 48 hours</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Premiums and Benefits	Imperial Insurance Company Traditional (HMO)
<b>Urgently Needed Services</b> How much do I pay for Urgently Needed Services?	<ul style="list-style-type: none"> <li>You pay \$0</li> </ul>
<b>Diagnostic Services / Labs / Imaging<sup>1,2</sup></b> How much do I pay for Diagnostic Services?	<ul style="list-style-type: none"> <li>You pay \$0 for:               <ul style="list-style-type: none"> <li>Diagnostic radiology services (e.g., MRI, CT)</li> <li>Outpatient x-rays</li> <li>Lab services</li> <li>Diagnostic tests</li> <li>Therapeutic radiology services</li> </ul> </li> </ul>
<b>Hearing Services<sup>1,2</sup></b> How much do I pay for Hearing Services or Hearing Aids?	<ul style="list-style-type: none"> <li>Medicare-covered diagnostic exams: You pay 20%</li> <li>Routine hearing exam: You pay 20%. The plan covers up to \$250 per calendar year</li> <li>Hearing aid allowance: You pay 20%. The plan covers up to \$1,250 per calendar year</li> </ul>
<b>Dental Services</b> How much do I pay for dental services?	<ul style="list-style-type: none"> <li>Medicare-covered dental services: You pay \$0</li> <li>Preventive dental services: You pay \$0 for routine office visits. Office visits includes exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year</li> <li>You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$500 every 3 months</li> </ul> Dental care brought to you by Healthplex Dental
<b>Vision Services</b> How much do I pay for Vision Services? What's my Eyewear Allowance per year?	<ul style="list-style-type: none"> <li>Medicare-covered Vision services: You pay \$0</li> <li>You pay \$15 for routine eye exams</li> <li>You pay \$15 for either:               <ul style="list-style-type: none"> <li>One pair of eyeglasses every two years (lenses and frames)</li> <li>One pair of contact lenses every two years</li> <li>The plan covers up to \$250 every two years for eyewear</li> </ul> </li> </ul> Vision care brought to you by March Vision

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Premiums and Benefits	Imperial Insurance Company Traditional (HMO)
<b>Mental Health Services<sup>1,2</sup></b> How much do I pay for inpatient or outpatient services?	<ul style="list-style-type: none"> <li>• Inpatient Visit:               <ul style="list-style-type: none"> <li>• After the Medicare-covered stay, you pay \$200 per day for days 1-7</li> <li>• You pay \$0 per day for days 8-90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60</li> </ul> </li> <li>• Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician)</li> <li>• You pay \$0 for each Medicare-covered psychiatric individual or group therapy session</li> </ul>
<b>Skilled Nursing Facility<sup>1,2</sup></b> How much do I pay for Skilled Nursing Facility stay?	We cover up to 100 days in a SNF per benefit period: <ul style="list-style-type: none"> <li>• You pay \$0 per day for days 1 – 20</li> <li>• You pay \$164.50 per day for days 21 - 100</li> </ul>
<b>Physical Therapy<sup>1,2</sup></b> How much do I pay for Outpatient Rehab?	<ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services: You pay 20% of the total cost</li> <li>• You pay \$15 for:               <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech and language therapy</li> </ul> </li> </ul>
<b>Ambulance<sup>1</sup></b> How much do I pay for Ambulance services?	<ul style="list-style-type: none"> <li>• You pay \$125 per one-way trip by ground</li> <li>• You pay 20% of the total cost per trip by air</li> <li>• Prior authorization required for non-emergency trips</li> </ul>
<b>Transportation<sup>1,2</sup></b> How much do I pay for Transportation services?	<ul style="list-style-type: none"> <li>• You pay \$0 for unlimited round-trip transportation to plan approved locations</li> </ul>
<b>Medicare Part B Drugs<sup>1</sup></b> How much do I pay for Part B Drugs?	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for Part B drugs including chemotherapy drugs</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Part D Prescription Drugs		Imperial Insurance Company Traditional (HMO)	
Part D Premium	You pay \$0		
Out-of-Pocket Cost Threshold What's the limit on how much I will pay?	Your yearly limit for Part D drugs in this plan is \$6,550		
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$4,130		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$5.00	\$10.00	
Tier 3 - Preferred Brand Drugs	\$45.00	\$90.00	
Tier 4 – Non-Preferred Drugs	\$90.00	\$180.00	
Tier 5 – Specialty Tier Drugs	33%	Mail order supply not available for Tier 5	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$6,550		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$0.00	\$0.00	
Tier 3 - Preferred Brand Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	You pay 25% of the cost and a portion of the dispensing fee	Mail order supply not available for Tier 5	
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$6,550, you pay		
	The greater of \$3.70 for generic or a preferred multi-source drug and \$9.20 for all other drugs, or 5%		

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Supplemental Benefits	Imperial Insurance Company Traditional (HMO)
<b>Ambulatory Surgery Center<sup>1,2</sup></b> How much do I pay for ambulatory surgery center visits?	<ul style="list-style-type: none"> <li>You pay \$0 for each Medicare-covered ambulatory surgical center visit</li> </ul>
<b>Home Health Services<sup>1,2</sup></b> How much do I pay for Home Health Services?	<ul style="list-style-type: none"> <li>You pay \$0 for Home Health Services</li> </ul>
<b>Medical Equipment / Supplies<sup>1,2</sup></b> How much do I pay for Medical Equipment/Supplies?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost per item for Durable Medical Equipment (DME)<sup>1,2</sup>, such as a wheelchair</li> <li>You pay 20% of the total cost per item on prosthetics<sup>1</sup> such as braces, artificial limbs</li> <li>You pay \$0 for diabetic monitoring supplies<sup>1</sup></li> </ul>
<b>Outpatient Substance Abuse<sup>1,2</sup></b> How much do I pay for Outpatient Substance Abuse treatment?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting</li> </ul>
<b>Over-the-Counter (OTC)</b> What is my OTC monthly benefit?	<ul style="list-style-type: none"> <li>\$60 allowance every three month through our OTC mail order catalog</li> <li>Cash, checks, credit cards or money orders are not accepted under this OTC benefit</li> <li>No roll over</li> </ul>
<b>Routine Foot Care<sup>1,2</sup></b> How much do I pay for Foot Care services?	<ul style="list-style-type: none"> <li>You pay \$0 for 6 routine foot care visits per calendar year</li> </ul>
<b>Wellness Programs</b> What is my Fitness Center Membership/ Fitness benefit?	<ul style="list-style-type: none"> <li>You pay \$0 for fitness center membership or up to two home fitness kits</li> <li>The Home Fitness Program and participating fitness centers are offered through the Silver&amp;Fit<sup>®</sup> Program. The Silver&amp;Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&amp;Fit is a trademark of ASH and used with permission herein</li> </ul>
<b>Worldwide Coverage</b> How much is my Worldwide Coverage reimbursement?	<ul style="list-style-type: none"> <li>Reimbursement up to \$50,000 for qualifying expenses with \$0 copay</li> <li>Urgently needed or Emergency services only</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

## Imperial Insurance Company Dual (HMO D-SNP) 004

Premiums and Benefits	Imperial Insurance Company Dual (HMO D-SNP)
<b>Premiums</b> How much do I need to pay monthly?	<ul style="list-style-type: none"> <li>• Part C Premium: You pay \$0 per month</li> <li>• Part D Premium: You pay \$22.50 per month</li> <li>• You must continue to pay your Medicare Part B premium</li> </ul>
<b>Deductible</b> How much do I need to pay before the plan pays?	<ul style="list-style-type: none"> <li>• In 2020 the deductible for Part C is \$198.00. This amount may change for 2021. We will let you know once Medicare announces the 2021 amount</li> <li>• Part D Deductible: You pay \$445</li> </ul>
<b>Maximum Out-of-Pocket costs</b> What's the limit on how much I will pay?	<ul style="list-style-type: none"> <li>• The most you will pay each year for Part C services in this plan is \$2,999</li> </ul>
<b>Inpatient Hospital Coverage<sup>1,2</sup></b> How long will my plan cover? How much do I pay?	<ul style="list-style-type: none"> <li>• You pay \$0 per day for days 1 - 60</li> <li>• You pay \$352 per day for days 61 - 90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$704 per day for days 1 – 60</li> <li>• These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts</li> </ul>
<b>Outpatient Hospital Coverage<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay 20% of the total costs</li> </ul>
<b>Doctor visits</b> How much do I pay to visit a primary care physician or specialist?	<ul style="list-style-type: none"> <li>• Primary care physician visit: You pay 20% of the total cost</li> <li>• Specialist visit<sup>1,2</sup>: You pay 20% of the total cost</li> <li>• You have the option of getting certain services by telehealth using phone or video</li> </ul>
<b>Preventive Care<sup>1,2</sup></b> How much do I pay for Preventive Care?	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for glaucoma screening, diabetes self-management training, barium enemas, digital rectal exams and EKGs following a Welcome visit</li> <li>• You pay \$0 for other covered preventive services</li> </ul>
<b>Emergency Care</b> How much do I pay for Emergency Care?	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost up to \$90</li> <li>• If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for emergency care</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.



Premiums and Benefits	Imperial Insurance Company Dual (HMO D-SNP)
<b>Urgently Needed Services</b> How much do I pay for Urgently Needed Services?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost up to \$65</li> <li>If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for urgent care</li> </ul>
<b>Diagnostic Services / Labs / Imaging<sup>1,2</sup></b> How much do I pay for Diagnostic Services?	<ul style="list-style-type: none"> <li>You pay \$0 for lab services</li> <li>You pay 20% of the total cost for:               <ul style="list-style-type: none"> <li>Diagnostic tests</li> <li>Diagnostic radiology services (e.g., MRI)</li> <li>Therapeutic radiology services</li> <li>X-rays</li> </ul> </li> </ul>
<b>Hearing Services<sup>1,2</sup></b> How much do I pay for Hearing Services or Hearing Aids?	<ul style="list-style-type: none"> <li>Medicare-covered Diagnostic exams: You pay 20%</li> <li>Routine hearing exam: You pay 20%.</li> <li>Hearing aid allowance: You pay 20%. The plan covers up to \$1,250 per calendar year</li> </ul>
<b>Dental Services<sup>1,2</sup></b> How much do I pay for dental services?	<ul style="list-style-type: none"> <li>Medicare-covered Dental services: You pay \$0</li> <li>Preventive dental services: You pay \$0 for routine office visits. Office visits includes exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year</li> <li>You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$500 every 3 months</li> </ul> Dental care brought to you by Healthplex Dental
<b>Vision Services<sup>1,2</sup></b> How much do I pay for Vision Services? What's my Eyewear Allowance per year?	<ul style="list-style-type: none"> <li>Medicare-covered Vision services: You pay 20% of the total cost</li> <li>You pay 20% of the total cost for routine eye exams</li> <li>You pay 20% of the total cost for either:               <ul style="list-style-type: none"> <li>One pair of eyeglasses every two years (lenses and frames)</li> <li>One pair of contact lenses every six months</li> </ul> </li> <li>The plan covers up to \$250 every two years for eyewear</li> </ul> Vision care brought to you by March Vision

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Premiums and Benefits	Imperial Insurance Company Dual (HMO D-SNP)
<b>Mental Health Services<sup>1,2</sup></b> How much do I pay for inpatient or outpatient services?	<ul style="list-style-type: none"> <li>• Inpatient Visit: You pay \$0 per day for days 1-60               <ul style="list-style-type: none"> <li>• You pay \$352 per day for days 61 - 90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$704 per day for days 1 – 60</li> <li>• These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts</li> </ul> </li> <li>• Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit</li> </ul>
<b>Skilled Nursing Facility<sup>1,2</sup></b> How much do I pay for Skilled Nursing Facility stay?	We cover up to 100 days in a SNF per benefit period: <ul style="list-style-type: none"> <li>• You pay \$0 per day for days 1 – 20</li> <li>• You pay \$176 per day for days 21 – 100               <ul style="list-style-type: none"> <li>• These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts</li> </ul> </li> </ul>
<b>Physical Therapy<sup>1,2</sup></b> How much do I pay for Outpatient Rehab?	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for cardiac (heart) rehab services, occupational therapy, physical therapy and speech and language therapy</li> </ul>
<b>Ambulance<sup>1</sup></b> How much do I pay for Ambulance services?	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost per trip by ground or air</li> <li>• Prior authorization required for non-emergency trips</li> </ul>
<b>Transportation<sup>1,2</sup></b> How much do I pay for Transportation services?	<ul style="list-style-type: none"> <li>• You pay \$0 for unlimited round-trip transportation to plan approved locations</li> </ul>
<b>Medicare Part B Drugs<sup>1</sup></b> How much do I pay for Part B Drugs?	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for Part B drugs including chemotherapy drugs</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Part D Prescription Drugs		Imperial Insurance Company Dual (HMO D-SNP)	
Part D Premium	You pay \$22.50		
Out-of-Pocket Cost Threshold What's the limit on how much I will pay?	Your yearly limit for Part D drugs in this plan is \$6,550		
Deductible Stage	You pay \$445 for Tier 2-5 drugs before the plan starts to pay its share.		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$4,130		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	0%	0%	
Tier 2 - Generic Drugs	25%	25%	
Tier 3 - Preferred Brand Drugs	25%	25%	
Tier 4 – Non-Preferred Drugs	25%	25%	
Tier 5 – Specialty Tier Drugs	25%	Mail order supply not available for Tier 5	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$6,550		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$0.00	\$0.00	
Tier 3 - Preferred Brand Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	Mail order supply not available for Tier 5		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$6,550, you pay		
	The greater of \$3.70 for generic or a preferred multi-source drug and \$9.20 for all other drugs, or 5%		

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Supplemental Benefits	Imperial Insurance Company Dual (HMO D-SNP)
<b>Ambulatory Surgery Center<sup>1,2</sup></b> How much do I pay for ambulatory surgery center visits?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for each Medicare-covered ambulatory surgical center visit</li> </ul>
<b>Home Health Services<sup>1,2</sup></b> How much do I pay for Home Health Services?	<ul style="list-style-type: none"> <li>You pay \$0 for Home Health Services</li> </ul>
<b>Medical Equipment / Supplies<sup>1,2</sup></b> How much do I pay for Medical Equipment/Supplies?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for:               <ul style="list-style-type: none"> <li>Durable Medical Equipment (DME)<sup>1,2</sup>, such as oxygen or a wheelchair</li> <li>Prosthetics<sup>1</sup> such as braces, artificial limbs</li> <li>Diabetic monitoring supplies<sup>1</sup></li> </ul> </li> </ul>
<b>Outpatient Substance Abuse<sup>1,2</sup></b> How much do I pay for Outpatient Substance Abuse?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting.</li> </ul>
<b>Over-the-Counter (OTC)</b> What is my OTC monthly benefit?	<ul style="list-style-type: none"> <li>\$70 allowance every three months through our OTC mail order catalog</li> <li>Cash, checks, credit cards or money orders are not accepted under this OTC benefit</li> <li>No roll over</li> </ul>
<b>Routine Foot Care<sup>1,2</sup></b> How much do I pay for Foot Care services?	<ul style="list-style-type: none"> <li>You pay \$0 for 6 routine foot care visits per calendar year</li> </ul>
<b>Wellness Programs</b> What is my Fitness Center Membership/ Fitness benefit?	<ul style="list-style-type: none"> <li>You pay \$0 for fitness center membership or up to two home fitness kits</li> <li>The Home Fitness Program and participating fitness centers are offered through the Silver&amp;Fit<sup>®</sup> Program. The Silver&amp;Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&amp;Fit is a trademark of ASH and used with permission herein</li> </ul>
<b>Worldwide Coverage</b> How much is my Worldwide Coverage reimbursement?	<ul style="list-style-type: none"> <li>Reimbursement up to \$50,000 for qualifying expenses with \$0 copay</li> <li>Urgently needed or Emergency services only</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

## Imperial Insurance Value (HMO C-SNP) 005

Premiums and Benefits	Imperial Insurance Value (HMO C-SNP)
<b>Premiums</b> How much do I need to pay monthly?	<ul style="list-style-type: none"> <li>• Part C Premium: You pay \$0 per month</li> <li>• Part D Premium: You pay \$0 per month</li> <li>• You must continue to pay your Medicare Part B premium</li> </ul>
<b>Deductible</b> How much do I need to pay before the plan pays?	<ul style="list-style-type: none"> <li>• This plan does not have a Part C deductible</li> </ul>
<b>Maximum Out-of-Pocket costs</b> What's the limit on how much I will pay?	<ul style="list-style-type: none"> <li>• The most you will pay each year for Part C services in this plan is \$2,999</li> </ul>
<b>Inpatient Hospital Coverage<sup>1,2</sup></b> How long will my plan cover? How much do I pay?	<ul style="list-style-type: none"> <li>• Medicare covers the first 2 days of your hospital stay. After this:               <ul style="list-style-type: none"> <li>• You pay \$125 per day for days 1-5</li> <li>• You pay \$0 per day for days 6 - 90</li> </ul> </li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 - 60</li> </ul>
<b>Outpatient Hospital Coverage<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay \$0</li> </ul>
<b>Doctor visits</b> How much do I pay to visit a primary care physician or specialist?	<ul style="list-style-type: none"> <li>• Primary care physician visit: You pay \$0</li> <li>• Specialist visit<sup>1,2</sup>: You pay \$0</li> <li>• You have the option of getting certain services by telehealth using phone or video</li> </ul>
<b>Preventive Care<sup>1,2</sup></b> How much do I pay for Preventive Care?	<ul style="list-style-type: none"> <li>• You pay \$0 for covered preventive services</li> </ul>
<b>Emergency Care</b> How much do I pay for Emergency Care?	<ul style="list-style-type: none"> <li>• You pay a \$120 copay</li> <li>• If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care</li> </ul>
<b>Urgently Needed Services</b> How much do I pay for Urgently Needed Services?	<ul style="list-style-type: none"> <li>• You pay \$0</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Premiums and Benefits	Imperial Insurance Value (HMO C-SNP)
<b>Diagnostic Services / Labs / Imaging<sup>1,2</sup></b> How much do I pay for Diagnostic Services?	<ul style="list-style-type: none"> <li>You pay \$0 for:               <ul style="list-style-type: none"> <li>Diagnostic tests</li> <li>Diagnostic radiology services (e.g., MRI)</li> <li>Therapeutic radiology services</li> <li>X-rays</li> <li>Lab services</li> </ul> </li> </ul>
<b>Hearing Services<sup>1,2</sup></b> How much do I pay for Hearing Services or Hearing Aids?	<ul style="list-style-type: none"> <li>Medicare-covered Diagnostic exams: You pay 20%</li> <li>Routine hearing exam: You pay 20%. The plan covers up to \$250 per calendar year</li> <li>Hearing aid allowance: You pay 20%. The plan covers up to \$1,250 per calendar year</li> </ul>
<b>Dental Services</b> How much do I pay for dental services?	<ul style="list-style-type: none"> <li>Medicare-covered Dental services: You pay \$0</li> <li>Preventive dental services: You pay \$0 for routine office visits. Office visits includes exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year</li> <li>You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$500 every 3 months</li> </ul> <p>Dental care brought to you by Healthplex Dental</p>
<b>Vision Services</b> How much do I pay for Vision Services? What's my Eyewear Allowance per year?	<ul style="list-style-type: none"> <li>Medicare-covered Vision services: You pay \$0</li> <li>You pay \$15 for routine eye exams</li> <li>You pay \$15 for either:               <ul style="list-style-type: none"> <li>One pair of eyeglasses every two years (lenses and frames)</li> <li>One pair of contact lenses every two years.</li> <li>The plan covers up to \$250 every two years for eyewear</li> </ul> </li> </ul> <p>Vision care brought to you by March Vision</p>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Premiums and Benefits	Imperial Insurance Value (HMO C-SNP)
<b>Mental Health Services<sup>1,2</sup></b> How much do I pay for inpatient or outpatient services?	<ul style="list-style-type: none"> <li>• Inpatient Visits: Medicare covers the first 2 days of your hospital stay. After this:               <ul style="list-style-type: none"> <li>• You pay \$200 per day for days 1-7</li> <li>• You pay \$0 per day for days 8 - 90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60</li> </ul> </li> <li>• Outpatient services:               <ul style="list-style-type: none"> <li>• You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician)</li> <li>• You pay \$0 for each Medicare-covered psychiatric individual or group therapy session</li> </ul> </li> </ul>
<b>Skilled Nursing Facility<sup>1,2</sup></b> How much do I pay for Skilled Nursing Facility stay?	We cover up to 100 days in a SNF per benefit period: <ul style="list-style-type: none"> <li>• You pay \$0 per day for days 1 – 20</li> <li>• You pay \$164.50 per day for days 21 - 100</li> </ul>
<b>Physical Therapy<sup>1,2</sup></b> How much do I pay for Outpatient Rehab?	<ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services: You pay 20% of the total cost</li> <li>• You pay \$15 per visit for:               <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech and language therapy</li> </ul> </li> </ul>
<b>Ambulance<sup>1</sup></b> How much do I pay for Ambulance services?	<ul style="list-style-type: none"> <li>• You pay a \$125 copay per one-way trip by ground or by air</li> <li>• You pay 20% of the total cost for trips by air</li> <li>• Prior authorization required for non-emergency trips</li> </ul>
<b>Transportation<sup>1,2</sup></b> How much do I pay for Transportation services?	<ul style="list-style-type: none"> <li>• You pay \$0 for unlimited round-trip transportation to plan approved locations</li> </ul>
<b>Medicare Part B Drugs<sup>1</sup></b> How much do I pay for Part B Drugs?	<ul style="list-style-type: none"> <li>• You pay \$0 for Part B drugs including chemotherapy drugs</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Part D Prescription Drugs		Imperial Insurance Value (HMO C-SNP)	
Part D Premium	You pay \$0		
Out-of-Pocket Cost Threshold What's the limit on how much I will pay?	Your yearly limit for Part D drugs in this plan is \$6,550		
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$4,130		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$5.00	\$10.00	
Tier 3 - Preferred Brand Drugs	\$45.00	\$90.00	
Tier 4 – Non-Preferred Drugs	\$90.00	\$180.00	
Tier 5 – Specialty Tier Drugs	33%	Mail order supply not available for Tier 5	
Tier 6 – Select Care Drugs	\$3.00	\$0	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$6,550		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$0.00	\$0.00	
Tier 3 - Preferred Brand Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	You pay 25% of the cost and a portion of the dispensing fee	Mail order supply not available for Tier 5	
Tier 6 – Select Care Drugs	You pay 25% of the cost and a portion of the dispensing fee		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$6,550, you pay		
	The greater of \$3.70 for generic or a preferred multi-source drug and \$9.20 for all other drugs, or 5%		

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.



Supplemental Benefits	Imperial Insurance Value (HMO C-SNP)
<b>Ambulatory Surgery Center<sup>1,2</sup></b> How much do I pay for ambulatory surgery center visits?	<ul style="list-style-type: none"> <li>You pay \$0 for each Medicare-covered ambulatory surgical center visit</li> </ul>
<b>Home Health Services<sup>1,2</sup></b> How much do I pay for Home Health Services?	<ul style="list-style-type: none"> <li>You pay \$0 for Home Health Services</li> </ul>
<b>Medical Equipment / Supplies<sup>1,2</sup></b> How much do I pay for Medical Equipment/Supplies?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost per item for Durable Medical Equipment (DME)<sup>1,2</sup>, such as oxygen or a wheelchair.</li> <li>You pay 20% of the total cost per item on prosthetics<sup>1</sup> such as braces, artificial limbs</li> <li>You pay \$0 for diabetic monitoring supplies<sup>1</sup></li> </ul>
<b>Outpatient Substance Abuse<sup>1,2</sup></b> How much do I pay for Outpatient Substance Abuse?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting.</li> </ul>
<b>Over-the-Counter (OTC)</b> What is my OTC monthly benefit?	<ul style="list-style-type: none"> <li>\$35 allowance every month through our OTC mail order catalog</li> <li>Cash, checks, credit cards or money orders are not accepted under this OTC benefit</li> <li>No roll over</li> </ul>
<b>Routine Foot Care<sup>1,2</sup></b> How much do I pay for Foot Care services?	<ul style="list-style-type: none"> <li>You pay \$0 for 6 routine foot care visits per calendar year</li> </ul>
<b>Wellness Programs</b> What is my Fitness Center Membership/ Fitness benefit?	<ul style="list-style-type: none"> <li>You pay \$0 for fitness center membership or up to two home fitness kits</li> <li>The Home Fitness Program and participating fitness centers are offered through the Silver&amp;Fit<sup>®</sup> Program. The Silver&amp;Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&amp;Fit is a trademark of ASH and used with permission herein</li> </ul>
<b>Worldwide Coverage</b> How much is my Worldwide Coverage reimbursement?	<ul style="list-style-type: none"> <li>Reimbursement up to \$50,000 for qualifying expenses with \$0 copay</li> <li>Urgently needed or Emergency services only</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Imperial Insurance Traditional Plus (HMO) 007	
Premiums and Benefits	Imperial Insurance Traditional Plus (HMO)
<b>Premiums</b> How much do I need to pay monthly?	<ul style="list-style-type: none"> <li>Part C Premium: You pay \$0 per month</li> <li>Part D Premium: You pay \$32.40 per month the subsidized amount is based on each state rebate</li> <li>You must continue to pay your Medicare Part B premium</li> </ul>
<b>Deductible</b> How much do I need to pay before the plan pays?	<ul style="list-style-type: none"> <li>In 2020, the Part C deductible for this plan is \$198.00. This amount may change for 2021. Imperial Dual Plan will notify you when Medicare releases the 2021 amount</li> <li>Part D Deductible: You pay \$445</li> </ul>
<b>Maximum Out-of-Pocket costs</b> What's the limit on how much I will pay?	<ul style="list-style-type: none"> <li>The most you will pay each year for Part C services in this plan is \$2,999</li> </ul>
<b>Inpatient Hospital Coverage<sup>1,2</sup></b> How long will my plan cover? How much do I pay?	<ul style="list-style-type: none"> <li>You pay \$0 per day for days 1 - 60</li> <li>You pay \$352 per day for days 61 - 90</li> <li>Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$704 per day for days 1 – 60</li> <li>These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts</li> </ul>
<b>Outpatient Hospital Coverage<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>You pay 20% of the total cost</li> </ul>
<b>Doctor visits</b> How much do I pay to visit a primary care physician or specialist <sup>1,2</sup> ?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for each primary care or specialist visit.</li> <li>You have the option of getting certain services by telehealth using phone or video</li> </ul>
<b>Preventive Care<sup>1,2</sup></b> How much do I pay for Preventive Care?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for glaucoma screening, diabetes self-management training, barium enemas, digital rectal exams and EKGs following a Welcome visit</li> <li>You pay \$0 for other covered preventive services</li> </ul>
<b>Emergency Care</b> How much do I pay for Emergency Care?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost up to \$90</li> <li>If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for emergency care</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Premiums and Benefits	Imperial Insurance Traditional Plus (HMO)
<b>Urgently Needed Services</b> How much do I pay for Urgently Needed Services?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost up to \$65</li> <li>If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for urgent care</li> </ul>
<b>Diagnostic Services / Labs / Imaging<sup>1,2</sup></b> How much do I pay for Diagnostic Services?	<ul style="list-style-type: none"> <li>You pay \$0 for lab services</li> <li>You pay 20% of the total cost for:               <ul style="list-style-type: none"> <li>Diagnostic tests</li> <li>Diagnostic radiology services (e.g., MRI)</li> <li>Therapeutic radiology services</li> <li>X-rays</li> </ul> </li> </ul>
<b>Hearing Services<sup>1,2</sup></b> How much do I pay for Hearing Services or Hearing Aids?	<ul style="list-style-type: none"> <li>Medicare-covered diagnostic exams: You pay 20%</li> <li>Routine hearing exam: You pay 20%.</li> <li>Hearing aid allowance: You pay 20%. The plan covers up to \$1,250 per calendar year</li> </ul>
<b>Dental Services<sup>1,2</sup></b> How much do I pay for dental services?	<ul style="list-style-type: none"> <li>Medicare-covered Dental services: You pay \$0</li> <li>Preventive dental services: You pay \$0 for routine office visits. Office visits includes exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year</li> <li>You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$500 every 3 months</li> </ul> <p>Dental care brought to you by Healthplex Dental</p>
<b>Vision Services<sup>1,2</sup></b> How much do I pay for Vision Services? What's my Eyewear Allowance per year?	<ul style="list-style-type: none"> <li>Medicare-covered Vision services: You pay 20% of the total cost</li> <li>You pay 20% of the total cost for routine eye exams</li> <li>You pay 20% of the total cost for either:               <ul style="list-style-type: none"> <li>One pair of eyeglasses every two years (lenses and frames)</li> <li>One pair of contact lenses every six months</li> <li>The plan covers up to \$250 every two years for eyewear</li> </ul> </li> </ul> <p>Vision care brought to you by March Vision</p>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Premiums and Benefits	Imperial Insurance Traditional Plus (HMO)
<b>Mental Health Services<sup>1,2</sup></b> How much do I pay for inpatient or outpatient services?	<ul style="list-style-type: none"> <li>• Inpatient Visit:               <ul style="list-style-type: none"> <li>• You pay \$0 per day for days 1 - 60</li> <li>• You pay \$352 per day for days 61 - 90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$704 per day for days 1 – 60</li> <li>• These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts</li> </ul> </li> <li>• Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit</li> </ul>
<b>Skilled Nursing Facility<sup>1,2</sup></b> How much do I pay for Skilled Nursing Facility stay?	We cover up to 100 days in a SNF per benefit period: <ul style="list-style-type: none"> <li>• You pay \$0 per day for days 1 – 20</li> <li>• You pay \$176 per day for days 21 – 100</li> <li>• You pay 100% of the cost for days 101 and beyond</li> <li>• These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts</li> </ul>
<b>Physical Therapy<sup>1,2</sup></b> How much do I pay for Outpatient Rehab?	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for:               <ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services</li> <li>• Occupational therapy visit</li> <li>• Physical therapy</li> <li>• Speech and language therapy</li> </ul> </li> </ul>
<b>Ambulance<sup>1</sup></b> How much do I pay for Ambulance services?	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost per trip by ground or air</li> <li>• Prior authorization required for non-emergency trips</li> </ul>
<b>Transportation<sup>1,2</sup></b> How much do I pay for Transportation services?	<ul style="list-style-type: none"> <li>• You pay \$0 for unlimited round-trip transportation to plan approved locations</li> </ul>
<b>Medicare Part B Drugs<sup>1</sup></b> How much do I pay for Part B Drugs?	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for Part B drugs including chemotherapy drugs</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Part D Prescription Drugs		Imperial Insurance Traditional Plus (HMO)	
Part D Premium	You pay \$32.40 The subsidized amount is based on each state rebate		
Out-of-Pocket Cost Threshold What's the limit on how much I will pay?	Your yearly limit for Part D drugs in this plan is \$6,550		
Deductible Stage	You pay \$445 for your tier 2-5 drugs before the plan begins to pay its share		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$4,130		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	0%	0%	
Tier 2 - Generic Drugs	25%	25%	
Tier 3 - Preferred Brand Drugs	25%	25%	
Tier 4 – Non-Preferred Drugs	25%	25%	
Tier 5 – Specialty Tier Drugs	25%	Mail order supply not available for Tier 5	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$6,550		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$0.00	\$0.00	
Tier 3 - Preferred Brand Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	Mail order supply not available for Tier 5		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$6,550, you pay		
	The greater of \$3.70 for generic or a preferred multi-source drug and \$9.20 for all other drugs, or 5%		

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Supplemental Benefits	Imperial Insurance Traditional Plus (HMO)
<b>Ambulatory Surgery Center<sup>1,2</sup></b> How much do I pay for ambulatory surgery center visits?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for each Medicare-covered ambulatory surgical center visit</li> </ul>
<b>Home Health Services<sup>1,2</sup></b> How much do I pay for Home Health Services?	<ul style="list-style-type: none"> <li>You pay \$0 for Home Health Services</li> </ul>
<b>Medical Equipment / Supplies<sup>1,2</sup></b> How much do I pay for Medical Equipment/Supplies?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost per item for:               <ul style="list-style-type: none"> <li>Durable Medical Equipment (DME)<sup>1,2</sup>, such as oxygen or a wheelchair</li> <li>Prosthetics<sup>1</sup> such as braces, artificial limbs</li> </ul> </li> <li>You pay 20% of the total cost for diabetic monitoring supplies<sup>1</sup></li> </ul>
<b>Outpatient Substance Abuse<sup>1,2</sup></b> How much do I pay for Outpatient Substance Abuse?	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting</li> </ul>
<b>Over-the-Counter (OTC)</b> What is my OTC monthly benefit?	<ul style="list-style-type: none"> <li>\$70 allowance every three months through our OTC mail order catalog</li> <li>Cash, checks, credit cards or money orders are not accepted under this OTC benefit</li> <li>No roll over</li> </ul>
<b>Routine Foot Care<sup>1,2</sup></b> How much do I pay for Foot Care services?	<ul style="list-style-type: none"> <li>You pay \$0 for 6 routine foot care visits per calendar year</li> </ul>
<b>Wellness Programs</b> What is my Fitness Center Membership/ Fitness benefit?	<ul style="list-style-type: none"> <li>You pay \$0 for fitness center membership or up to two home fitness kits</li> <li>The Home Fitness Program and participating fitness centers are offered through the Silver&amp;Fit<sup>®</sup> Program. The Silver&amp;Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&amp;Fit is a trademark of ASH and used with permission herein</li> </ul>
<b>Worldwide Coverage</b> How much is my Worldwide Coverage reimbursement?	<ul style="list-style-type: none"> <li>Reimbursement up to \$50,000 for qualifying expenses with \$0 copay</li> <li>Urgently needed or Emergency services only</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

## 2021 Summary of Benefits

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Imperial Insurance Companies, Inc. is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies (HMO) (HMO SNP) depends on contract renewal.

This information is not a complete description of benefits. Call 1-800-838-8271 (TTY: 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

Imperial Insurance Companies, Inc. (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711).

ATENCIÓN: *si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).*

Logo	Service	Name	Phone	Web page
	Dental in: California only	Liberty Dental Plan	888-703-6999	<a href="http://www.libertydentalplan.com">www.libertydentalplan.com</a>
	Dental in: Arizona Nevada New Mexico Texas Utah	Healthplex	888-412-3292	<a href="http://www.healthplex.com">www.healthplex.com</a>
	Vision	March Vision Care	844-308-2724 (AZ) 844-336-2724 (CA) 844-976-2724 (TX) 844-646-2724 (NV) 844-706-2724 (NM) 844-986-2724 (UT)	<a href="http://www.marchvisioncare.com">www.marchvisioncare.com</a>
	Hearing	Hearing Care Solutions	866-344-7756	<a href="http://www.hearingcaresolutions.com">www.hearingcaresolutions.com</a>
	Rx	Elixir	866-909-5170	<a href="http://elixirsolutions.com">elixirsolutions.com</a>
	Over the Counter Drugs (OTC) and supplies	Drug Source	877-777-9470	<a href="http://www.shopping.drugsourcesinc.com/imperial">www.shopping.drugsourcesinc.com/imperial</a>
	Gym/Fitness membership	Silver & Fit	877-427-4788	<a href="http://www.silverandfit.com">www.silverandfit.com</a>
	Telehealth	Teladoc	800-teladoc (800-835-2362)	<a href="http://www.teladoc.com">www.teladoc.com</a>
	Rides to approved locations	Contracted Transportation vendors	800-838-8271	<a href="http://www.imperialhealthplan.com">www.imperialhealthplan.com</a>





## Imperial Insurance Companies (HMO) (HMO SNP) Dental Benefit

### Plan Description

It is important for you to see your dentist on a regular basis to make sure your mouth stays healthy and to avoid problems later. Services such as cleanings, x-rays and exams are covered at no cost to you!

Covered Preventive Dental Services	Frequency
Oral Exam	Every 6 months
Intraoral Exams	Every 12 months
Diagnostic Casts	Every 12 months
Panoramic X-Ray	Every 12 months
Dental X-rays	Every 6 months
Bitewing Series	Every 6 months
Prophylaxis ( <i>cleaning</i> )	Every 6 months
Fluoride Treatment	Every 6 months

You are also covered for many comprehensive dental services. There is a \$500 maximum allowance per quarter for Comprehensive services, with no rollover from quarter to quarter. See your plan materials for services covered under this Comprehensive benefit.

You must see in-network providers to receive services.

***See reverse for additional important plan information***



#### KEY FEATURES

- Members select a participating provider from our dental Network
- Members can contact Healthplex at **(888) 412-3292** or visit **[healthplex.com/our\\_dentists](http://healthplex.com/our_dentists)** to locate a participating provider. Type GG-744 into the “ENTER GROUP NUMBER HERE” box and click search. Choose general practice or a specialty, add a Zip Code or City/State and click search.

Be sure to talk to your dentist about service options that may be covered under your plan guidelines.

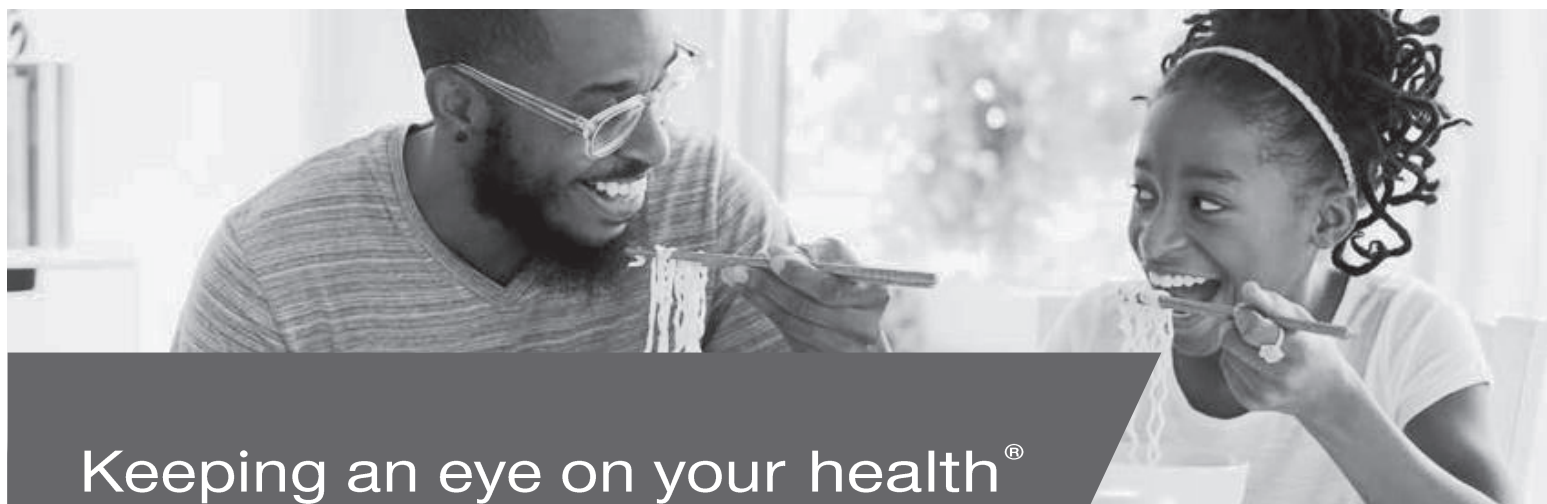
Certain other procedures may have limitations based on plan guidelines.

Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Imperial Insurance Companies (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-838-8271 (TTY: 711).

Imperial Insurance Companies is an (HMO) (HMO SNP) plan with Medicare and Medicaid contracts. Enrollment in Imperial Insurance Companies (HMO) (HMO SNP) depends on contract renewal.

You can contact **Customer Service** with any questions about your coverage at **(888) 412-3292**, 8:00 a.m. to 6 p.m., EST Monday – Friday, or email us at **[info@healthplex.com](mailto:info@healthplex.com)**. If you need assistance accessing forms on our website or logging in, you can contact **Web Support** at **888-468-5171**.





## Keeping an eye on your health®

Vision coverage can be an important part of overall health.

### A flexible plan option.

Vision benefits from MARCH® Vision Care give you:

- Access to a strong provider network.
- Eye exams to check for serious medical conditions.
- Freedom to choose your doctor and eyewear.

### Easier access to providers.

Our network includes plenty of options, with more than 39,000 providers<sup>1</sup> across the country. You can visit [marchvisioncare.com](http://marchvisioncare.com) to locate a provider or refer a provider.

### Your vision benefits.

- **Exam Coverage**—Routine eye exam covered every year
- **Eyewear Allowance**—Your allowance gives you the option to purchase frames, lenses or contact lenses of your choice.
- **Additional services**—You can receive additional services when covered by our plan for post-cataract eyewear, glaucoma screenings, and more. Check with your provider or your health plan at the member services number on the back of your ID card, to confirm coverage.



**Vision care is tied to  
your overall health.**

Diabetes, high blood pressure, autoimmune diseases and cancers may be detected during an eye exam.<sup>2</sup>

Learn More.

Contact your plan's member services department.

<sup>1</sup>MARCH Vision Care point-of-service data report, August 2020

<sup>2</sup>[aao.org/eye-health/tips-prevention/diagnosing-systemic-diseases-eye-exams](http://aao.org/eye-health/tips-prevention/diagnosing-systemic-diseases-eye-exams). Accessed June 2018.

Vision coverage provided by or through Imperial Insurance Companies, Inc. and Imperial Health Plan of California. Administrative services provided by MARCH® Vision Care Group, Incorporated, March Vision Care, Inc., or their affiliates. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your plan's member services department.

Imperial Health Plan & Imperial Insurance Companies are an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan of California & Imperial Insurance Companies depends on contract renewal. Imperial Health Plan of California & Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

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MARCH®  
Vision Care



IMPERIAL HEALTH PLAN  
OF CALIFORNIA



IMPERIAL INSURANCE COMPANIES



Hearing Care Solutions (HCS) Program  
for Imperial Insurance Companies (HMO)  
(HMO SNP) and Imperial Health Plan  
of California (HMO) (HMO SNP) Members



**All Imperial Insurance Companies and Imperial Health Plan of California members will receive:**

- Choice of over 4,500 providers nationwide
- Comprehensive hearing exam
- A wide selection of fully digital hearing aids
- Choice of up to 9 major manufacturers
- Hearing aid fitting
- Access to HCS Dr. of Audiology & Product Specialists on staff to respond to your questions or make recommendations

**All instruments purchased through HCS include:**

- 1-year supply of batteries (up to 64 cells per ear)
- 1 year of follow-up care at no charge, with the original provider
- 3-year manufacturer's warranty including loss, damage & repair
- 60-day evaluation period
- 12-month interest-free financing available to qualified applicants

**Call to schedule your hearing exam!**

**(866) 344-7756** 6AM to 6PM Mountain Time, Monday-Friday

Imperial Insurance Companies, Inc. and Imperial Health Plan of California are (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies, Inc. and Imperial Health Plan of California depends on contract renewal.

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**IR\_004 H5496 & H2793 Hearing Flier\_C ENG 06.22.20**



## Your Over-the-Counter Benefits administered by **DRUGSOURCE, INC.**

Your Health Plan utilizes DrugSource, Inc. as it's Over-the-Counter (OTC) Benefits Manager.

### What is an OTC Benefit?

This benefit allows for the purchase of Over-the-Counter items at **NO COST TO YOU!**

As an active member, you will receive a catalog containing over 600 items to choose from! Products include but are not limited to: Cold & Cough, Digestive Health, First Aid, Pain Relievers, Vitamins, etc.

Upon placing an order with DrugSource, we will pick, package and ship your order to be delivered right to your home!



### How Do I Place an Order?



Contact our DrugSource Customer Service representatives via our toll free phone number.



Log online to <https://shopping.drugsourceinc.com/imperial>  
Your account can be accessed with your member ID number and your Date of Birth.



Complete the order form located in your Pre-Enrollment Kit and mail in the form to DrugSource, Inc.



Complete the order form located in your Pre-Enrollment Kit and fax it to 1-847-258-1913.

**25 + YEARS**  
Customer Service Experience

**25 + YEARS**  
Pharmacy Experience

**10 + YEARS**  
Administering OTC Benefits

Address: PO Box 1366 — Elk Grove Village, IL 60009-1366

Toll Free: 877-777-9470

Website: <https://shopping.drugsourceinc.com/imperial>



# SOMETHING FOR EVERYONE®



IMPERIAL HEALTH PLAN  
OF CALIFORNIA

IMPERIAL INSURANCE COMPANIES

Welcome to the Silver&Fit® Healthy Aging and Exercise program where you can get fit in the best way for you!

Enjoy one, some, or all of the following at no cost to you:



## 1,500+ Digital Workout Videos

Go to **www.SilverandFit.com** or download the Silver&Fit ASHConnect™ mobile app to view yoga, strength, Pilates, walking, cardio, and many other workout videos, perfect for all fitness levels.



## Daily Workout Videos

Join daily workout classes on Facebook Live and the Silver&Fit YouTube channel.



LIVE



YouTube

[www.facebook.com/SilverandFit](http://www.facebook.com/SilverandFit)  
[www.youtube.com/SilverandFit](http://www.youtube.com/SilverandFit)



## Stay Fit Kits

Pick one (1) of the following per benefit year:

- Garmin® or Fitbit® Wearable Fitness Tracker Kit\*
- Yoga Kit with a mat and hand towel
- Beginner, Intermediate, or Advanced Strength Kit with exercise bands and dumbbells



## Home Fitness Kits

Pick up to 2 kits per benefit year from our 34 unique options, including Aqua, Tai Chi, Chair-Based Exercise, and more.\*\*



## Access to 15,000+ Participating Fitness Centers

Work out at fitness centers including:



Go to **www.SilverandFit.com** to get started today! For questions, call us toll-free at 1.877.427.4788 (TTY/TDD: 711), Monday through Friday, 5 a.m. to 6 p.m. Pacific time.

\*The Garmin or Fitbit promotional code cannot be used in combination with any other promotion on the Garmin or Fitbit website. Once selected, Stay Fit Kits cannot be exchanged.

\*\*Members cannot select the same Home Fitness Kit twice in the same benefit year. Once selected, kits cannot be exchanged.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Please talk to a doctor before starting or changing an exercise routine. The people in this piece are not Silver&Fit members. Silver&Fit, Something for Everyone, ASHConnect, and the Silver&Fit logo are trademarks of ASH. Kits are subject to change. Other names or logos may be trademarks of their respective owners. Participating facilities and fitness chains may vary by location and are subject to change.

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IR\_008 H5496 & H2793 Gym Flier\_C ENG 08/19/20





# Quality health care when and where you need it

Teladoc® gives you access to a national network of U.S. board-certified doctors by phone or video who are available anywhere, 24/7/365 to treat many of your medical issues.

## YOU CAN USE TELADOC

It is a convenient and affordable option for quality care.

- **When you need care now**
- **If you're considering the ER or urgent care center for a non-emergency issue**
- **On vacation, or away from home**
- **For short-term prescription refills**

## GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- **Cold & flu symptoms**
- **Allergies**
- **Sinus problems**
- **Sore throat**
- **Respiratory infection**
- **Skin problems**
- **And more!**

Teladoc doctors can diagnose and treat many non-emergency medical conditions

## Talk to a doctor anytime for **free!**

Teladoc is just a click or call away!



Teladoc.com



1-800-TELADOC (835-2362)



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IR\_016 H5496 & H2793 Teladoc Flier\_C ENG 08/19/2020





IMPERIAL HEALTH PLAN  
OF CALIFORNIA



IMPERIAL INSURANCE COMPANIES

# Transportation

**Did you know your membership with Imperial will include unlimited transportation for zero copay (\$0) to plan approved locations such as:**

- **-Dr. Visit (Primary Care and Specialists)**
  - **-Therapy visits**
  - **-X-Rays**
  - **-Pharmacy**
- **-Gyms/Fitness centers**
  - **-Dental**
  - **-Vision**
  - **-Hearing**

**To arrange transportation call Member Services at 1-800-838-8271 at least one day prior to the scheduled appointment date to ensure availability. TYY users call 711.**

**Member Services hours: October 1 – March 31: Monday – Sunday, from \*6:00 a.m. – 8:00 p.m. PST or April 1 – September 30: Monday – Friday, from \*6:00 a.m. – 8:00 p.m. PST except holidays.**

- We will set the appointment for the ride for you... To the plan approved location requested.
- We will set the appointment for the return ride home as well.

\*California hours of operation start at 8:00 am PST

## How to Enroll and What Happens After Enrollment

Enrollment into one of Imperial Health Plan of California (HMO) (HMO SNP) or Imperial Insurance Companies (HMO) (HMO SNP) MAPD plans is easy. Please use one of the enrollment methods below:

1. **Phone** Call us at 1-800-838-5914 and we will complete the application with you over the phone
2. **On-Line** View [www.imperialhealthplan.com](http://www.imperialhealthplan.com) or [www.Medicare.gov](http://www.Medicare.gov) for on-line enrollment options
3. **Fax** Complete the enrollment application and fax it to 1-626-380-9066
4. **Email** Complete the enrollment application and email it to [enrollmentunit@imperialhealthplan.com](mailto:enrollmentunit@imperialhealthplan.com)
5. **Mail** Complete the enrollment application and mail it:  
Imperial Health Plan  
Attention: Membership Department  
PO Box 60874  
Pasadena, CA 91106

## What Happens After Enrollment Application Is Completed?

After you have completed and submitted the enrollment application for Imperial, what happens next?

1. **Enrollment Confirmation:** We will confirm your enrollment based on enrollment criteria
2. **Acknowledgement/Confirmation Letter, Evidence of Coverage (EOC), Member ID Card, Provider/Pharmacy Directory & Drug Formulary:** When enrollment is confirmed we will send you an Acknowledgement/Confirmation letter that confirms your enrollment. This letter will contain the plan you selected and your Member ID number. If, for any reason, your application is not accepted, we will notify you, including the reason(s) why. The EOC will include your plan Member ID Card, Provider/Pharmacy Directory and Drug Formulary. These books have all the information needed to use your plan benefits. Please keep your Member ID Card with you all times. Your Member ID Card is used for all medical services including Dr. visits, hospital stays, emergencies and pharmacy.
3. **Phone Call:** An Imperial Representative will call you within 7 to 10 business days of your confirmed enrollment. The Imperial Representative will inform you that you can start receiving services and will be happy to help set-up your first Primary Care Physician (PCP) visit and answer any additional questions you may have.



# IMPERIAL INSURANCE COMPANIES

## Scope of Appointment Confirmation (SOA)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ MBI Number \_\_\_\_\_

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face or telephonic sales meeting to ensure understanding of what will be discussed with the Agent and the beneficiary (or their authorized representative). Imperial Insurance Companies (HMO) (HMO SNP) requires agents to submit a complete signed SOA with the enrollment application. Please select one product you want the agent to discuss with you during your appointment:

<input type="checkbox"/> Imperial Insurance Company Traditional (HMO) 003 <input type="checkbox"/> Imperial Insurance Value (HMO D SNP) 005	<input type="checkbox"/> Imperial Insurance Company Dual Plan (HMO D-SNP) 004	<input type="checkbox"/> Imperial Insurance Traditional Plus (HMO) – 007
AZ: Coconino, Pima, Pinal, Maricopa, and Yavapai		AZ: Coconino, Pima, Pinal, Maricopa, and Yavapai
NV: Clark		NV: Clark
NM: Bernalillo		NM: Bernalillo
UT: Salt Lake		UT: Salt Lake
TX: Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson and Wise	TX: Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson and Wise	

Medicare Health Maintenance Organization (HMO) is a Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMO's, you can get your care from doctors or hospitals in the plan's network except in emergency situations.

### Beneficiary or Authorized Representative Name, Signature and Signature Date:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Beneficiaries are not obligated to enroll in the plan. Current or future Medicare enrollment status will not be impacted, and you will not automatically be enrolled in the plan(s) discussed.*

### To be completed by Agent:

Date of Application \_\_\_\_\_ Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Initial Method of Contact \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Plan(s) the agent represented during this meeting:

<input type="checkbox"/> Imperial Insurance Company Traditional (HMO) 003	<input type="checkbox"/> Imperial Insurance Company Dual (HMO D SNP) 004	<input type="checkbox"/> Imperial Insurance Value (HMO C SNP) 005	<input type="checkbox"/> Imperial Insurance Traditional Plus (HMO) 007
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**\*\*Scope of Appointment document is subject to CMS record retention requirements\*\***





# IMPERIAL INSURANCE COMPANIES

## Scope of Appointment Confirmation (SOA)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ MBI Number \_\_\_\_\_

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AZ: Coconino, Pima, Pinal, Maricopa, and Yavapai		AZ: Coconino, Pima, Pinal, Maricopa, and Yavapai
NV: Clark		NV: Clark
NM: Bernalillo		NM: Bernalillo
UT: Salt Lake		UT: Salt Lake
TX: Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson and Wise	TX: Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson and Wise	

Medicare Health Maintenance Organization (HMO) is a Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMO's, you can get your care from doctors or hospitals in the plan's network except in emergency situations.

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Beneficiaries are not obligated to enroll in the plan. Current or future Medicare enrollment status will not be impacted, and you will not automatically be enrolled in the plan(s) discussed.*

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Date of Application \_\_\_\_\_ Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Initial Method of Contact \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Plan(s) the agent represented during this meeting:

<input type="checkbox"/> Imperial Insurance Company Traditional (HMO) 003	<input type="checkbox"/> Imperial Insurance Company Dual (HMO D SNP) 004	<input type="checkbox"/> Imperial Insurance Value (HMO C SNP) 005	<input type="checkbox"/> Imperial Insurance Traditional Plus (HMO) 007
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## Attestation of Eligibility for an Enrollment Period

**Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year.** There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved, and this plan is a new option for me. I moved on (insert date) \_\_\_\_\_.
- ☐ I recently was released from incarceration. I was released on (insert date) \_\_\_\_\_.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) \_\_\_\_\_.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) \_\_\_\_\_.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_\_\_\_.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) \_\_\_\_\_.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) \_\_\_\_\_.
- ☐ I recently left a PACE program on (insert date) \_\_\_\_\_.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) \_\_\_\_\_.
- ☐ I am leaving employer or union coverage on (insert date) \_\_\_\_\_.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) \_\_\_\_\_.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) \_\_\_\_\_.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Imperial Insurance Companies, Inc. (HMO) (HMO SNP) at 1-800-838-5914, TTY/TDD: 711, to see if you are eligible to enroll. We are open Monday through Sunday, 8:00 am to 8:00 pm except holidays during October 1 through March 31 and Monday through Friday 8:00 am to 8:00 pm April 1 through September 30 except holidays.







## Attestation of Eligibility for an Enrollment Period

**Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year.** There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved, and this plan is a new option for me. I moved on (insert date) \_\_\_\_\_.
- ☐ I recently was released from incarceration. I was released on (insert date) \_\_\_\_\_.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) \_\_\_\_\_.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) \_\_\_\_\_.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) \_\_\_\_\_.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) \_\_\_\_\_.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) \_\_\_\_\_.
- ☐ I recently left a PACE program on (insert date) \_\_\_\_\_.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) \_\_\_\_\_.
- ☐ I am leaving employer or union coverage on (insert date) \_\_\_\_\_.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) \_\_\_\_\_.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) \_\_\_\_\_.
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Imperial Insurance Companies, Inc. (HMO) (HMO SNP) at 1-800-838-5914, TTY/TDD: 711, to see if you are eligible to enroll. We are open Monday through Sunday, 8:00 am to 8:00 pm except holidays during October 1 through March 31 and Monday through Friday 8:00 am to 8:00 pm April 1 through September 30 except holidays.





## ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

### Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

#### To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

### When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

### What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

### Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

### What happens next?

Send your completed and signed form to:

**Imperial Insurance Companies (HMO)  
(HMO SNP)**

Attention: Enrollment  
PO Box 60874  
Pasadena CA 91116

Email: [Enrollmentunit@imperialhealthplan.com](mailto:Enrollmentunit@imperialhealthplan.com)

Once they process your request to join, they'll contact you.

### How do I get help with this form?

Call Imperial Insurance Companies at 1-800-838-5197. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**En español:** Llame a Imperial Insurance Companies (HMO) (HMO SNP) al 1-800-838-5197/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.



## Section 1–All fields on this page are required (unless marked optional)

### Select the plan you want to join:

- ☐ Imperial Insurance Company Traditional (HMO) 003 - \$0 Part C/D
- ☐ Imperial Insurance Company Dual (HMO D-SNP) 004 - \$0 Part C/\$22.50 Part D
- ☐ Imperial Insurance Value (HMO C-SNP) 005 - \$0 Part C/D
- ☐ Imperial Insurance Traditional Plus (HMO) 007 - \$0 Part C/\$32.40 Part D



FIRST name: \_\_\_\_\_ LAST name: \_\_\_\_\_ Optional: Middle Initial: \_\_\_\_\_

Birth date: (MM/DD/YYYY) (__/__/____)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number: (    )
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Permanent Residence street address (Don't enter a PO Box): \_\_\_\_\_

City:	Optional: County:	State:	ZIP Code:
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Mailing address, if different from your permanent address (PO Box allowed):

Street address:	City:	State:	ZIP Code:
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### Your Medicare information:

**Medicare Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Answer these important questions:

Will you have other prescription drug coverage (like VA,TRICARE) in addition to Imperial Insurance Companies?

☐ Yes      ☐ No

Name of other coverage:	Member number for this coverage:	Group number for this coverage:
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Do you have Cardiovascular Disorder, Chronic Heart Failure and/or Diabetes? ..... ☐ Yes    ☐ No

Do you have both Medicare and Medicaid? ..... ☐ Yes    ☐ No

### IMPORTANT: Read and sign below:

- I must keep both Hospital (PartA) and Medical (PartB) to stay in Imperial Insurance Companies.
- By joining this Medicare Advantage Plan, I acknowledge that Imperial Insurance Companies will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.



- I understand that when my Imperial Insurance Companies coverage begins, I must get all of my medical and prescription drug benefits from Imperial Insurance Companies. Benefits and services provided by Imperial Insurance Companies and contained in my Imperial Insurance Companies “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Imperial Insurance Companies will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare.

**Signature:**

**Today’s date:**

If you’re the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

### AGENT USE ONLY

Agent Name:

Date:

FMO Name:

Effective date:

### Section 2 – All fields on this section are optional

**Answering these questions is your choice. You can’t be denied coverage because you don’t fill them out.**

Select one if you want us to send you information in a language other than English.

☐ Spanish    ☐ Other: \_\_\_\_\_

Select one if you want us to send you information in an accessible format.

☐ Braille    ☐ Large print    ☐ Audio CD

Please contact Imperial Insurance Companies at 1-800-838-8271 if you need information in an accessible format other than what’s listed above. Our office hours are October 1 through March 31, Monday through Sunday from 6:00 am to 8:00 pm PST and April 1 through September 30, Monday through Friday 6:00 am to 8:00 pm PST except holidays. TTY users can call 711.

Do you work? ☐ Yes    ☐ No

Does your spouse work? ☐ Yes    ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

Please check the “Yes” box below if you would like to receive your Enrollment Kit – Evidence of Coverage via email please provide your email address below.

☐ Yes, I would like to receive my new member Enrollment Kit – EOC, Comprehensive Drug Formulary and Provider/Pharmacy Directory via email.

I understand I can change my mind at any time and go back to receiving hard copy of my member enrollment kit by mail by contacting Imperial Insurance Companies at 1-800-838-8271, (TTY: 711), Monday through Sunday, 6:00 am to 8:00 pm PST except holidays during October 1 through March 31 and Monday through Friday 6:00 am to 8:00 pm PST April 1 through September 30 except holidays.

E-mail address: \_\_\_\_\_





### **PAYING YOUR PLAN PREMIUMS**

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

**If you have to pay a PartD-Income Related Monthly Adjustment Amount (PartD-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay Imperial Insurance Companies the Part D-IRMAA.

### **PRIVACY ACT STATEMENT**

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Imperial Insurance Companies is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies depends on contract renewal. Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.





## ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

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### What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

### Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
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### What happens next?

Send your completed and signed form to:

**Imperial Insurance Companies (HMO)  
(HMO SNP)**

Attention: Enrollment  
PO Box 60874  
Pasadena CA 91116

Email: [Enrollmentunit@imperialhealthplan.com](mailto:Enrollmentunit@imperialhealthplan.com)

Once they process your request to join, they'll contact you.

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Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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- ☐ Imperial Insurance Value (HMO C-SNP) 005 - \$0 Part C/D
- ☐ Imperial Insurance Traditional Plus (HMO) 007 - \$0 Part C/\$32.40 Part D



FIRST name: \_\_\_\_\_ LAST name: \_\_\_\_\_ Optional: Middle Initial: \_\_\_\_\_

Birth date: (MM/DD/YYYY)  
(\_\_/\_\_/\_\_\_\_)

Sex:  
☐ Male ☐ Female

Phone number:  
( )

Permanent Residence street address (Don't enter a PO Box):

City: \_\_\_\_\_ Optional: County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing address, if different from your permanent address (PO Box allowed):

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Your Medicare information:

Medicare Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Answer these important questions:

Will you have other prescription drug coverage (like VA,TRICARE) in addition to Imperial Insurance Companies?

☐ Yes ☐ No

Name of other coverage: \_\_\_\_\_ Member number for this coverage: \_\_\_\_\_ Group number for this coverage: \_\_\_\_\_

Do you have Cardiovascular Disorder, Chronic Heart Failure and/or Diabetes? ..... ☐ Yes ☐ No

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### IMPORTANT: Read and sign below:

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- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.





- I understand that when my Imperial Insurance Companies coverage begins, I must get all of my medical and prescription drug benefits from Imperial Insurance Companies. Benefits and services provided by Imperial Insurance Companies and contained in my Imperial Insurance Companies “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Imperial Insurance Companies will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare.

**Signature:**

**Today’s date:**

If you’re the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

### AGENT USE ONLY

Agent Name:

Date:

FMO Name:

Effective date:

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Select one if you want us to send you information in a language other than English.

☐ Spanish    ☐ Other: \_\_\_\_\_

Select one if you want us to send you information in an accessible format.

☐ Braille    ☐ Large print    ☐ Audio CD

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Do you work? ☐ Yes    ☐ No

Does your spouse work? ☐ Yes    ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

Please check the “Yes” box below if you would like to receive your Enrollment Kit – Evidence of Coverage via email please provide your email address below.

☐ Yes, I would like to receive my new member Enrollment Kit – EOC, Comprehensive Drug Formulary and Provider/Pharmacy Directory via email.

I understand I can change my mind at any time and go back to receiving hard copy of my member enrollment kit by mail by contacting Imperial Insurance Companies at 1-800-838-8271, (TTY: 711), Monday through Sunday, 6:00 am to 8:00 pm PST except holidays during October 1 through March 31 and Monday through Friday 6:00 am to 8:00 pm PST April 1 through September 30 except holidays.

E-mail address: \_\_\_\_\_



## **PAYING YOUR PLAN PREMIUMS**

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

**If you have to pay a PartD-Income Related Monthly Adjustment Amount (PartD-IRMAA), you must pay this extra amount in addition to your plan premium.** The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Imperial Insurance Companies the Part D-IRMAA.

## **PRIVACY ACT STATEMENT**

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Imperial Insurance Companies is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies depends on contract renewal. Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# Prescription Home Delivery Registration

Elixir Pharmacy provides convenient home delivery for traditional maintenance medications and specialty drugs. Our pharmacy care model focuses on the individual needs of our patients, better coordinating care and improving outcomes. For more information visit [elixirsolutions.com](http://elixirsolutions.com).

## 1. REGISTRATION INFORMATION

To help make your experience easier, register with Elixir Pharmacy using one of the three available options below.

**Please note**, you will need your Member ID number from your prescription card to complete registration using any of these methods.



**To register via the online portal:**

Visit [elixirsolutions.com](http://elixirsolutions.com)



**To register by mail:**

Send this form to Elixir Pharmacy  
7835 Freedom Ave. NW,  
North Canton, OH 44720



**To register by phone:**

Call Elixir Pharmacy  
at 866-909-5170 (TTY:711)

## 2. FILLING PRESCRIPTIONS

It's easy to fill a prescription with Elixir Pharmacy. Ask your physician for a 90-day prescription of your medication. Your doctor can send the new prescription to Elixir Pharmacy using any of the following secure and easy methods:



**Electronic:** Have your doctor send the prescription to Elixir Pharmacy using NCPDP 36-77361.



**Fax:** Have your doctor fax the prescription to Elixir Pharmacy at 866-909-5171.



**Mail:** If you have a written prescription, you or your doctor can include it with this completed form or, if you've already registered online or via the phone, mail it to: Elixir Pharmacy, 7835 Freedom Ave., NW, North Canton, OH 44720.

You can also transfer any current prescriptions that are with another pharmacy to Elixir Pharmacy by going to [elixirsolutions.com](http://elixirsolutions.com).

If you need any assistance with this process or help contacting your doctor, call Elixir Pharmacy at 866-909-5170 (TTY: 711) for maintenance medications or 877-437-9012 (TTY: 711) for specialty medications. Please have your prescription bottle handy.

## 3. MEMBER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Member Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: ☐ M ☐ F

## 4. HEALTH INFORMATION

**Drug Allergies:** ☐None ☐Aspirin ☐Codeine ☐Erythromycin ☐Penicillin ☐Sulfa ☐Other: \_\_\_\_\_

**Medical Conditions:** ☐Arthritis ☐Asthma ☐Cancer ☐Diabetes ☐Glaucoma ☐Heart Condition

☐High Blood Pressure ☐High Cholesterol ☐Migraine ☐Thyroid Disease ☐Other: \_\_\_\_\_

**Current Over-the-Counter or Herbal Medications Taken Regularly:** \_\_\_\_\_



## 5. PRESCRIPTION INFORMATION

Drug Name	Doctor's Name	Doctor's Phone #	* Autorefill	** Fill when Rx Received
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>

\*Check box if you would like this option.

\*\*Check box if you would like us to fill your prescription when we receive it.

☐ I do not want child-proof caps. If you check this box, we will include snap caps or easy off lids with your medications.

**Generics:** Elixir Pharmacy will automatically dispense the generic drug unless your prescriber writes "DAW" (dispense as written) on the prescription and the brand name drug is medically necessary. Brand name drugs typically require you to pay a higher copayment.

**Please note,** to be eligible for automatic refills, your plan must allow participation. If you have a credit card on file with us, we will charge your card for copays up to \$500 and will contact you for authorization over that amount. No refrigerated or controlled substances can be filled automatically due to deliveries needing to be pre-scheduled and other restrictions. Must have email address on file. Elixir Pharmacy will send you a notice when your prescriptions are out of refills or expire, recommending you contact your physician's office or Elixir Pharmacy to request a refill.

## 6. PAYMENT AND SHIPPING

How would you like to pay for this order? (Please do not send cash. If your copay is \$0, you do not need to provide payment information.)

**Charge my credit card:** ☐ Visa ☐ MC ☐ Discover ☐ Amex ☐ Diners

**Credit Card Number:**

Expiration date:

M M Y Y

X \_\_\_\_\_  
Cardholder signature

☐ I authorize Elixir Pharmacy to charge this card for all orders from any person in this membership.

☐ **Expedited Shipping:** Add \$10 for ground, \$25 for 2-day and \$50 for priority overnight to total order amount.

Note: Expedited shipping cannot be sent to a P.O. Box.

*For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, I authorize Elixir Pharmacy to maintain my credit card on file as payment method for any future charges. To modify payment selection, contact customer service at any time.*

Elixir Pharmacy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-909-5170 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-909-5170 (TTY: 711)。

**elixir**  
PHARMACY







IMPERIAL INSURANCE COMPANIES

## Your Over-the-Counter Benefit

As an **Imperial Health Plan of California** (HMO) (HMO SNP) member, you are eligible to get over the counter (OTC) items delivered to your home at no cost.

- You do not need a prescription to receive products in this program.
- You can place **multiple orders per quarter**.
- Unused balances **DO NOT** carry over from quarter to quarter.

Items usually arrive within seven (7) to ten (10) business days from the date your order is received and verified.

## Ways to place your order:

### 1. Visit [shopping.drugsourceinc.com/imperial](http://shopping.drugsourceinc.com/imperial)

Your web portal is available 24/7 and is the best way to see all available items (including new products).

You can place your order, track your shipments, and view your available benefit amount by logging in with your member ID number located on your **Imperial Health Plan member ID Card** and your date of birth.

### 2. Order by phone

- a) Review the items located in this catalog and select what you want.
- b) Call **1 (877) 777-9470 TTY 711**, to place your order. Our customer service representatives are available to take your order Monday through Friday, 8:30am to 10pm Central Time.

### 3. Order by mail or fax

- a) Review the items located in this catalog and complete the order form. When you are finished, you may fax the completed order form to **1 (847) 258-1913** or mail to:

**DrugSource, Inc.**

PO Box 1366

Elk Grove Village, IL 60009-1366

If you have questions about your OTC benefit or OTC orders, **call 1 (877) 777-9470**.

If you have other questions regarding other plan benefits, **call 1 (800) 838-8271 or 1 (800) 708-5976**.



Your Over-the-Counter Benefit



IMPERIAL INSURANCE COMPANIES

## About OTC Products

The products located on this order form are eligible for coverage. Products such as Anti-Diarrheal, Cold & Allergy medicines, Dental and Oral Care, Diabetes care, Digestive Health, Ear and Eye care, Foot Treatments, Incontinence products are all examples of eligible categories.

### Dual-Purpose items

If a product can be used either to treat a medical condition *or* for a general health purpose, it is considered a **dual-purpose** item. For example, vitamins are considered dual-purpose items. **We recommend you talk to your doctor before ordering or using a dual-purpose product.** Do not order a dual-purpose product if your doctor doesn't recommend it.

On this order form, **dual-purpose products are marked with plus sign (+).**

Some items may be covered under Medicare Part B or Part D. For example, rolled gauze may be covered under Part B when used as prescribed for covering or dressing a surgical wound. **In the catalog, these items are marked with two plus signs (++)**. When an item is covered by Part B or Part D due to particular circumstances, you would not use your OTC benefit to obtain the item because it is Medicare-covered in those circumstances, and not part of the supplemental OTC benefit. (For instance, you should make sure that any OTC listed items are covered by Part B or Part D, then you would not use your OTC benefits.)

### Items that are not eligible

Items that are not eligible for your OTC benefit include but are not limited to:

- Deodorants and antiperspirants
- Foods or meal replacement items
- Birth control medications and contraceptives
- Herbal supplements and alternative medications
- Lotions, facial creams and other cosmetic items
- Household items including hand soaps, razors, etc.
- Baby diapers, formulas and other childcare products

# Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
<b>Bathroom Safety</b>			1852002	Chloraseptic Sore Throat Spray Menthol 6oz	\$7.30
4377019	Economy Elevated Toilet Seat	\$18.99	1102005	Cough Drops Black Cherry Sugar Free 25ct	\$2.05
4648001	Bath Seat	\$50.85	1055005	Cough Drops Cherry 30ct	\$2.05
4647006	Bath Seat With Back, Aluminum	\$42.07	1781005	Cough Drops Honey Lemon 30ct	\$2.05
4649006	Bathroom Safety Shower Tub Bench Chair	\$41.55	1397002	Halls Cough Drop Honey Lemon 30ct	\$3.10
4650006	Bathtub Grab Bar Safety Rail	\$45.75	1399001	Halls Defense Vitamin C Drops Sugar Free Assorted Citrus 25ct	\$3.20
2687003	Bathtub Mat, 15 Inch X 27 Inch	\$15.95	2162002	Halls Mentho-Lyptus Drops Cherry 30ct	\$3.10
4770019	Raised Toilet Seat With Arms And Lock, 5 Inches	\$38.99	2355001	Halls Sugar Free Honey Berry Cough Drops 25ct	\$3.50
3190001	Safety Treads 8ct	\$9.95	4658002	Sore Throat Spray Cherry 6oz	\$5.49
4382001	Suction Cup Grab Bar With 180 Swivel Action, 19inch	\$40.00	1686001	Sucrets Regular Lozenges Wild Cherry 18ct	\$4.10
4380001	Suction Tub & Shower Bar 16 Inch	\$17.95	<b>Cough, Cold, Flu &amp; Sinus</b>		
4653006	Toilet Safety Frame	\$36.99	4018002	Airborne Immune Support Chewable Tabs Berry 32ct	\$10.90
4652001	Toilet Seat Raised Lock 500lbs	\$53.00	4019002	Airborne Immune Support Chewable Tabs Citrus 32ct	\$10.90
<b>Cold &amp; Allergy</b>			2211001	Alka-Seltzer Plus Cold 20ct Effervescent Tabs Original	\$7.70
<b>Allergy</b>			1577001	Alka-Seltzer Plus Cold 36ct Effervescent Tabs Original	\$11.15
2874002	Allegra OTC 180mg Tabs 24HR 15ct	\$20.75	3980005	All Night Cold Original Liquid 8oz	\$7.39
3310002	Allegra OTC 180mg Tabs 24HR 30ct	\$27.75	3288002	Contac Cold/Flu Day/Night Caplets 28ct	\$9.47
2873002	Allegra OTC 60mg Tabs 12HR 12ct	\$14.80	3949001	Coricidin Hbp Chest Congestion & Cough Liqui-Gels 20ct	\$8.45
3336002	Benadryl Allergy Soft-gels 24ct	\$7.15	3950001	Coricidin HBP Cough & Cold Tabs 16ct	\$8.45
1050004	Cetirizine 10mg Tabs 30ct	\$12.69	3951001	Coricidin HBP Maximum Strength Flu Tabs 20ct	\$8.45
1951002	Claritin Allergy 24HR 10mg Tabs 30ct	\$33.40	4656005	Daytime Multi-Symptom Cold/Flu Relief Caps 16ct	\$5.99
3311002	Claritin Allergy 24HR 10mg Tabs 20ct	\$27.20	2746005	Effervescent Cold Relief Tabs 20ct	\$7.50
1099002	Diphenhydramine 25mg Caps 100ct	\$4.65	1057002	Mucinex DM Extended Release Tabs 20ct	\$17.83
1839005	Diphenhydramine 25mg Tabs 24ct	\$4.10	3953002	Mucinex DM Maximum Strength Tabs 14ct	\$19.97
4277001	Diphenhydramine 25mg Caps 24ct	\$4.50	3312001	Mucinex DM Maximum Strength Tabs 28ct	\$35.79
4657005	Fexofenadine Allergy Tabs 12HR 12ct	\$11.99	1272002	Mucinex Extended Release Tabs 20ct	\$16.27
4659010	Fexofenadine Allergy Tabs 24HR 30ct	\$20.41	1052001	Mucus Relief Tabs 60ct	\$5.99
1056004	Loratadine 10mg Tabs 30ct	\$5.99	2935001	Robitussin DM Peak Cold Cough/Congestion 4oz	\$7.95
2168002	Loratadine 10mg Tabs 100ct	\$12.35			
4024002	Nasacort Allergy 24 Hour Spray 0.5oz	\$27.75			
2428002	Zyrtec OTC Adult 10mg 24HR Tabs 5ct	\$9.80			
<b>Cough Drops, Sore Throat Relief</b>					
3302002	Cepacol Maximum Strength Lozenge Honey Lemon 16ct	\$4.35			
1809002	Chloraseptic Sore Throat Spray Cherry 6oz	\$7.30			

## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
2936001	Robitussin DM Sugar Free Peak Cold Cough/Congestion 4oz	\$7.95	4460001	Jobst Men's Dress Knee High 8-15 mmHg White Large 1 Pair	\$19.90
4552001	Sambucol Black Elderberry Cold & Flu Relief Tabs 30ct	\$16.00	4459001	Jobst Men's Dress Knee High 8-15 mmHg White Medium 1 Pair	\$19.90
2997002	Sudogest PE Tab 10mg 36ct	\$6.99	2594002	Jobst Women's Sheer Knee High 8-15 mmHg Large Silky Beige	\$14.30
1070005	Tussin DM Sugar Free Liquid Clear 4oz	\$5.19	2595002	Jobst Women's Sheer Knee High 8-15 mmHg Medium Silky Beige	\$14.60
1064005	Tussin Form CF 8oz	\$6.99	<b>Moderate Compression (Over 8-15mmHg)</b>		
1065005	Tussin Form DM 8oz	\$6.79	2593001	Jobst Women's Mod Compression Knee High 15-20mmhg X-Large 1 Pair	\$43.50
1843005	Tussin Formula 4oz	\$5.99	<b>Diabetes Care</b>		
1844005	Tussin Formula DM 4oz	\$5.99	<b>Compression Stockings &amp; Hosiery</b>		
2952001	Vicks Dayquil Liquid Caps 24ct	\$13.05	5176008	Diabetic Comfort Crew Socks Men's Size 6 - 12 1 Pair	\$5.95
3234001	Vicks Nyquil Liquid 8oz	\$11.10	5178008	Diabetic Comfort Crew Socks Women's Size 5 - 9 1 Pair	\$5.95
2967001	Vicks Nyquil Liquid Caps 24ct	\$13.05	5180006	Diabetic Compression Socks 8-15mmhg Knee High XL White 1 Pair	\$16.15
<b>Nasal</b>			4951001	Diabetic Crew Socks White LG 1 Pair	\$9.50
1997002	Afrin Nasal Spray Original 0.5oz	\$8.15	4948001	Diabetic Crew Socks White XL 1 Pair	\$9.50
1847001	Afrin Nasal Spray Sinus 0.5oz	\$8.99	5177008	Diabetic Quarter Socks Men's Size 6 - 12 1 Pair	\$5.95
4022001	Breathe Right Nasal Strips Clear Large 30ct	\$16.50	5179008	Diabetic Quarter Socks Women's Size 5 - 9 1 Pair	\$5.95
4023001	Breathe Right Nasal Strips Tan Small/Medium 30ct	\$17.80	<b>Diabetes Care Accessories</b>		
1273005	Nasal Spray 12HR 1oz Max/Str	\$6.99	3981002	Alcohol Prep Pads 100ct	\$3.10
1061001	Saline Nasal Spray 1.5oz	\$3.99	1361002	BD Alcohol Swabs 100ct	\$3.60
<b>Respiratory Treatments</b>			2137001	BD Home Sharps Container	\$4.10
1840004	Medicated Chest Rub 3.53oz	\$5.19	<b>Diabetes Health &amp; Wellness</b>		
2425001	Vicks Vaporub 1.76oz	\$6.60	2485008	Diabetic Foot Care Cream 4oz	\$11.99
2351001	Vicks Vaporub 6oz	\$17.25	4106001	Gold Bond Ultimate Diabetic Dry Skin Relief Foot Cream 3.4oz	\$8.46
3313001	Vicks Vaporub 3.53oz	\$11.55	<b>Glucose Tablets</b>		
1072001	Vicks Vaporub Lemon Scent 1.76oz	\$6.60	4667001	Glucose Tabs 4gm 10ct	\$3.95
<b>Compression Support</b>			2484002	Glucose Tabs Raspberry 50ct	\$8.40
<b>Low Compression (8-15mmHg)</b>			<b>Digestive Health</b>		
2600002	Jobst Men's Dress Knee High 8-15mmHg Black X-Large 1 Pair	\$18.95	<b>Anti-Diarrheal</b>		
4458002	Jobst Men's Dress Knee High 8-15 mmHg Black Large 1 Pair	\$18.92	2294001	Anti-Diarrheal 2mg Caplets 24ct	\$6.39
4457001	Jobst Men's Dress Knee High 8-15 mmHg Black Medium 1 Pair	\$18.92	2326001	Anti-Diarrheal 2mg Caplets 12ct	\$4.39
4455001	Jobst Men's Dress Knee High 8-15 mmHg Brown Large 1 Pair	\$18.49	1246002	Imodium A-D Liquid Cool Mint 4oz	\$8.15
4456001	Jobst Men's Dress Knee High 8-15 mmHg Brown Medium 1 Pair	\$18.49			

## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
<b>Anti-Gas</b>			5065001	Colace 2-In-1 Tabs 60ct	\$30.93
1822002	Anti-gas 80mg Tabs 100ct	\$4.50	2296001	Dulcolax Tabs 5mg 100ct	\$27.20
3025002	Gas Relief Soft-gels Extra Strength 30ct	\$6.20	2297001	Dulcolax Tabs 5mg 25ct	\$9.20
1823001	Gas-X Extra Strength Cherry Creme Chew Tabs 18ct	\$6.22	1664005	Enema Adult 4.5oz	\$3.50
1219001	Gas-X Extra Strength Soft-gel 10ct	\$3.57	1083001	Ex-Lax Pieces Regular Strength 24ct	\$6.50
<b>Digestive Aids</b>			2853002	Fleet Enema Adult 4.5oz	\$4.10
1082002	Beano Tabs 30ct	\$6.70	1747002	Fleet Glycerin Suppositories 24ct	\$4.10
2167002	Lactaid Caplets 120ct	\$20.10	1084005	Magnesium Citrate Cherry 10oz	\$3.10
1760002	Lactaid Fast Act Caplets 32ct	\$12.10	1085002	Magnesium Citrate Lemon 10oz	\$3.10
4588001	Phillips Colon Health 30ct	\$19.70	2582002	Miralax Powder 17.9oz	\$29.00
4587001	Phillips Colon Health 45ct	\$27.60	2299002	Miralax Powder 8.3oz	\$16.75
4589001	Phillips Colon Health 60ct	\$35.20	1394002	Miralax Powder 4.1oz	\$9.65
<b>Fiber</b>			1092004	Senna Tabs 100ct	\$6.99
5174005	Best Fiber Powder Sugar Free 8.6oz	\$13.49	2111002	Senokot-S Tabs 30ct	\$23.93
2115005	Fiber Laxative Caplets 100ct	\$10.80	1093002	Stool Softener Soft-gels 100ct	\$5.89
4683005	Fiber Laxative Caps Psyllium 160ct	\$11.99	<b>Motion Sickness / Vertigo</b>		
1864001	Fibercon Tabs 90ct	\$17.35	1692001	Bonine Tabs 8ct	\$4.88
1863001	Fiberlax Tabs 90ct	\$9.99	1905001	Dramamine 50mg Tabs 12ct	\$5.85
1670001	Metamucil Caps 100ct	\$21.15	2152001	Dramamine Chew Tabs 8ct	\$5.50
5175005	Natural Fiber Orange Powder Sugar Free 15oz	\$11.59	2172001	Motion Sickness Tabs 12ct	\$3.29
3945001	Natural Fiber Powder 13oz	\$9.99	<b>Stomach &amp; Nausea Remedies</b>		
3946001	Natural Fiber Powder Orange 13oz	\$9.25	0105001	Alka-Seltzer Tabs Original 24ct	\$6.05
<b>Hemorrhoid Preparations</b>			1077001	Alka-Seltzer Tabs Original 12ct	\$3.75
2962005	Antiseptic Cleansing Pads 100ct	\$6.85	1078002	Antacid Assorted Tabs 150ct	\$4.20
0990005	Hemorrhoidal Cream 1.8oz	\$6.99	2263005	Antacid Chewable Extra Strength 96ct	\$5.20
4684010	Hemorrhoidal Ointment 2oz	\$6.49	1087005	Antacid Liquid DS 12oz	\$5.99
1832002	Hemorrhoidal Suppositories 12ct	\$5.99	2459002	Antacid Regular Strength Liquid 12oz	\$5.99
0991001	Preparation H Cream Max/Str 0.9oz	\$9.80	2367005	Antacid Ultra Strength Tabs 72ct	\$7.20
2085001	Preparation H Ointment 2oz	\$19.10	1819005	Effervescent Pain Relief Tabs 36ct	\$6.45
3281001	Preparation H Suppositories 24ct	\$20.90	4331001	Famotidine 10mg Tabs 60ct	\$11.35
0993001	Tucks Medicated Pads 40ct	\$6.60	2942010	Famotidine 10mg Tabs 30ct	\$6.20
<b>Laxatives</b>			1247002	Kaopectate Liquid Regular Flavor 8oz	\$6.65
2933005	Bisacodyl 5mg Tabs 25ct	\$4.99	4280002	Lansoprazole Acid Reducer 15mg Caps 14ct	\$12.03
1758001	Bisacodyl 5mg Tabs 100ct	\$7.99	2744001	Milk Of Magnesia 12oz	\$4.99
4685001	Biscolax 10mg Suppositories 12ct	\$2.79	2118001	Milk Of Magnesia Suspension 16oz	\$5.65
2288002	Clearlax Powder 4.1oz	\$6.89	4027001	Nexium 24HR Heartburn Relief 20mg 14ct	\$16.55
2300001	Clearlax Powder 8.3oz	\$13.90	4028002	Nexium 24HR Heartburn Relief 20mg 28ct	\$29.15



## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
4026002	Nexium 24HR Heartburn Relief 20mg 42ct	\$39.85	4672005	Multi-Purpose No Rub Solution 12oz	\$5.99
4281010	Omeprazole 20mg OTC Tabs 14ct	\$16.57	1647001	Opti-Free No-Rub Express Solution 4oz	\$7.30
2213005	Omeprazole 20mg OTC Tabs 42ct	\$31.99	1351002	Opti-Free Replenish Multi-Purpose Solution 10oz	\$15.00
1076002	Pepcid AC Tabs Original Strength 30ct	\$14.60	0249002	Opti-Free PureMoist Rewetting Drops 10ml	\$9.70
3350002	Pepcid Complete Chew-tabs Berry 50ct	\$27.40	<b>Eye Preparations</b>		
1248001	Pepto-Bismol Caplets Original 40ct	\$10.57	1343002	Bausch & Lomb Advanced Eye Relief Eye Wash 4oz	\$7.50
1090001	Pepto-Bismol Liquid Original 8oz	\$6.55	3338001	Bausch & Lomb Soothe Hydration Lubricant Eye Drops 15ml	\$13.45
3314001	Pepto-Bismol Liquid Original 16oz	\$9.75	1347001	Clear Eyes Itchy Eye Relief Drops 0.5oz	\$5.35
2724005	Pink Bismuth Liquid 8oz	\$4.89	1348001	Clear Eyes Maximum Redness Relief Drops 0.5oz	\$5.50
1091001	Pink Bismuth Tabs - Chewable 30ct	\$5.05	1095004	Eye Drops 0.5oz	\$3.99
3316001	Prilosec OTC 20mg Tabs 14ct	\$18.10	4675005	Eye Drops AC 0.5oz	\$3.95
1555001	Prilosec OTC 20mg Tabs 28ct	\$29.85	4674005	Eye Drops Moisture 0.5oz	\$4.79
2323001	Prilosec OTC 20mg Tabs 42ct	\$39.60	4548001	Freshkote PF Eye Drop 10ml	\$49.08
4029001	Rolaids Extra Strength Chewable Tabs Fruit 96ct	\$6.85	4547001	Ocusoft Retaine MGD Eye Drop 30ea	\$28.45
4030001	Rolaids Extra Strength Chewable Tabs Mint 96ct	\$6.85	3340001	Refresh Liquigel 0.5oz	\$14.60
4031001	Rolaids Regular Strength Chewable Tabs Mint 150ct	\$6.85	4585001	Refresh Optive Sensitive Eye Drop 30 Single Use	\$18.50
1826001	Tagamet HB OTC 200mg Tabs 6ct	\$3.60	1353002	Systane Lubricant Eye Drops 15ml	\$16.30
1240002	Tums Extra Strength Smoothies Tabs Assorted Fruit 60ct	\$7.30	3341002	Thera Tears Sterilid Lid Scrub 1.62oz	\$20.58
2200001	Tums Extra Strength Tabs Assorted Fruit 96ct	\$6.97	2206001	Visine A Drops 0.5oz	\$9.15
2302002	Zegerid OTC 20mg 14ct	\$16.25	2112002	Visine AC Eye Drops 0.5oz	\$6.20
<b>Ear Care</b>			1096002	Visine Original Eye Drops 0.5oz	\$6.20
1334002	Debrox Drops Earwax Removal 0.5oz	\$8.10	<b>Feminine Care</b>		
4665005	Ear Wax Drop Removal Kit 0.5oz	\$6.99	4654005	Miconazole 3 Day With Applicator 3ct	\$16.99
2518001	Macks Wax Away Earwax Removal System 1ea	\$6.60	1725002	Miconazole 7 Vaginal Cream 45gm	\$13.99
1336002	Murine Earwax Removal System 0.5oz	\$8.45	2705002	Monistat 7 Cream With Disposable Applicator 1.59oz	\$14.80
1860001	Murine Earwax Removal Drops 0.5oz	\$7.75	1730001	Monistat-3 Cream Prefilled Applicator 3ct	\$19.90
2195002	Swim Ear 1oz	\$5.50	<b>First Aid</b>		
<b>Eye Care</b>			<b>Antiparasitic Treatments</b>		
<b>Contact Len Care</b>			1901001	Nix Control Spray Pump 5oz	\$9.25
4753001	Bausch & Lomb RENU Advanced Multi-Purpose No Rub 4oz	\$7.55	1900001	Nix Lice Treatment Creme Rinse 2oz Single	\$14.95
3339002	Blink Contacts Lubricant Eye Drops 10ml	\$9.32	1899001	Nix Lice Treatment Creme Rinse 2 X 2oz	\$23.45
4673005	Contact Lens Solution 12oz (Contains Hydrogen Peroxide)	\$9.99			

## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
<b>Cotton Balls &amp; Swabs</b>			0973005	Adhesive Fabric Strips Assorted 30ct	\$3.60
3915005	Cotton Balls 100ct	\$2.50	0972005	Adhesive Pads Non-Stick Large 3x4in 10ct	\$4.49
4002005	Cotton Balls 300ct	\$4.10	0975005	Adhesive Sheer Strips Assorted 60ct	\$3.50
2548005	Cotton Swabs 300ct	\$4.65	1296001	Band-aid Comfort-Flex Plastic All One Size 60ct	\$3.03
<b>First Aid Kits &amp; Supplies</b>			0235001	Band-aid Flex Fabric 3/4 30ct	\$4.63
4702001	Johnson & Johnson First Aid Kit Mini	\$2.59	0974001	Band-aid Flexible Fabric Assorted Sizes 30ct	\$4.63
4546015	Johnson & Johnson First Aid Kit 140 Pieces	\$20.10	1301002	New-Skin Liquid Bandage 1oz	\$7.20
<b>First Aid Tapes</b>			2246010	Sterile Pads 4x4in 25ct	\$6.12
0986005	Adhesive Tape 1/2" X 5yd	\$2.95	5172001	Tegaderm Dressing 2 3/8" X 2 3/4" 8ct	\$9.27
3996002	Adhesive Waterproof Tape 1/2" X 10yd	\$3.95	5173001	Tegaderm Dressing 4 X 4 3/4" 4ct	\$15.00
1876001	Johnson & Johnson Tape Waterproof 1/2" X 10yd	\$5.15	<b>Wound Treatments &amp; Skin Relief</b>		
<b>Itch Treatments</b>			2104004	Bacitracin Ointment 1oz	\$6.20
4017002	After Bite Extra Gel 0.5oz	\$5.59	1984002	Bactine Max Liquid 4oz	\$6.07
2695001	Aveeno Soothing Oatmeal Bath Treatment 8pk	\$8.73	4366001	Hibiclens Skin Cleanser Liquid 8oz	\$10.35
0969002	Benadryl Extra Strength Itch Relief 2% Cream 1oz	\$6.45	2553006	Hydrogen Peroxide 3% 8oz	\$3.50
1989002	Benadryl Regular Strength Itch Relief 1% Cream 1oz	\$6.00	0968005	Hydrogen Peroxide 3% 16oz	\$3.60
1796002	Calamine Lotion 6oz	\$4.99	2944001	Mederma Gel 50gm	\$40.75
1993002	Cortizone 10 Creme 1oz	\$6.70	0983001	Neosporin Original Antibiotic Ointment 1oz	\$10.55
1872002	Cortizone 10 Ointment 1oz	\$6.95	1871002	Neosporin Plus Maximum Strength Ointment 0.5oz	\$7.80
2146002	Cortizone-10 Intensive Healing Formula Anti-Itch Creme 1oz	\$7.00	2177001	Neosporin Plus Maximum Strength Ointment 1oz	\$12.65
0970010	Diphenhydramine Cream 2% 1oz	\$5.00	2559004	Petroleum Jelly 13oz	\$5.00
2776001	Gold Bond Medicated Body Powder 10oz	\$8.85	0967006	Rubbing Alcohol 70% 16oz	\$4.50
0287001	Gold Bond Medicated Maximum Strength Cream 1oz	\$5.15	0982004	Triple Antibiotic Ointment 1oz	\$7.75
0979004	Hydrocortisone 1% Cream 1oz	\$5.15	4655001	Triple Antibiotic Plus Ointment 1oz	\$6.99
2163002	Hydrocortisone 1% Ointment 1oz	\$5.89	1424001	Vaseline Petroleum Jelly 13oz	\$6.50
1715001	Hydrocortisone Cream + Aloe 1% 1oz	\$4.50	<b>Foot Care</b>		
<b>Thermometers</b>			<b>Antifungal Treatments</b>		
0998003	Basic Thermometer Digital	\$5.89	3966001	Athletes Antifungal Foot Cream 0.5oz	\$12.10
1841003	Thermometer Digital Flexible Tip	\$9.99	0987004	Clotrimazole 1% Cream 1oz	\$7.99
4463001	Thermometer Forehead Strip	\$5.10	1567002	Clotrimazole 1% Cream 0.5oz	\$6.99
<b>Wound &amp; Surgical Dressings</b>			1828002	Fungi Nail Tincture 30ml	\$19.50
4679005	Adhesive Bandage Plastic 3/4in 60ct	\$2.50	1831001	Lamisil AT Athletes Foot Cream 0.42oz	\$12.40
			0988002	Lotrimin AF Cream 0.42oz	\$11.60
			4710002	Lotrimin AF Cream 1.1oz	\$18.70
			2730002	Miconazole Nitrate Cream 2% 1.1oz	\$6.70





SKU	Product Name	Price	SKU	Product Name	Price
1830004	Tolnaftate 1% Cream 1oz	\$9.99	2864001	Futuro Wrist Stabilizer Deluxe Right Large/X-Large	\$29.15
0459004	Tolnaftate 1% Cream 0.5oz	\$5.99	2865001	Futuro Wrist Stabilizer Deluxe Right Small/Medium	\$29.15
1723001	Tolnaftate 1% Powder 1.5oz	\$4.99	4693001	Knee Brace Large	\$10.45
<b>Foot Cushioning &amp; Treatments</b>			4692001	Knee Brace Medium	\$10.45
4682005	Corn Cushions 9ct	\$2.19	4691001	Knee Brace Small	\$10.45
1879002	Dr Scholl Callous Remover Pads 4ct	\$5.85	4698001	Wrist Support - Sport, Adjustable	\$6.47
4335001	Dr Scholl Corn Remover Pads 9ct	\$3.99	<b>Elastic Bandages &amp; Athletic Treatments</b>		
0989002	Dr Scholl Corn Cushion Regular 9ct	\$3.60	1341001	Ace Bandage Velcro 2 Inch	\$5.45
<b>Wart Removers</b>			1970001	Ace Bandage Velcro 3 Inch	\$8.25
1047001	Compound W Fast-Acting Liquid 0.31oz	\$10.90	1339001	Ace Elastic Bandage 3 Inch	\$8.25
2017002	Compound W Gel 0.25oz	\$10.90	2122002	Ace Self-Adhering Bandage 2 Inch	\$5.15
3059001	Dr Scholl Clear Away One Step Wart Remover	\$10.67	4676001	Elastic Bandage 2in	\$4.99
<b>Gloves</b>			4677001	Elastic Bandage 3in	\$6.79
4103001	Latex Gloves Powder Free 100ct Large	\$15.99	<b>Home Care Kits</b>		
4102001	Latex Gloves Powder Free 100ct Medium	\$15.99	2753001	Ear Eye And Nose Combo Contains: Eye Drops 0.5oz, Macks Wax Away Removal System, Saline Nasal Spray 1.5oz	\$14.58
4101001	Latex Gloves Powder Free 100ct Small	\$15.99	2754001	First Aid Essentials Contains: Hydrogen Peroxide 16oz, Triple Antibiotic Ointment 1oz, Band-Aid Flexible Fabric Strips 30ct	\$15.98
4104001	Latex Gloves Powder Free 100ct X-Large	\$15.99	2755001	Hemorrhoid Care Combo Contains: Tucks Pads 40ct, Hemorrhoidal Cream 1.8oz	\$13.59
4368001	Nitrile Gloves XL Latex Free Powder Free 50ct	\$15.99	2756001	Oral Care Combo Contains: Crest Toothpaste 3.6oz, Dental Floss 100yds, Toothbrush Full head, Soft	\$8.10
<b>Health Supports</b>			2757001	Pain Relief Combo Contains: Arthritis Pain Reliever Caplets 50ct, Icy Hot Pain Relieving Cream 1.25oz	\$12.90
<b>Braces &amp; Supports</b>			<b>Home Diagnostics +</b>		
4696001	Ankle Support Elastic Black Large	\$8.60	4746003	Digital Blood Pressure Monitor, Automatic Wrist Monitor +	\$24.79
4695001	Ankle Support Elastic Black Medium	\$8.60	2237001	Omron Blood Pressure Cuff **Large - Cuff Only** +	\$22.95
4694001	Ankle Support Elastic Black Small	\$8.60	0996001	Omron Blood Pressure Monitor Manual +	\$38.40
4697001	Ankle Support Elastic Black X-Large	\$8.60	4618003	SmartHeart Blood Pressure Monitor +	\$34.99
1931001	Futuro Ankle Support Wrap Around Medium	\$11.70			
1932001	Futuro Ankle Support Wrap Around Large	\$11.70			
1930001	Futuro Knee Support Stabilizing Large	\$17.10			
1929001	Futuro Knee Support Stabilizing Medium	\$17.10			
2863001	Futuro Wrist Stabilizer Deluxe Left Large/X-Large	\$29.15			
1933001	Futuro Wrist Stabilizer Deluxe Left Small/Medium	\$29.15			



SKU	Product Name	Price	SKU	Product Name	Price
4811003	Smartheart Blood Pressure Monitor Automatic - 2 Cuffs +	\$40.00	5206006	Abri-Flex Premium Disposable Underwear Moderate Absorbency X-Large 14ct	\$29.00
<b>Home Health Care</b>			4773006	Adult Pullup Underwear Medium 20ct Heavy Absorbency	\$14.00
2920001	Optichamber Diamond Valved Holding Chamber	\$18.85	4771006	Adult Pullup Underwear Large 18ct Heavy Absorbency	\$14.00
<b>Incontinence</b>			4772006	Adult Pullup Underwear X-Large 14ct Heavy Absorbency	\$14.00
<b>Bladder Control Pads</b>			1009006	Perfit Protective Underwear Medium 20ct	\$15.45
2362001	Depend Poise Pads Regular Light 30ct	\$10.30	008006	Perfit Protective Underwear Large 18ct	\$15.45
4543006	Prevail Bladder Control Pads, Overnight 30ct	\$18.80	1007006	Perfit Protective Underwear X-Large 14ct	\$15.45
4748006	Prevail Bladder Control Pads, Ultimate Absorbency 33ct	\$15.00	4713006	Prevail Daily Underwear 2XL 12ct Moderate Absorbency	\$15.45
2339006	Prevail Bladder Control Pads, Moderate Absorbency 20ct	\$15.00	1002006	Surecare Protective Underwear Medium 20ct	\$20.40
<b>Cleansers</b>			1001006	Surecare Protective Underwear Large 18ct	\$23.60
4516006	Perineum Wash 8oz	\$7.20	1000006	Surecare Protective Underwear X-Large 14ct	\$22.30
<b>Creams &amp; Ointments</b>			5071006	Tena Extra Underwear Small 16ct	\$18.00
1744004	A & D Ointment 4oz	\$6.30	5070006	Tena Women Underwear Super Plus Small/Medium 18ct	\$21.55
1975001	Balmex Clear Protection Ointment 3.5oz	\$7.48	<b>Underpads</b>		
1874001	Balmex Diaper Rash Cream With Zinc Oxide 2oz	\$5.32	4452006	Prevail Underpads 30x36 10ct	\$10.30
1743002	Balmex Diaper Rash Cream With Zinc Oxide 4oz	\$7.29	4615006	Underpad Reusable 32x36 1ct	\$16.80
1875001	Desitin Original Ointment 2oz	\$5.77	<b>Wipes</b>		
2827001	Desitin Original Ointment 4oz	8.70	4309019	Nice N Clean Baby Wipes 72ct Scented	\$3.99
<b>Fastener Tab Briefs</b>			4308019	Nice N Clean Baby Wipes 72ct Unscented	\$3.99
4934006	Abri-Form Premium Briefs Medium 14ct - Heavy Absorbency	\$29.00	4881006	Personal Wipe Aloe Light Scent 64ct	\$5.70
4936006	Abri-Form Premium Briefs Large 12ct - Heavy Absorbency	\$29.00	4880006	Procure Personal Wipe Aloe/Vitamin E Scented 50ct	\$4.00
4935006	Abri-Form Premium Briefs X-Large 12ct - Heavy Absorbency	\$29.00	5084001	Wipes Flushable 9 X 13 60ct	\$6.19
4468006	Attends Briefs Medium 24ct	\$23.63	<b>Masks</b>		
1005006	Fitted Briefs Diapers Medium 16ct	\$15.45	5236019	Mask Reusable Cloth White 3ct	\$17.99
4438006	Fitted Briefs Diapers Large 18ct	\$15.45			
1003006	Fitted Briefs Diapers X-Large 15ct	\$15.45			
4686006	Procure Briefs Medium 16ct	\$12.50			
4687006	Procure Briefs Large 18ct	\$12.50			
4688006	Procure Briefs X-Large 15ct	\$12.50			
5072006	Tena Briefs Small 12ct	\$8.00			



SKU	Product Name	Price	SKU	Product Name	Price
<b>Medicated Lip Treatment</b>			4178001	G-U-M EEZ-Thru X-Treme Fresh 75ct	\$2.75
<b>Cold Sore Treatment</b>			<b>Oral Remedies</b>		
1305001	Abreva Cold Sore Cream 2gm	\$26.20	1316001	Anbesol Gel Regular Strength Cool Mint 0.33oz	\$7.40
<b>Lip Care</b>			1617001	Anbesol Liquid Regular Strength Cool Mint 0.41oz	\$7.40
2019001	Blistex Lip Balm Reg SPF 15 0.15oz	\$2.15	4355002	Biotene Moisturizing Mouth Spray With Xylitol 1.5oz	\$8.25
2020001	Blistex Lip Ointment Medicated 0.21oz	\$2.60	4540001	Dry Mouth Cough Drops Cherry 26ct	\$6.00
2139001	Blistex Silk & Shine Lip Protectant SPF 15	\$3.50	1013001	Orajel Maximum Strength Gel 0.25oz	\$8.09
2142002	Carmex Jar 0.25 Oz	\$2.05	1626002	Orajel Maximum Strength Gel 0.42oz	\$10.69
2022002	Carmex Easy-On Applicator 0.35oz	\$2.05	1949001	Orajel Mouth Sore Gel 0.18oz	\$7.20
1815002	Herpecin L Lip Protectant SPF 30 0.1oz	\$6.60	4470001	Orajel Mouth Sore Gel 0.42oz	\$8.85
1902005	Lip Balm Regular Twin Pack SPF 4	\$2.05	4660008	Oral Pain Relief Gel 0.5oz	\$5.80
<b>Oral Care</b>			<b>Oral Rinses</b>		
<b>Denture Care</b>			1688001	Act Anticavity Fluoride Rinse Cinnamon 18oz	\$5.50
4661004	Denture Brush 1ct	\$2.52	2627002	Act Total Care Anticavity Fluoride Rinse Fresh Mint 18oz	\$6.85
1015004	Denture Cleaner Tabs 90ct	\$7.80	4356002	Biotene Dry Mouth Oral Rinse 16oz	\$8.45
4666004	Denture Cleaner Tabs Mint 40ct	\$3.95	<b>Toothbrushes</b>		
1014001	Efferdent Denture Cleanser Tabs 102ct	\$7.80	2629015	Colgate Plus Adult Toothbrush Soft	\$3.10
1318001	Efferdent Denture Cleanser Tabs 44ct	\$4.00	2965004	Toothbrush Full Head Soft	\$1.55
2023002	Efferdent Plus Mint Tabs 90ct	\$8.93	<b>Toothpaste &amp; Treatments</b>		
2787001	Fixodent Control Denture Adhesive Cream 2oz	\$7.65	4251002	Aim Anti-Tartar Gel Toothpaste 5.5oz	\$1.60
1016001	Fixodent Control Denture Adhesive Cream Plus Scope Flavor 2oz	\$7.65	4354001	Biotene Dry Mouth Fluoride Toothpaste Gentle Mint 4.3 Oz	\$8.25
3319001	Fixodent Denture Adhesive Cream Original 2.5oz	\$7.65	4249001	Colgate Cavity Protection Toothpaste 1oz	\$1.55
3307001	Fixodent Fresh 2.5oz	\$7.65	4462001	Colgate Cavity Protection Toothpaste 8oz	\$5.15
2634001	Oral B Denture Brush	\$4.00	4868001	Sensodyne Toothpaste Fresh Mint 4oz	\$8.40
1325001	Polident 3 Minute Tabs 120ct	\$11.00	2024001	Toothpaste Crest Large 4.6oz	\$3.60
3955001	Polident Overnight Cleanser 120ct	\$11.25	4662004	Toothpaste Complete Care Original 5.5oz	\$2.99
5129001	Sea-Bond Denture Adhesive Lowers Original 30ea	\$8.00	<b>Pain Relief</b>		
5130001	Sea-Bond Denture Adhesive Uppers Original 30ea	\$8.00	<b>External Pain Relief</b>		
2352001	Super Poligrip Denture Adhesive Cream Zinc Free Formula 2.4oz	\$8.25	4293001	Arthritis Cream 3oz	\$7.79
<b>Interdental, Floss &amp; Gum Care</b>			4294002	Arthritis Hot Deep Penetrating Pain Relief Cream 3oz	\$4.65
2964004	Dental Floss 100yd	\$2.95	1446002	Aspercreme Pain Relieving Rub 3oz	\$7.60
2025004	Dental Floss Mint Waxed 100yd	\$2.95			
4708008	Dental Flossers Mint 60ct	\$2.59			

## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
4706001	Aspercreme Patch With Lidocaine 5ct	\$11.38	<b>Internal Pain Relief</b>		
3327002	Bengay Pain Relieving Cream Ultra Strength 2oz	\$7.55	1170004	Acetaminophen 325mg Tabs 100ct	\$4.99
1711002	Bengay Pain Relieving Cream Ultra Strength 4oz	\$11.05	2640004	Acetaminophen 500mg Caplets 100ct	\$5.79
1712002	Bengay Ultra Strength Pain Relieving Patch Reg Size 5ct	\$10.15	1514004	Acetaminophen 500mg Tabs 100ct	\$5.79
2658002	Bengay Vanishing Scent Rub 2oz	\$7.75	3969005	Acetaminophen 500mg Rapid Release Gels 100ct	\$7.99
4614003	Cold Hot Medicated Patch 5ct	\$5.99	1017001	Advil 200mg Caplets 50ct	\$9.85
0283001	Flexall Gel Maximum Strength 3oz	\$7.85	3106001	Advil 200mg Caplets 100ct	\$16.10
5127003	Heat Wrap Back-Hip 2ct	\$5.00	3323001	Advil 200mg Liqui-Gel 20ct	\$6.20
5126003	Heat Wrap Neck-Shoulder 3ct	\$5.00	3324001	Advil 200mg Liqui-Gel 40ct	\$10.75
1469002	Icy Hot Balm 3.5oz	\$7.55	1981001	Advil 200mg Liqui-Gel 80ct	\$16.85
1027001	Icy Hot Cream 1.25oz	\$5.15	3322001	Advil 200mg Liqui-Gel 160ct	\$25.75
1471001	Icy Hot Medicated Patches Extra Strength Large Back 5ct	\$9.25	1175001	Advil 200mg Migraine Liquigels 20ct	\$5.95
0284002	Icy Hot Patches Arm/Neck/Leg 5ct	\$7.20	1917002	Advil 200mg Tabs 24ct	\$5.75
2165001	Icy Hot Sleeve Large Knee Ankle Elbow 3ct	\$8.45	2132001	Advil 200mg Tabs 100ct	\$16.10
4295004	Muscle Rub Cream 3oz	\$5.99	3321001	Advil 200mg Tabs 200ct	\$24.55
4709002	Salonpas Patch Large 6ct	\$8.00	2359001	Advil Child Suspension Fruit 4oz	\$7.95
1653001	Thermacare Heatwraps 8HR Lower Back & Hip 2ct	\$9.80	0131001	Advil PM Caplet 40ct	\$11.45
2800001	Thermacare Heatwraps 8HR Neck, Shoulder, Wrist 3ct	\$9.80	3956001	Aleve 220mg Arthritis Gel-caps 40ct Easy Open	\$10.75
1654001	Thermacare Heatwraps Menstrual 3ct	\$9.80	3957001	Aleve 220mg Arthritis Liqui-gels 80ct Easy Open	\$22.05
4114002	Tiger Balm Extra Strength Ointment 0.63oz	\$7.20	1922001	Aleve 220mg Caplets 24ct	\$6.40
4034001	Zostrix High Potency Arthritis Pain Relief Cream 2oz	\$22.95	1018001	Aleve 220mg Caplets 50ct	\$10.75
4035001	Zostrix Original Strength Arthritis Pain Relief Cream 2oz	\$18.85	1977001	Aleve 220mg Caplet 100ct	\$18.00
<b>Hot &amp; Cold Therapy</b>			1921001	Aleve 220mg Tabs 24ct	\$6.40
2529001	Ace Cold Compress Reusable	\$7.56	2127001	Aleve 220mg Tabs 100ct	\$18.00
2541001	Bed Buddy Hot/Cold Pack	\$12.15	0107002	Anacin Tabs 100ct	\$12.60
4668003	Heating Pad Deluxe Moist/Dry	\$24.95	1020005	Arthritis Pain Relief Caplets 650mg 50ct	\$7.75
2788003	Heating Pad Econo Dry 12 X 15	\$20.90	1979004	Aspirin Child Chew 81mg 36ct	\$2.79
2790003	Heating Pad Moist/Dry - Select Temp	\$34.65	1519004	Aspirin Adult Enteric Coated 81mg 120ct	\$3.99
4700003	Hot Cold Compress Gel Reusable 1ct	\$4.30	1908001	Aspirin 325mg Tabs 100ct	\$3.60
1691002	Ice Bag 6 Inches	\$8.67	2289002	Aspirin 325mg Tabs Enteric Coated 100ct	\$4.29
1877003	Ice Bag 9 inches	\$10.40	2303002	Azo Standard Tabs 95mg 30ct	\$11.35
4681003	Ice Compress - 1 Time Use	\$3.95	2124001	Bayer Child 81mg Chewable Low Dose Aspirin 36ct	\$3.80
			1023001	Bayer Adult 81mg Enteric Coated Low Dose Aspirin 120ct	\$11.75
			1919001	Bayer 325 Tabs 100ct	\$11.00
			3326001	Bayer 325 Tabs 200ct	\$16.20
			4032002	BC Arthritis Powders 24 Packets	\$6.10

## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
4033002	BC Headache Powder 24 Packets	\$5.80	<b>Skin Care</b>		
1024001	Ecotrin 325mg Regular Strength Tabs 125ct	\$10.05	<b>Facial &amp; Body Acne Cleaners, Medications</b>		
1025002	Headache Relief Added Strength Tabs 100ct	\$6.99	2106002	Benzoyl Peroxide Gel 10% 45gm	\$6.99
3146001	Ibuprofen 200mg Caplets 50ct	\$3.99	1741002	Clean & Clear Advantage Acne Spot Treatment 0.75oz	\$9.65
1189002	Ibuprofen 200mg Caplets 100ct	\$6.79	3330002	Clean & Clear Essential Foam Facial Cleanser 8oz	\$6.79
4287001	Ibuprofen 200mg Soft-gels 80ct	\$10.30	1161002	Neutrogena Acne Wash Oil-Free 6oz	\$8.88
1026004	Ibuprofen 200mg Tabs 100ct	\$6.79	2307002	Neutrogena Clear Pore Oil-Eliminating Astringent 8oz	\$6.95
2732010	Ibuprofen Child Susp Berry 4oz	\$6.99	1166001	Oxy Daily Cleansing Pads Max 90ct	\$6.75
4690005	Ibuprofen PM Caplets 40ct	\$8.99	<b>Hand &amp; Body Cleansing</b>		
1983001	Midol Maximum Strength Menstrual Caplets 24ct	\$7.70	4680003	Hand Sanitizer 8oz	\$8.59
1903001	Midol Maximum Strength Menstrual Gel-caps 24ct	\$7.70	<b>Hand &amp; Body Moisturizers &amp; Treatments</b>		
3148005	Migraine Formula Caplets 24ct	\$5.29	3968001	Psoriasin Ointment 4oz	\$12.70
3343002	Motrin IB 200mg Caplets 100ct	\$14.70	<b>Smoking Deterrents</b>		
4289005	Naproxen Sodium 220mg Caplets 50ct	\$6.50	1042010	Nicotine Gum 2mg Sugar Free 50ct	\$26.99
1019004	Naproxen Sodium 220mg Caplets 100ct	\$9.20	1043010	Nicotine Gum 4mg Sugar Free 50ct	\$26.99
1190004	Pain Reliever PM Extra Strength Caplets 50ct	\$4.10	1044002	Nicotine Patch Step 1 21mg 14ct	\$43.37
2028002	Pamprin Multi-Symptom Caplets 20ct	\$5.65	1045001	Nicotine Patch Step 2 14mg 14ct	\$42.52
2915002	St Joseph Adult Aspirin 81mg Chew Tabs 36ct	\$3.60	1046001	Nicotine Patch Step 3 7mg 14ct	\$36.99
3140002	Tylenol Extra Strength 500mg Caplets 100ct	\$16.75	<b>Sun Care</b>		
3139002	Tylenol Extra Strength 500mg Caplets 24ct	\$5.70	<b>After Sun</b>		
3287002	Tylenol Regular Strength 325mg Tabs 100ct	\$12.18	1122002	Fruit of Earth Aloe Vera Gel 6oz	\$5.65
<b>Joint &amp; Muscle Pain Relief</b>			3331001	Fruit of Earth Aloe Vera Gel 20oz Pump	\$8.10
1134005	Epsom Salt 16oz	\$4.65	<b>Sun Protection</b>		
<b>Patient Aids for Daily Living</b>			4230008	Sunscreen Lotion / Generic SPF 30 8oz	\$8.75
<b>Oximeters</b>			4231008	Sunscreen Lotion / Generic SPF 50 8oz	\$8.75
4617003	Pulse Oximeter Deluxe	\$42.00	<b>Vitamins &amp; Dietary Supplements +</b>		
<b>Pill Boxes</b>			<b>Bone &amp; Joint Supplements +</b>		
2267001	Medichest With 7 Day Planner	\$9.80	4472001	Glucosamine Chondroitin Caps 500/400mg 60ct +	\$12.85
2266002	Pill Organizer 7 Day XXL	\$5.65	<b>Calcium Supplements +</b>		
<b>Scales</b>			1033002	Calcium Carbonate 600mg + D Tabs 60ct +	\$6.20
4620003	Smarterheart Digital Weight Scale	\$26.95	4555002	Calcium Citrate Plus D 120ct +	\$7.35
			1034001	Caltrate 600mg + D Tabs 60ct +	\$11.15
			4357001	Oyster Shell Calcium + D Tabs 500mg 60ct +	\$4.10



## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
2357002	Viactiv Calcium Chew Carmel + D 60ct +	\$10.92	3973001	Melatonin Tabs 3mg 60ct +	\$7.79
2358002	Viactiv Calcium Chew Milk Chocolate + D 60ct +	\$10.92	1927005	Sleep Aid Tabs 24ct +	\$5.40
0179001	Windmill Calcium Chewable 500mg + D Tabs 60ct +	\$7.10	<b>Specialty Supplements +</b>		
<b>Herbals &amp; Botanicals +</b>			4819002	Co-Q-10 100mg Caps 30ct +	\$16.99
4108010	Cinnamon 2000mg Plus Chromium Caplets 120ct +	\$11.00	4820016	Co-Q-10 200mg Soft-gels 45ct +	\$20.99
4110001	Milk Thistle 140mg Caps 60ct +	\$11.00	3979010	Fish Oil 1000mg Soft-gels 100ct +	\$7.99
<b>Mineral Supplements +</b>			2711010	Flaxseed Oil 1000mg Soft-gel 60ct +	\$10.15
4752010	Alpha Lipoic Acid 600mg Caps 30ct +	\$13.99	3963005	Krill Oil 300mg Omega-3 Soft-gels 60ct +	\$23.99
4590001	Alpha Lipoic Acid 600mg Caps 60ct +	\$22.00	3334001	Megared Omega-3 Soft-gels 60ct +	\$37.40
1952002	Ferrous Sulfate 325mg Tabs 100ct +	\$6.99	1945002	Osteo Bi-Flex Triple Strength Caplets 80ct +	\$33.45
4751002	Magnesium Oxide 400mg Tabs 120ct +	\$9.89	3964001	Osteo Bi-Flex Triple Strength Caplets 40ct +	\$19.85
0194010	Windmill Potassium Gluconate 99mg Tabs 100ct +	\$6.99	3178010	Windmill Folic Acid 400mcg Tabs 180ct +	\$6.99
<b>Multivitamins +</b>			<b>Vitamin A Supplements +</b>		
2272001	Centrum Silver 50+ Mens 100ct +	\$16.75	0477002	Windmill Vitamin A 10000IU Soft-gels 100ct +	\$6.10
2271001	Centrum Silver 50+ Womens 100ct +	\$16.75	<b>Vitamin B Supplements +</b>		
3332001	Centrum Silver Chewable 60ct +	\$17.75	4553001	B Complex Tabs 100ct +	\$6.00
0320001	Centrum Silver W/ Lutein Tabs 220ct +	\$28.75	1771010	Vitamin B-1 100mg Tabs 100ct +	\$6.50
1041001	Cerovite Senior Tabs 60ct +	\$5.99	4036010	Vitamin B-12 500mcg Tabs 100ct +	\$6.79
4878001	Ocuvite Adult 50+ 50 Soft-gels +	\$19.35	0479010	Windmill Vitamin B Complex With Vitamin C + Iron 100ct +	\$9.15
3273001	Ocuvite Tabs 60ct +	\$12.80	0481001	Windmill Vitamin B-6 100mg Tabs 100ct +	\$8.23
4536001	Preservision Areds2 Tabs 120ct +	\$43.00	<b>Vitamin C Supplements +</b>		
3274002	Prosight Tabs 60ct +	\$8.75	1943001	Ester C 500mg Tabs 60ct +	\$9.50
4285005	Sentry Senior Mens 50+ Vitamin Tabs 100ct +	\$10.95	2220001	Vitamin C 500mg Tabs 100ct +	\$6.70
4286005	Sentry Senior Womens 50+ Vitamin Tabs 100ct +	\$10.95	1948001	Vitamin C 500mg Tabs 250ct +	\$15.99
<b>Sleep Aids +</b>			<b>Vitamin D Supplements +</b>		
3976001	Melatonin Gummies 5mg 60ct +	\$11.85	2950002	Vitamin D3 1000IU/25mcg Tabs 100ct +	\$7.75
3978010	Melatonin Maximum Strength 10mg Tabs 60ct +	\$15.49	2718010	Vitamin D3 2000IU/50mcg Tabs 100ct +	\$7.99
3977001	Melatonin Maximum Strength Fast Dissolve Tabs 10mg 60ct +	\$14.69	1964001	Vitamin D3 400IU/10 Mcg Tabs 100ct +	\$5.15
3974010	Melatonin Maximum Strength Tabs 5mg 120ct +	\$8.99	4798001	Windmill Super Vitamin D 10,000IU Tabs 30ct +	\$10.45
3975001	Melatonin Quick Dissolve Berry Tabs 5mg 60ct +	\$11.99	<b>Vitamin E Supplements +</b>		
3972001	Melatonin Tabs 1mg 100ct +	\$7.20	2225010	Vitamin E 400IU Soft-gels 100ct +	\$11.85



IMPERIAL INSURANCE COMPANIES

## Your Over-the-Counter Benefit

As an **Imperial Insurance Companies** (HMO) (HMO SNP) member, you are eligible to get over the counter (OTC) items delivered to your home at no cost.

- You do not need a prescription to receive products in this program.
- You can place **multiple orders per month**.
- Unused balances **DO NOT** carry over from month to month.

Items usually arrive within seven (7) to ten (10) business days from the date your order is received and verified.

### Ways to place your order:

#### 1. Visit [shopping.drugsourceinc.com/imperial](https://shopping.drugsourceinc.com/imperial)

Your web portal is available 24/7 and is the best way to see all available items (including new products).

You can place your order, track your shipments, and view your available benefit amount by logging in with your member ID number located on your **Imperial Insurance Companies member ID Card** and your date of birth.

#### 2. Order by phone

- a) Review the items located in this catalog and select what you want.
- b) Call **1 (877) 777-9470 TTY 711**, to place your order. Our customer service representatives are available to take your order Monday through Friday, 8:30am to 10pm Central Time.

#### 3. Order by mail or fax

- a) Review the items located in this catalog and complete the order form. When you are finished, you may fax the completed order form to **1 (847) 258-1913** or mail to:

**DrugSource, Inc.**

PO Box 1366

Elk Grove Village, IL 60009-1366

If you have questions about your OTC benefit or OTC orders, **call 1 (877) 777-9470**.

If you have other questions regarding other plan benefits, **call 1 (800) 838-8271 or 1 (800) 708-5976**.



## Your Over-the-Counter Benefit



IMPERIAL INSURANCE COMPANIES

## About OTC Products

The products located on this order form are eligible for coverage. Products such as Anti-Diarrheal, Cold & Allergy medicines, Dental and Oral Care, Diabetes care, Digestive Health, Ear and Eye care, Foot Treatments, Incontinence products are all examples of eligible categories.

### Dual-Purpose items

If a product can be used either to treat a medical condition *or* for a general health purpose, it is considered a **dual-purpose** item. For example, vitamins are considered dual-purpose items. **We recommend you talk to your doctor before ordering or using a dual-purpose product.** Do not order a dual-purpose product if your doctor doesn't recommend it.

On this order form, **dual-purpose products are marked with plus sign (+).**

Some items may be covered under Medicare Part B or Part D. For example, rolled gauze may be covered under Part B when used as prescribed for covering or dressing a surgical wound. **In the catalog, these items are marked with two plus signs (++)**. When an item is covered by Part B or Part D due to particular circumstances, you would not use your OTC benefit to obtain the item because it is Medicare-covered in those circumstances, and not part of the supplemental OTC benefit. (For instance, you should make sure that any OTC listed items are covered by Part B or Part D, then you would not use your OTC benefits.)

### Items that are not eligible

Items that are not eligible for your OTC benefit include but are not limited to:

- Deodorants and antiperspirants
- Foods or meal replacement items
- Birth control medications and contraceptives
- Herbal supplements and alternative medications
- Lotions, facial creams and other cosmetic items
- Household items including hand soaps, razors, etc.
- Baby diapers, formulas and other childcare products





SKU	Product Name	Price	SKU	Product Name	Price
<b>Bathroom Safety</b>			1686001	Sucrets Regular Lozenges Wild Cherry 18ct	\$4.10
4377019	Economy Elevated Toilet Seat	\$18.99	<b>Cough, Cold, Flu &amp; Sinus</b>		
2687003	Bathtub Mat, 15 Inch X 27 Inch	\$15.95	4018002	Airborne Immune Support Chewable Tabs Berry 32ct	\$10.90
3190001	Safety Treads 8ct	\$9.95	4019002	Airborne Immune Support Chewable Tabs Citrus 32ct	\$10.90
4380001	Suction Tub & Shower Bar 16 Inch	\$17.95	2211001	Alka-Seltzer Plus Cold 20ct Effervescent Tabs Original	\$7.70
<b>Cold &amp; Allergy</b>			1577001	Alka-Seltzer Plus Cold 36ct Effervescent Tabs Original	\$11.15
<b>Allergy</b>			3980005	All Night Cold Original Liquid 8oz	\$7.39
2874002	Allegra OTC 180mg Tabs 24HR 15ct	\$20.75	3288002	Contac Cold/Flu Day/Night Caplets 28ct	\$9.47
3310002	Allegra OTC 180mg Tabs 24HR 30ct	\$27.75	3949001	Coricidin Hbp Chest Congestion & Cough Liqui-Gels 20ct	\$8.45
2873002	Allegra OTC 60mg Tabs 12HR 12ct	\$14.80	3950001	Coricidin HBP Cough & Cold Tabs 16ct	\$8.45
3336002	Benadryl Allergy Soft-gels 24ct	\$7.15	3951001	Coricidin HBP Maximum Strength Flu Tabs 20ct	\$8.45
1050004	Cetirizine 10mg Tabs 30ct	\$12.69	4656005	Daytime Multi-Symptom Cold/Flu Relief Caps 16ct	\$5.99
3311002	Claritin Allergy 24HR 10mg Tabs 20ct	\$27.20	2746005	Effervescent Cold Relief Tabs 20ct	\$7.50
1099002	Diphenhydramine 25mg Caps 100ct	\$4.65	1057002	Mucinex DM Extended Release Tabs 20ct	\$17.83
1839005	Diphenhydramine 25mg Tabs 24ct	\$4.10	3953002	Mucinex DM Maximum Strength Tabs 14ct	\$19.97
4277001	Diphenhydramine 25mg Caps 24ct	\$4.50	1272002	Mucinex Extended Release Tabs 20ct	\$16.27
4657005	Fexofenadine Allergy Tabs 12HR 12ct	\$11.99	1052001	Mucus Relief Tabs 60ct	\$5.99
4659010	Fexofenadine Allergy Tabs 24HR 30ct	\$20.41	2935001	Robitussin DM Peak Cold Cough/Congestion 4oz	\$7.95
1056004	Loratadine 10mg Tabs 30ct	\$5.99	2936001	Robitussin DM Sugar Free Peak Cold Cough/Congestion 4oz	\$7.95
2168002	Loratadine 10mg Tabs 100ct	\$12.35	4552001	Sambucol Black Elderberry Cold & Flu Relief Tabs 30ct	\$16.00
4024002	Nasacort Allergy 24 Hour Spray 0.5oz	\$27.75	2997002	Sudogest PE Tab 10mg 36ct	\$6.99
2428002	Zyrtec OTC Adult 10mg 24HR Tabs 5ct	\$9.80	1070005	Tussin DM Sugar Free Liquid Clear 4oz	\$5.19
<b>Cough Drops, Sore Throat Relief</b>			1064005	Tussin Form CF 8oz	\$6.99
3302002	Cepacol Maximum Strength Lozenge Honey Lemon 16ct	\$4.35	1065005	Tussin Form DM 8oz	\$6.79
1809002	Chloraseptic Sore Throat Spray Cherry 6oz	\$7.30	1843005	Tussin Formula 4oz	\$5.99
1852002	Chloraseptic Sore Throat Spray Menthol 6oz	\$7.30	1844005	Tussin Formula DM 4oz	\$5.99
1102005	Cough Drops Black Cherry Sugar Free 25ct	\$2.05	2952001	Vicks Dayquil Liquid Caps 24ct	\$13.05
1055005	Cough Drops Cherry 30ct	\$2.05	3234001	Vicks Nyquil Liquid 8oz	\$11.10
1781005	Cough Drops Honey Lemon 30ct	\$2.05	2967001	Vicks Nyquil Liquid Caps 24ct	\$13.05
1397002	Halls Cough Drop Honey Lemon 30ct	\$3.10			
1399001	Halls Defense Vitamin C Drops Sugar Free Assorted Citrus 25ct	\$3.20			
2162002	Halls Mentholyptus Drops Cherry 30ct	\$3.10			
2355001	Halls Sugar Free Honey Berry Cough Drops 25ct	\$3.50			
4658002	Sore Throat Spray Cherry 6oz	\$5.49			

## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
<b>Nasal</b>			4951001	Diabetic Crew Socks White LG 1 Pair	\$9.50
1997002	Afrin Nasal Spray Original 0.5oz	\$8.15	4948001	Diabetic Crew Socks White XL 1 Pair	\$9.50
1847001	Afrin Nasal Spray Sinus 0.5oz	\$8.99	5177008	Diabetic Quarter Socks Men's Size 6 - 12 1 Pair	\$5.95
4022001	Breathe Right Nasal Strips Clear Large 30ct	\$16.50	5179008	Diabetic Quarter Socks Women's Size 5 - 9 1 Pair	\$5.95
4023001	Breathe Right Nasal Strips Tan Small/Medium 30ct	\$17.80	<b>Diabetes Care Accessories</b>		
1273005	Nasal Spray 12HR 1oz Max/Str	\$6.99	3981002	Alcohol Prep Pads 100ct	\$3.10
1061001	Saline Nasal Spray 1.5oz	\$3.99	1361002	BD Alcohol Swabs 100ct	\$3.60
<b>Respiratory Treatments</b>			2137001	BD Home Sharps Container	\$4.10
1840004	Medicated Chest Rub 3.53oz	\$5.19	<b>Diabetes Health &amp; Wellness</b>		
2425001	Vicks Vaporub 1.76oz	\$6.60	2485008	Diabetic Foot Care Cream 4oz	\$11.99
2351001	Vicks Vaporub 6oz	\$17.25	4106001	Gold Bond Ultimate Diabetic Dry Skin Relief Foot Cream 3.4oz	\$8.46
3313001	Vicks Vaporub 3.53oz	\$11.55	<b>Glucose Tablets</b>		
1072001	Vicks Vaporub Lemon Scent 1.76oz	\$6.60	4667001	Glucose Tabs 4gm 10ct	\$3.95
<b>Compression Support</b>			2484002	Glucose Tabs Raspberry 50ct	\$8.40
<b>Low Compression (8-15mmHg)</b>			<b>Digestive Health</b>		
2600002	Jobst Men's Dress Knee High 8-15mmHg Black X-Large 1 Pair	\$18.95	<b>Anti-Diarrheal</b>		
4458002	Jobst Men's Dress Knee High 8-15 mmHg Black Large 1 Pair	\$18.92	2294001	Anti-Diarrheal 2mg Caplets 24ct	\$6.39
4457001	Jobst Men's Dress Knee High 8-15 mmHg Black Medium 1 Pair	\$18.92	2326001	Anti-Diarrheal 2mg Caplets 12ct	\$4.39
4455001	Jobst Men's Dress Knee High 8-15 mmHg Brown Large 1 Pair	\$18.49	1246002	Imodium A-D Liquid Cool Mint 4oz	\$8.15
4456001	Jobst Men's Dress Knee High 8-15 mmHg Brown Medium 1 Pair	\$18.49	<b>Anti-Gas</b>		
4460001	Jobst Men's Dress Knee High 8-15 mmHg White Large 1 Pair	\$19.90	1822002	Anti-gas 80mg Tabs 100ct	\$4.50
4459001	Jobst Men's Dress Knee High 8-15 mmHg White Medium 1 Pair	\$19.90	3025002	Gas Relief Soft-gels Extra Strength 30ct	\$6.20
2594002	Jobst Women's Sheer Knee High 8-15 mmHg Large Silky Beige	\$14.30	1823001	Gas-X Extra Strength Cherry Creme Chew Tabs 18ct	\$6.22
2595002	Jobst Women's Sheer Knee High 8-15 mmHg Medium Silky Beige	\$14.60	1219001	Gas-X Extra Strength Soft-gel 10ct	\$3.57
<b>Diabetes Care</b>			<b>Digestive Aids</b>		
<b>Compression Stockings &amp; Hosiery</b>			1082002	Beano Tabs 30ct	\$6.70
5176008	Diabetic Comfort Crew Socks Men's Size 6 - 12 1 Pair	\$5.95	2167002	Lactaid Caplets 120ct	\$20.10
5178008	Diabetic Comfort Crew Socks Women's Size 5 - 9 1 Pair	\$5.95	1760002	Lactaid Fast Act Caplets 32ct	\$12.10
5180006	Diabetic Compression Socks 8-15mmhg Knee High XL White 1 Pair	\$16.15	4588001	Phillips Colon Health 30ct	\$19.70
			4587001	Phillips Colon Health 45ct	\$27.60
			<b>Fiber</b>		
			5174005	Best Fiber Powder Sugar Free 8.6oz	\$13.49
			2115005	Fiber Laxative Caplets 100ct	\$10.80
			4683005	Fiber Laxative Caps Psyllium 160ct	\$11.99
			1864001	Fibercon Tabs 90ct	\$17.35

## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
1863001	Fiberlax Tabs 90ct	\$9.99	2152001	Dramamine Chew Tabs 8ct	\$5.50
1670001	Metamucil Caps 100ct	\$21.15	2172001	Motion Sickness Tabs 12ct	\$3.29
5175005	Natural Fiber Orange Powder Sugar Free 15oz	\$11.59	<b>Stomach &amp; Nausea Remedies</b>		
3945001	Natural Fiber Powder 13oz	\$9.99	0105001	Alka-Seltzer Tabs Original 24ct	\$6.05
3946001	Natural Fiber Powder Orange 13oz	\$9.25	1077001	Alka-Seltzer Tabs Original 12ct	\$3.75
<b>Hemorrhoid Preparations</b>			1078002	Antacid Assorted Tabs 150ct	\$4.20
2962005	Antiseptic Cleansing Pads 100ct	\$6.85	2263005	Antacid Chewable Extra Strength 96ct	\$5.20
0990005	Hemorrhoidal Cream 1.8oz	\$6.99	1087005	Antacid Liquid DS 12oz	\$5.99
4684010	Hemorrhoidal Ointment 2oz	\$6.49	2459002	Antacid Regular Strength Liquid 12oz	\$5.99
1832002	Hemorrhoidal Suppositories 12ct	\$5.99	2367005	Antacid Ultra Strength Tabs 72ct	\$7.20
0991001	Preparation H Cream Max/Str 0.9oz	\$9.80	1819005	Effervescent Pain Relief Tabs 36ct	\$6.45
2085001	Preparation H Ointment 2oz	\$19.10	4331001	Famotidine 10mg Tabs 60ct	\$11.35
3281001	Preparation H Suppositories 24ct	\$20.90	2942010	Famotidine 10mg Tabs 30ct	\$6.20
0993001	Tucks Medicated Pads 40ct	\$6.60	1247002	Kaopectate Liquid Regular Flavor 8oz	\$6.65
<b>Laxatives</b>			4280002	Lansoprazole Acid Reducer 15mg Caps 14ct	\$12.03
2933005	Bisacodyl 5mg Tabs 25ct	\$4.99	2744001	Milk Of Magnesia 12oz	\$4.99
1758001	Bisacodyl 5mg Tabs 100ct	\$7.99	2118001	Milk Of Magnesia Suspension 16oz	\$5.65
4685001	Biscolax 10mg Suppositories 12ct	\$2.79	4027001	Nexium 24HR Heartburn Relief 14ct	\$16.55
2288002	Clearlax Powder 4.1oz	\$6.89	4028002	Nexium 24HR Heartburn Relief 28ct	\$29.15
2300001	Clearlax Powder 8.3oz	\$13.90	4281010	Omeprazole 20mg OTC Tabs 14ct	\$16.57
5065001	Colace 2-In-1 Tabs 60ct	\$30.93	1076002	Pepcid AC Tabs Original Strength 30ct	\$14.60
2296001	Dulcolax Tabs 5mg 100ct	\$27.20	3350002	Pepcid Complete Chew-tabs Berry 50ct	\$27.40
2297001	Dulcolax Tabs 5mg 25ct	\$9.20	1248001	Pepto-Bismol Caplets Original 40ct	\$10.57
1664005	Enema Adult 4.5oz	\$3.50	1090001	Pepto-Bismol Liquid Original 8oz	\$6.55
1083001	Ex-Lax Pieces Regular Strength 24ct	\$6.50	3314001	Pepto-Bismol Liquid Original 16oz	\$9.75
2853002	Fleet Enema Adult 4.5oz	\$4.10	2724005	Pink Bismuth Liquid 8oz	\$4.89
1747002	Fleet Glycerin Suppositories 24ct	\$4.10	1091001	Pink Bismuth Tabs - Chewable 30ct	\$5.05
1084005	Magnesium Citrate Cherry 10oz	\$3.10	3316001	Prilosec OTC 20mg Tabs 14ct	\$18.10
1085002	Magnesium Citrate Lemon 10oz	\$3.10	1555001	Prilosec OTC 20mg Tabs 28ct	\$29.85
2582002	Miralax Powder 17.9oz	\$29.00	4029001	Rolaid Extra Strength Chewable Tabs Fruit 96ct	\$6.85
2299002	Miralax Powder 8.3oz	\$16.75	4030001	Rolaid Extra Strength Chewable Tabs Mint 96ct	\$6.85
1394002	Miralax Powder 4.1oz	\$9.65	4031001	Rolaid Regular Strength Chewable Tabs Mint 150ct	\$6.85
1092004	Senna Tabs 100ct	\$6.99	1826001	Tagamet HB OTC 200mg Tabs 6ct	\$3.60
2111002	Senokot-S Tabs 30ct	\$23.93	1240002	Tums Extra Strength Smoothies Tabs Assorted Fruit 60ct	\$7.30
1093002	Stool Softener Soft-gels 100ct	\$5.89	2200001	Tums Extra Strength Tabs Assorted Fruit 96ct	\$6.97
<b>Motion Sickness / Vertigo</b>			2302002	Zegerid OTC 20mg 14ct	\$16.25
1692001	Bonine Tabs 8ct	\$4.88			
1905001	Dramamine 50mg Tabs 12ct	\$5.85			

## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
<b>Ear Care</b>			<b>Feminine Care</b>		
1334002	Debrox Drops Earwax Removal 0.5oz	\$8.10	4654005	Miconazole 3 Day With Applicator 3ct	\$16.99
4665005	Ear Wax Drop Removal Kit 0.5oz	\$6.99	1725002	Miconazole 7 Vaginal Cream 45gm	\$13.99
2518001	Macks Wax Away Earwax Removal System 1ea	\$6.60	2705002	Monistat 7 Cream With Disposable Applicator 1.59oz	\$14.80
1336002	Murine Earwax Removal System 0.5oz	\$8.45	1730001	Monistat-3 Cream Prefilled Applicator 3ct	\$19.90
1860001	Murine Earwax Removal Drops 0.5oz	\$7.75	<b>First Aid</b>		
2195002	Swim Ear 1oz	\$5.50	<b>Antiparasitic Treatments</b>		
<b>Eye Care</b>			1901001	Nix Control Spray Pump 5oz	\$9.25
<b>Contact Len Care</b>			1900001	Nix Lice Treatment Creme Rinse 2oz Single	\$14.95
4753001	Bausch & Lomb RENU Advanced Multi-Purpose No Rub 4oz	\$7.55	1899001	Nix Lice Treatment Creme Rinse 2 X 2oz	\$23.45
3339002	Blink Contacts Lubricant Eye Drops 10ml	\$9.32	<b>Cotton Balls &amp; Swabs</b>		
4673005	Contact Lens Solution 12oz (Contains Hydrogen Peroxide)	\$9.99	3915005	Cotton Balls 100ct	\$2.50
4672005	Multi-Purpose No Rub Solution 12oz	\$5.99	4002005	Cotton Balls 300ct	\$4.10
1647001	Opti-Free No-Rub Express Solution 4oz	\$7.30	2548005	Cotton Swabs 300ct	\$4.65
1351002	Opti-Free Replenish Multi-Purpose Solution 10oz	\$15.00	<b>First Aid Kits &amp; Supplies</b>		
0249002	Opti-Free PureMoist Rewetting Drops 10ml	\$9.70	4702001	Johnson & Johnson First Aid Kit Mini	\$2.59
<b>Eye Preparations</b>			4546015	Johnson & Johnson First Aid Kit 140 Pieces	\$20.10
1343002	Bausch & Lomb Advanced Eye Relief Eye Wash 4oz	\$7.50	<b>First Aid Tapes</b>		
3338001	Bausch & Lomb Soothe Hydration Lubricant Eye Drops 15ml	\$13.45	0986005	Adhesive Tape ½" X 5yd	\$2.95
1347001	Clear Eyes Itchy Eye Relief Drops 0.5oz	\$5.35	3996002	Adhesive Waterproof Tape ½" X 10yd	\$3.95
1348001	Clear Eyes Maximum Redness Relief Drops 0.5oz	\$5.50	1876001	Johnson & Johnson Tape Waterproof ½" X 10yd	\$5.15
1095004	Eye Drops 0.5oz	\$3.99	<b>Itch Treatments</b>		
4675005	Eye Drops AC 0.5oz	\$3.95	4017002	After Bite Extra Gel 0.5oz	\$5.59
4674005	Eye Drops Moisture 0.5oz	\$4.79	2695001	Aveeno Soothing Oatmeal Bath Treatment 8pk	\$8.73
4547001	Ocusoft Retaine MGD Eye Drop 30ea	\$28.45	0969002	Benadryl Extra Strength Itch Relief 2% Cream 1oz	\$6.45
3340001	Refresh Liquigel 0.5oz	\$14.60	1989002	Benadryl Regular Strength Itch Relief 1% Cream 1oz	\$6.00
4585001	Refresh Optive Sensitive Eye Drop 30 Single Use	\$18.50	1796002	Calamine Lotion 6oz	\$4.99
1353002	Systane Lubricant Eye Drops 15ml	\$16.30	1993002	Cortizone 10 Creme 1oz	\$6.70
3341002	Thera Tears Sterilid Lid Scrub 1.62oz	\$20.58	1872002	Cortizone 10 Ointment 1oz	\$6.95
2206001	Visine A Drops 0.5oz	\$9.15	2146002	Cortizone-10 Intensive Healing Formula Anti-Itch Creme 1oz	\$7.00
2112002	Visine AC Eye Drops 0.5oz	\$6.20	0970010	Diphenhydramine Cream 2% 1oz	\$5.00
1096002	Visine Original Eye Drops 0.5oz	\$6.20			



## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
2776001	Gold Bond Medicated Body Powder 10oz	\$8.85	4655001	Triple Antibiotic Plus Ointment 1oz	\$6.99
0287001	Gold Bond Medicated Maximum Strength Cream 1oz	\$5.15	1424001	Vaseline Petroleum Jelly 13oz	\$6.50
0979004	Hydrocortisone 1% Cream 1oz	\$5.15	<b>Foot Care</b>		
2163002	Hydrocortisone 1% Ointment 1oz	\$5.89	<b>Antifungal Treatments</b>		
1715001	Hydrocortisone Cream + Aloe 1% 1oz	\$4.50	3966001	Athletes Antifungal Foot Cream 0.5oz	\$12.10
<b>Thermometers</b>			0987004	Clotrimazole 1% Cream 1oz	\$7.99
0998003	Basic Thermometer Digital	\$5.89	1567002	Clotrimazole 1% Cream 0.5oz	\$6.99
1841003	Thermometer Digital Flexible Tip	\$9.99	1828002	Fungi Nail Tincture 30ml	\$19.50
4463001	Thermometer Forehead Strip	\$5.10	1831001	Lamisil AT Athletes Foot Cream 0.42oz	\$12.40
<b>Wound &amp; Surgical Dressings</b>			0988002	Lotrimin AF Cream 0.42oz	\$11.60
4679005	Adhesive Bandage Plastic 3/4in 60ct	\$2.50	4710002	Lotrimin AF Cream 1.1oz	\$18.70
0973005	Adhesive Fabric Strips Assorted 30ct	\$3.60	2730002	Miconazole Nitrate Cream 2% 1.1oz	\$6.70
0972005	Adhesive Pads Non-Stick Large 3x4in 10ct	\$4.49	1830004	Tolnaftate 1% Cream 1oz	\$9.99
0975005	Adhesive Sheer Strips Assorted 60ct	\$3.50	0459004	Tolnaftate 1% Cream 0.5oz	\$5.99
1296001	Band-aid Comfort-Flex Plastic All One Size 60ct	\$3.03	1723001	Tolnaftate 1% Powder 1.5oz	\$4.99
0235001	Band-aid Flex Fabric 3/4 30ct	\$4.63	<b>Foot Cushioning &amp; Treatments</b>		
0974001	Band-aid Flexible Fabric Assorted Sizes 30ct	\$4.63	4682005	Corn Cushions 9ct	\$2.19
1301002	New-Skin Liquid Bandage 1oz	\$7.20	1879002	Dr Scholl Callous Remover Pads 4ct	\$5.85
2246010	Sterile Pads 4x4in 25ct	\$6.12	4335001	Dr Scholl Corn Remover Pads 9ct	\$3.99
5172001	Tegaderm Dressing 2 3/8" X 2 3/4" 8ct	\$9.27	0989002	Dr Scholl Corn Cushion Regular 9ct	\$3.60
5173001	Tegaderm Dressing 4 X 4 3/4" 4ct	\$15.00	<b>Wart Removers</b>		
<b>Wound Treatments &amp; Skin Relief</b>			1047001	Compound W Fast-Acting Liquid 0.31oz	\$10.90
2104004	Bacitracin Ointment 1oz	\$6.20	2017002	Compound W Gel 0.25oz	\$10.90
1984002	Bactine Max Liquid 4oz	\$6.07	3059001	Dr Scholl Clear Away One Step Wart Remover	\$10.67
4366001	Hibiclens Skin Cleanser Liquid 8oz	\$10.35	<b>Gloves</b>		
2553006	Hydrogen Peroxide 3% 8oz	\$3.50	4103001	Latex Gloves Powder Free 100ct Large	\$15.99
0968005	Hydrogen Peroxide 3% 16oz	\$3.60	4102001	Latex Gloves Powder Free 100ct Medium	\$15.99
0983001	Neosporin Original Antibiotic Ointment 1oz	\$10.55	4101001	Latex Gloves Powder Free 100ct Small	\$15.99
1871002	Neosporin Plus Maximum Strength Ointment 0.5oz	\$7.80	4104001	Latex Gloves Powder Free 100ct X-Large	\$15.99
2177001	Neosporin Plus Maximum Strength Ointment 1oz	\$12.65	4368001	Nitrile Gloves XL Latex Free Powder Free 50ct	\$15.99
2559004	Petroleum Jelly 13oz	\$5.00	<b>Health Supports</b>		
0967006	Rubbing Alcohol 70% 16oz	\$4.50	<b>Braces &amp; Supports</b>		
0982004	Triple Antibiotic Ointment 1oz	\$7.75	4696001	Ankle Support Elastic Black Large	\$8.60
			4695001	Ankle Support Elastic Black Medium	\$8.60

## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
4694001	Ankle Support Elastic Black Small	\$8.60	2757001	Pain Relief Combo <i>Contains: Arthritis Pain Reliever Caplets 50ct, Icy Hot Pain Relieving Cream 1.25oz</i>	\$12.90
4697001	Ankle Support Elastic Black X-Large	\$8.60			
1931001	Futuro Ankle Support Wrap Around Medium	\$11.70			
1932001	Futuro Ankle Support Wrap Around Large	\$11.70	<b>Home Diagnostics +</b>		
1930001	Futuro Knee Support Stabilizing Large	\$17.10	4746003	Digital Blood Pressure Monitor, Automatic Wrist Monitor +	\$24.79
1929001	Futuro Knee Support Stabilizing Medium	\$17.10	<b>Home Health Care</b>		
2863001	Futuro Wrist Stabilizer Deluxe Left Large/X-Large	\$29.15	2920001	Optichamber Diamond Valved Holding Chamber	\$18.85
1933001	Futuro Wrist Stabilizer Deluxe Left Small/Medium	\$29.15	<b>Incontinence</b>		
2864001	Futuro Wrist Stabilizer Deluxe Right Large/X-Large	\$29.15	<b>Bladder Control Pads</b>		
2865001	Futuro Wrist Stabilizer Deluxe Right Small/Medium	\$29.15	2362001	Depend Poise Pads Regular Light 30ct	\$10.30
4693001	Knee Brace Large	\$10.45	4543006	Prevail Bladder Control Pads, Overnight 30ct	\$18.80
4692001	Knee Brace Medium	\$10.45	4748006	Prevail Bladder Control Pads, Ultimate Absorbency 33ct	\$15.00
4691001	Knee Brace Small	\$10.45	2339006	Prevail Bladder Control Pads, Moderate Absorbency 20ct	\$15.00
4698001	Wrist Support - Sport, Adjustable	\$6.47	<b>Cleansers</b>		
<b>Elastic Bandages &amp; Athletic Treatments</b>			4516006	Perineum Wash 8oz	\$7.20
1341001	Ace Bandage Velcro 2 Inch	\$5.45	<b>Creams &amp; Ointments</b>		
1970001	Ace Bandage Velcro 3 Inch	\$8.25	1744004	A & D Ointment 4oz	\$6.30
1339001	Ace Elastic Bandage 3 Inch	\$8.25	1975001	Balmex Clear Protection Ointment 3.5oz	\$7.48
2122002	Ace Self-Adhering Bandage 2 Inch	\$5.15	1874001	Balmex Diaper Rash Cream With Zinc Oxide 2oz	\$5.32
4676001	Elastic Bandage 2in	\$4.99	1743002	Balmex Diaper Rash Cream With Zinc Oxide 4oz	\$7.29
4677001	Elastic Bandage 3in	\$6.79	1875001	Desitin Original Ointment 2oz	\$5.77
<b>Home Care Kits</b>			2827001	Desitin Original Ointment 4oz	8.70
2753001	Ear Eye And Nose Combo <i>Contains: Eye Drops 0.5oz, Macks Wax Away Removal System, Saline Nasal Spray 1.5oz</i>	\$14.58	<b>Fastener Tab Briefs</b>		
2754001	First Aid Essentials <i>Contains: Hydrogen Peroxide 16oz, Triple Antibiotic Ointment 1oz, Band-Aid Flexible Fabric Strips 30ct</i>	\$15.98	4934006	Abri-Form Premium Briefs Medium 14ct - Heavy Absorbency	\$29.00
2755001	Hemorrhoid Care Combo <i>Contains: Tucks Pads 40ct, Hemorrhoidal Cream 1.8oz</i>	\$13.59	4936006	Abri-Form Premium Briefs Large 12ct - Heavy Absorbency	\$29.00
2756001	Oral Care Combo <i>Contains: Crest Toothpaste 3.6oz, Dental Floss 100yds, Toothbrush Full head, Soft</i>	\$8.10	4935006	Abri-Form Premium Briefs X-Large 12ct - Heavy Absorbency	\$29.00
			4468006	Attends Briefs Medium 24ct	\$23.63
			1005006	Fitted Briefs Diapers Medium 16ct	\$15.45
			4438006	Fitted Briefs Diapers Large 18ct	\$15.45
			1003006	Fitted Briefs Diapers X-Large 15ct	\$15.45

## Over-the-Counter Catalog



SKU	Product Name	Price
4686006	Procare Briefs Medium 16ct	\$12.50
4687006	Procare Briefs Large 18ct	\$12.50
4688006	Procare Briefs X-Large 15ct	\$12.50
5072006	Tena Briefs Small 12ct	\$8.00
5206006	Abri-Flex Premium Disposable Underwear Moderate Absorbency X-Large 14ct	\$29.00
4773006	Adult Pullup Underwear Medium 20ct Heavy Absorbency	\$14.00
4771006	Adult Pullup Underwear Large 18ct Heavy Absorbency	\$14.00
4772006	Adult Pullup Underwear X-Large 14ct Heavy Absorbency	\$14.00
1009006	Perfit Protective Underwear Medium 20ct	\$15.45
008006	Perfit Protective Underwear Large 18ct	\$15.45
1007006	Perfit Protective Underwear X-Large 14ct	\$15.45
4713006	Prevail Daily Underwear 2XL 12ct Moderate Absorbency	\$15.45
1002006	Surecare Protective Underwear Medium 20ct	\$20.40
1001006	Surecare Protective Underwear Large 18ct	\$23.60
1000006	Surecare Protective Underwear X-Large 14ct	\$22.30
5071006	Tena Extra Underwear Small 16ct	\$18.00
5070006	Tena Women Underwear Super Plus Small/Medium 18ct	\$21.55

### Underpads

4452006	Prevail Underpads 30x36 10ct	\$10.30
4615006	Underpad Reusable 32x36 1ct	\$16.80

### Wipes

4309019	Nice N Clean Baby Wipes 72ct Scented	\$3.99
4308019	Nice N Clean Baby Wipes 72ct Unscented	\$3.99
4881006	Personal Wipe Aloe Light Scent 64ct	\$5.70
4880006	Procare Personal Wipe Aloe/Vitamin E Scented 50ct	\$4.00
5084001	Wipes Flushable 9 X 13 60ct	\$6.19

SKU	Product Name	Price
<b>Masks</b>		
5236019	Mask Reusable Cloth White 3ct	\$17.99

### Medicated Lip Treatment

#### Cold Sore Treatment

1305001	Abreva Cold Sore Cream 2gm	\$26.20
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#### Lip Care

2019001	Blistex Lip Balm Reg SPF 15 0.15oz	\$2.15
2020001	Blistex Lip Ointment Medicated 0.21oz	\$2.60
2139001	Blistex Silk & Shine Lip Protectant SPF 15	\$3.50
2142002	Carmex Jar 0.25 Oz	\$2.05
2022002	Carmex Easy-On Applicator 0.35oz	\$2.05
1815002	Herpecin L Lip Protectant SPF 30 0.1oz	\$6.60
1902005	Lip Balm Regular Twin Pack SPF 4	\$2.05

### Oral Care

#### Denture Care

4661004	Denture Brush 1ct	\$2.52
1015004	Denture Cleaner Tabs 90ct	\$7.80
4666004	Denture Cleaner Tabs Mint 40ct	\$3.95
1014001	Efferdent Denture Cleanser Tabs 102ct	\$7.80
1318001	Efferdent Denture Cleanser Tabs 44ct	\$4.00
2023002	Efferdent Plus Mint Tabs 90ct	\$8.93
2787001	Fixodent Control Denture Adhesive Cream 2oz	\$7.65
1016001	Fixodent Control Denture Adhesive Cream Plus Scope Flavor 2oz	\$7.65
3319001	Fixodent Denture Adhesive Cream Original 2.5oz	\$7.65
3307001	Fixodent Fresh 2.5oz	\$7.65
2634001	Oral B Denture Brush	\$4.00
1325001	Polident 3 Minute Tabs 120ct	\$11.00
3955001	Polident Overnight Cleanser 120ct	\$11.25
5129001	Sea-Bond Denture Adhesive Lowers Original 30ea	\$8.00
5130001	Sea-Bond Denture Adhesive Uppers Original 30ea	\$8.00
2352001	Super Poligrip Denture Adhesive Cream Zinc Free Formula 2.4oz	\$8.25

#### Interdental, Floss & Gum Care

2964004	Dental Floss 100yd	\$2.95
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## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
2025004	Dental Floss Mint Waxed 100yd	\$2.95	4294002	Arthritis Hot Deep Penetrating Pain Relief Cream 3oz	\$4.65
4708008	Dental Flossers Mint 60ct	\$2.59	1446002	Aspercreme Pain Relieving Rub 3oz	\$7.60
4178001	G-U-M EEZ-Thru X-Treme Fresh 75ct	\$2.75	4706001	Aspercreme Patch With Lidocaine 5ct	\$11.38
<b>Oral Remedies</b>			3327002	Bengay Pain Relieving Cream Ultra Strength 2oz	\$7.55
1316001	Anbesol Gel Regular Strength Cool Mint 0.33oz	\$7.40	1711002	Bengay Pain Relieving Cream Ultra Strength 4oz	\$11.05
1617001	Anbesol Liquid Regular Strength Cool Mint 0.41oz	\$7.40	1712002	Bengay Ultra Strength Pain Relieving Patch Reg Size 5ct	\$10.15
4355002	Biotene Moisturizing Mouth Spray With Xylitol 1.5oz	\$8.25	2658002	Bengay Vanishing Scent Rub 2oz	\$7.75
4540001	Dry Mouth Cough Drops Cherry 26ct	\$6.00	4614003	Cold Hot Medicated Patch 5ct	\$5.99
1013001	Orajel Maximum Strength Gel 0.25oz	\$8.09	0283001	Flexall Gel Maximum Strength 3oz	\$7.85
1626002	Orajel Maximum Strength Gel 0.42oz	\$10.69	5127003	Heat Wrap Back-Hip 2ct	\$5.00
1949001	Orajel Mouth Sore Gel 0.18oz	\$7.20	5126003	Heat Wrap Neck-Shoulder 3ct	\$5.00
4470001	Orajel Mouth Sore Gel 0.42oz	\$8.85	1469002	Icy Hot Balm 3.5oz	\$7.55
4660008	Oral Pain Relief Gel 0.5oz	\$5.80	1027001	Icy Hot Cream 1.25oz	\$5.15
<b>Oral Rinses</b>			1471001	Icy Hot Medicated Patches Extra Strength Large Back 5ct	\$9.25
1688001	Act Anticavity Fluoride Rinse Cinnamon 18oz	\$5.50	0284002	Icy Hot Patches Arm/Neck/Leg 5ct	\$7.20
2627002	Act Total Care Anticavity Fluoride Rinse Fresh Mint 18oz	\$6.85	2165001	Icy Hot Sleeve Large Knee Ankle Elbow 3ct	\$8.45
4356002	Biotene Dry Mouth Oral Rinse 16oz	\$8.45	4295004	Muscle Rub Cream 3oz	\$5.99
<b>Toothbrushes</b>			4709002	Salonpas Patch Large 6ct	\$8.00
2629015	Colgate Plus Adult Toothbrush Soft	\$3.10	1653001	Thermacare Heatwraps 8HR Lower Back & Hip 2ct	\$9.80
2965004	Toothbrush Full Head Soft	\$1.55	2800001	Thermacare Heatwraps 8HR Neck, Shoulder, Wrist 3ct	\$9.80
<b>Toothpaste &amp; Treatments</b>			1654001	Thermacare Heatwraps Menstrual 3ct	\$9.80
4251002	Aim Anti-Tartar Gel Toothpaste 5.5oz	\$1.60	4114002	Tiger Balm Extra Strength Ointment 0.63oz	\$7.20
4354001	Biotene Dry Mouth Fluoride Toothpaste Gentle Mint 4.3 Oz	\$8.25	4034001	Zostrix High Potency Arthritis Pain Relief Cream 2oz	\$22.95
4249001	Colgate Cavity Protection Toothpaste 1oz	\$1.55	4035001	Zostrix Original Strength Arthritis Pain Relief Cream 2oz	\$18.85
4462001	Colgate Cavity Protection Toothpaste 8oz	\$5.15	<b>Hot &amp; Cold Therapy</b>		
4868001	Sensodyne Toothpaste Fresh Mint 4oz	\$8.40	2529001	Ace Cold Compress Reusable	\$7.56
2024001	Toothpaste Crest Large 4.6oz	\$3.60	2541001	Bed Buddy Hot/Cold Pack	\$12.15
4662004	Toothpaste Complete Care Original 5.5oz	\$2.99	4668003	Heating Pad Deluxe Moist/Dry	\$24.95
<b>Pain Relief</b>			2788003	Heating Pad Econo Dry 12 X 15	\$20.90
<b>External Pain Relief</b>			4700003	Hot Cold Compress Gel Reusable 1ct	\$4.30
4293001	Arthritis Cream 3oz	\$7.79	1691002	Ice Bag 6 Inches	\$8.67
			1877003	Ice Bag 9 inches	\$10.40



## Over-the-Counter Catalog



KU	Product Name	Price	SKU	Product Name	Price
4681003	Ice Compress - 1 Time Use	\$3.95	4032002	BC Arthritis Powders 24 Packets	\$6.10
<b>Internal Pain Relief</b>			4033002	BC Headache Powder 24 Packets	\$5.80
1170004	Acetaminophen 325mg Tabs 100ct	\$4.99	1024001	Ecotrin 325mg Regular Strength Tabs 125ct	\$10.05
2640004	Acetaminophen 500mg Caplets 100ct	\$5.79	1025002	Headache Relief Added Strength Tabs 100ct	\$6.99
1514004	Acetaminophen 500mg Tabs 100ct	\$5.79	3146001	Ibuprofen 200mg Caplets 50ct	\$3.99
3969005	Acetaminophen 500mg Rapid Release Gels 100ct	\$7.99	1189002	Ibuprofen 200mg Caplets 100ct	\$6.79
1017001	Advil 200mg Caplets 50ct	\$9.85	4287001	Ibuprofen 200mg Soft-gels 80ct	\$10.30
3106001	Advil 200mg Caplets 100ct	\$16.10	1026004	Ibuprofen 200mg Tabs 100ct	\$6.79
3323001	Advil 200mg Liqui-Gel 20ct	\$6.20	2732010	Ibuprofen Child Susp Berry 4oz	\$6.99
3324001	Advil 200mg Liqui-Gel 40ct	\$10.75	4690005	Ibuprofen PM Caplets 40ct	\$8.99
1981001	Advil 200mg Liqui-Gel 80ct	\$16.85	1983001	Midol Maximum Strength Menstrual Caplets 24ct	\$7.70
3322001	Advil 200mg Liqui-Gel 160ct	\$25.75	1903001	Midol Maximum Strength Menstrual Gel-caps 24ct	\$7.70
1175001	Advil 200mg Migraine Liquigels 20ct	\$5.95	3148005	Migraine Formula Caplets 24ct	\$5.29
1917002	Advil 200mg Tabs 24ct	\$5.75	3343002	Motrin IB 200mg Caplets 100ct	\$14.70
2132001	Advil 200mg Tabs 100ct	\$16.10	4289005	Naproxen Sodium 220mg Caplets 50ct	\$6.50
3321001	Advil 200mg Tabs 200ct	\$24.55	1019004	Naproxen Sodium 220mg Caplets 100ct	\$9.20
2359001	Advil Child Suspension Fruit 4oz	\$7.95	1190004	Pain Reliever PM Extra Strength Caplets 50ct	\$4.10
0131001	Advil PM Caplet 40ct	\$11.45	2028002	Pamprin Multi-Symptom Caplets 20ct	\$5.65
3956001	Aleve 220mg Arthritis Gel-caps 40ct Easy Open	\$10.75	2915002	St Joseph Adult Aspirin 81mg Chew Tabs 36ct	\$3.60
3957001	Aleve 220mg Arthritis Liqui-gels 80ct Easy Open	\$22.05	3140002	Tylenol Extra Strength 500mg Caplets 100ct	\$16.75
1922001	Aleve 220mg Caplets 24ct	\$6.40	3139002	Tylenol Extra Strength 500mg Caplets 24ct	\$5.70
1018001	Aleve 220mg Caplets 50ct	\$10.75	3287002	Tylenol Regular Strength 325mg Tabs 100ct	\$12.18
1977001	Aleve 220mg Caplet 100ct	\$18.00	<b>Joint &amp; Muscle Pain Relief</b>		
1921001	Aleve 220mg Tabs 24ct	\$6.40	1134005	Epsom Salt 16oz	\$4.65
2127001	Aleve 220mg Tabs 100ct	\$18.00	<b>Pill Boxes</b>		
0107002	Anacin Tabs 100ct	\$12.60	2267001	Medichest With 7 Day Planner	\$9.80
1020005	Arthritis Pain Relief Caplets 650mg 50ct	\$7.75	2266002	Pill Organizer 7 Day XXL	\$5.65
1979004	Aspirin Child Chew 81mg 36ct	\$2.79	<b>Scales</b>		
1519004	Aspirin Adult Enteric Coated 81mg 120ct	\$3.99	4620003	Smarterheart Digital Weight Scale	\$26.95
1908001	Aspirin 325mg Tabs 100ct	\$3.60			
2289002	Aspirin 325mg Tabs Enteric Coated 100ct	\$4.29			
2303002	Azo Standard Tabs 95mg 30ct	\$11.35			
2124001	Bayer Child 81mg Chewable Low Dose Aspirin 36ct	\$3.80			
1023001	Bayer Adult 81mg Enteric Coated Low Dose Aspirin 120ct	\$11.75			
1919001	Bayer 325 Tabs 100ct	\$11.00			
3326001	Bayer 325 Tabs 200ct	\$16.20			

## Over-the-Counter Catalog



SKU	Product Name	Price	SKU	Product Name	Price
<b>Skin Care</b>					
<b>Facial &amp; Body Acne Cleaners, Medications</b>					
2106002	Benzoyl Peroxide Gel 10% 45gm	\$6.99	<b>Herbals &amp; Botanicals +</b>		
1741002	Clean & Clear Advantage Acne Spot Treatment 0.75oz	\$9.65	4108010	Cinnamon 2000mg Plus Chromium Caplets 120ct +	\$11.00
3330002	Clean & Clear Essential Foam Facial Cleanser 8oz	\$6.79	4110001	Milk Thistle 140mg Caps 60ct +	\$11.00
1161002	Neutrogena Acne Wash Oil-Free 6oz	\$8.88	<b>Mineral Supplements +</b>		
2307002	Neutrogena Clear Pore Oil-Eliminating Astringent 8oz	\$6.95	4752010	Alpha Lipoic Acid 600mg Caps 30ct +	\$13.99
1166001	Oxy Daily Cleansing Pads Max 90ct	\$6.75	4590001	Alpha Lipoic Acid 600mg Caps 60ct +	\$22.00
<b>Hand &amp; Body Cleansing</b>			1952002	Ferrous Sulfate 325mg Tabs 100ct +	\$6.99
4680003	Hand Sanitizer 8oz	\$8.59	4751002	Magnesium Oxide 400mg Tabs 120ct +	\$9.89
<b>Hand &amp; Body Moisturizers &amp; Treatments</b>			0194010	Windmill Potassium Gluconate 99mg Tabs 100ct +	\$6.99
3968001	Psoriasis Ointment 4oz	\$12.70	<b>Multivitamins +</b>		
<b>Smoking Deterrents</b>			2272001	Centrum Silver 50+ Mens 100ct +	\$16.75
1042010	Nicotine Gum 2mg Sugar Free 50ct	\$26.99	2271001	Centrum Silver 50+ Womens 100ct +	\$16.75
1043010	Nicotine Gum 4mg Sugar Free 50ct	\$26.99	3332001	Centrum Silver Chewable 60ct +	\$17.75
<b>Sun Care</b>			0320001	Centrum Silver W/ Lutein Tabs 220ct +	\$28.75
<b>After Sun</b>			1041001	Cerovite Senior Tabs 60ct +	\$5.99
1122002	Fruit of Earth Aloe Vera Gel 6oz	\$5.65	4878001	Ocuvite Adult 50+ 50 Soft-gels +	\$19.35
3331001	Fruit of Earth Aloe Vera Gel 20oz Pump	\$8.10	3273001	Ocuvite Tabs 60ct +	\$12.80
<b>Sun Protection</b>			3274002	ProSight Tabs 60ct +	\$8.75
4230008	Sunscreen Lotion / Generic SPF 30 8oz	\$8.75	4285005	Sentry Senior Mens 50+ Vitamin Tabs 100ct +	\$10.95
4231008	Sunscreen Lotion / Generic SPF 50 8oz	\$8.75	4286005	Sentry Senior Womens 50+ Vitamin Tabs 100ct +	\$10.95
<b>Vitamins &amp; Dietary Supplements +</b>			<b>Sleep Aids +</b>		
<b>Bone &amp; Joint Supplements +</b>			3976001	Melatonin Gummies 5mg 60ct +	\$11.85
4472001	Glucosamine Chondroitin Caps 500/400mg 60ct +	\$12.85	3978010	Melatonin Maximum Strength 10mg Tabs 60ct +	\$15.49
<b>Calcium Supplements +</b>			3977001	Melatonin Maximum Strength Fast Dissolve Tabs 10mg 60ct +	\$14.69
1033002	Calcium Carbonate 600mg + D Tabs 60ct +	\$6.20	3974010	Melatonin Maximum Strength Tabs 5mg 120ct +	\$8.99
4555002	Calcium Citrate Plus D 120ct +	\$7.35	3975001	Melatonin Quick Dissolve Berry Tabs 5mg 60ct +	\$11.99
1034001	Caltrate 600mg + D Tabs 60ct +	\$11.15	3972001	Melatonin Tabs 1mg 100ct +	\$7.20
4357001	Oyster Shell Calcium + D Tabs 500mg 60ct +	\$4.10	3973001	Melatonin Tabs 3mg 60ct +	\$7.79
2357002	Viactiv Calcium Chew Carmel + D 60ct +	\$10.92	1927005	Sleep Aid Tabs 24ct +	\$5.40
2358002	Viactiv Calcium Chew Milk Chocolate + D 60ct +	\$10.92			



SKU	Product Name	Price
<b>Specialty Supplements +</b>		
4819002	Co-Q-10 100mg Caps 30ct +	\$16.99
4820016	Co-Q-10 200mg Soft-gels 45ct +	\$20.99
3979010	Fish Oil 1000mg Soft-gels 100ct +	\$7.99
2711010	Flaxseed Oil 1000mg Soft-gel 60ct +	\$10.15
3963005	Krill Oil 300mg Omega-3 Soft-gels 60ct +	\$23.99
3964001	Osteo Bi-Flex Triple Strength Caplets 40ct +	\$19.85
3178010	Windmill Folic Acid 400mcg Tabs 180ct +	\$6.99

<b>Vitamin A Supplements +</b>		
0477002	Windmill Vitamin A 10000IU Soft-gels 100ct +	\$6.10

<b>Vitamin B Supplements +</b>		
4553001	B Complex Tabs 100ct +	\$6.00
1771010	Vitamin B-1 100mg Tabs 100ct +	\$6.50
4036010	Vitamin B-12 500mcg Tabs 100ct +	\$6.79
0479010	Windmill Vitamin B Complex With Vitamin C + Iron 100ct +	\$9.15
0481001	Windmill Vitamin B-6 100mg Tabs 100ct +	\$8.23

<b>Vitamin C Supplements +</b>		
1943001	Ester C 500mg Tabs 60ct +	\$9.50
2220001	Vitamin C 500mg Tabs 100ct +	\$6.70
1948001	Vitamin C 500mg Tabs 250ct +	\$15.99

<b>Vitamin D Supplements +</b>		
2950002	Vitamin D3 1000IU/25mcg Tabs 100ct +	\$7.75
2718010	Vitamin D3 2000IU/50mcg Tabs 100ct +	\$7.99
1964001	Vitamin D3 400IU/10 Mcg Tabs 100ct +	\$5.15
4798001	Windmill Super Vitamin D 10,000IU Tabs 30ct +	\$10.45

<b>Vitamin E Supplements +</b>		
2225010	Vitamin E 400IU Soft-gels 100ct +	\$11.85

# Over-the-Counter Order Form



IMPERIAL INSURANCE COMPANIES

☐ Imperial Insurance Company Traditional (HMO) 003: \$60 allowance every quarter

Please complete the form below with the items you wish to order.

Member Name		Member ID#		Date of Birth
Shipping Address		City	State	Zip Code
Month for Delivery ( <i>Circle one; can be up to two months in advance</i> ) Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec				
Signature		Date	Phone	

SKU	Product Name	Price	Quantity	Total Price
<i>Example: 3139002</i>	<i>Tylenol Extra Strength 500mg Caplets 24ct</i>	\$5.70	2	\$11.40
Order Total				



# Over-the-Counter Order Form



IMPERIAL INSURANCE COMPANIES

- ☐ Imperial Insurance Company Dual (HMO D-SNP) 004: \$70 allowance every quarter
- ☐ Imperial Insurance Traditional Plus (HMO) 007: \$70 allowance every quarter

Please complete the form below with the items you wish to order.

Member Name		Member ID#		Date of Birth
Shipping Address		City	State	Zip Code
Month for Delivery ( <i>Circle one; can be up to two months in advance</i> )				
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec				
Signature		Date	Phone	

SKU	Product Name	Price	Quantity	Total Price
<i>Example: 3139002</i>	<i>Tylenol Extra Strength 500mg Caplets 24ct</i>	\$5.70	2	\$11.40
Order Total				



# Over-the-Counter Order Form



IMPERIAL INSURANCE COMPANIES

**Imperial Insurance Value (HMO C-SNP) 005:** \$35 allowance every month

**Please complete the form below with the items you wish to order.**

Member Name		Member ID#		Date of Birth
Shipping Address		City	State	Zip Code
Month for Delivery ( <i>Circle one; can be up to two months in advance</i> ) Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec				
Signature		Date	Phone	

KKU	Product Name	Price	Quantity	Total Price
<i>Example: 3139002</i>	<i>Tylenol Extra Strength 500mg Caplets 24ct</i>	\$5.70	2	\$11.40
Order Total				





## Imperial Insurance Companies, Inc. (HMO SNP) Pre-Enrollment Qualification Assessment Tool

*This form must be submitted with the enrollment application for Imperial Insurance Companies, Inc. (IIC) (HMO SNP) Value plan 005.*

Applicant to Complete		
First Name:	MI:	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Phone Number:
Address:		
City:	State:	Zip

### Clinical Qualifying Questions

If you have any of the following, you may be eligible to join IIC plan 005. Prior to the end of the first month of enrollment, IIC will confirm with your assigned licensed practitioner that you have a qualifying condition necessary for enrollment in IIC Chronic SNP plan 005. If at any time, or at some subsequent time, it is determined you do not have a qualifying condition, you will no longer be eligible for IIC Chronic SNP plan 005 and IIC will be required to disenroll you from plan 005.

*Check off the boxes for conditions your doctor has said you may have:*

- ☐ **Diabetes Mellitus** (high blood sugar)
- ☐ **Chronic Heart Failure**
  - ☐ Hypertension (high blood pressure)
- ☐ **Cardiovascular Disorder**
  - ☐ Cardiac arrhythmias (palpitations, extra heart beats, atrial fibrillation, atrial flutter, fast or slow heart rate, pacemaker, defibrillator, fainting)
  - ☐ Coronary artery disease (heart attacks, stents, heart surgery)
  - ☐ Peripheral vascular disease (poor circulation)
  - ☐ Chronic venous thromboembolic disorder (blood clots)
  - ☐ History of stroke
  - ☐ Hyperlipidemia (High cholesterol level)

### Medication Questions

- Are you now or have you ever taken medications for an illness listed above? ☐ Yes ☐ No
- Have you ever been taken insulin Injections? ☐ Yes ☐ No
- Have you ever taken Metformin? ☐ Yes ☐ No
- What medications are you currently taking? \_\_\_\_\_

Physician Name:	Phone Number:	Fax Number:
Physician Address:		
Applicant's Authorization to Disclosure Health Information		
I hereby authorize the disclosure of my health information by the provider listed above to IIC to verify I have been diagnosed with a chronic condition which qualifies me for enrollment in IIC. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above.		
Print Name of Applicant	Signature of Applicant	Date



## Imperial Insurance Companies, Inc. (HMO SNP) Pre-Enrollment Qualification Assessment Tool

Applicant Information		
First Name:	Last Name:	DOB:
Licensed Practitioner to Complete		
Physician Name:	Phone Number:	Fax Number:
Physician Address:		
<p>I hereby confirm the above applicant has the qualifying chronic condition(s) indicated below.</p> <p>Applicant has:</p> <p><input type="checkbox"/> <b>Diabetes Mellitus</b> (high blood sugar)</p> <p><input type="checkbox"/> <b>Chronic Heart Failure</b></p> <ul style="list-style-type: none"> <li>Hypertension (high blood pressure)</li> </ul> <p><input type="checkbox"/> <b>Cardiovascular Disorder</b></p> <ul style="list-style-type: none"> <li>Cardiac arrhythmias (palpitations, extra heart beats, atrial fibrillation, atrial flutter, fast or slow heart rate, pacemaker, defibrillator, fainting)</li> <li>Coronary artery disease (heart attacks, stents, heart surgery)</li> <li>Peripheral vascular disease (poor circulation)</li> <li>Chronic venous thromboembolic disorder (blood clots)</li> <li>History of stroke</li> <li>Hyperlipidemia (High cholesterol level)</li> </ul>		
_____ Print Name of Physician	_____ Signature:	_____ Date Applicant Seen:
<b><i>Fax Assessment Tool to IIC at 1-626-380-9066 attention Membership Department</i></b>		

If you should have any questions please contact our Member Services Department at 1-800-838-8271, (TTY/TDD: 711), Monday through Sunday, 8:00 am to 8:00 pm except holidays during October 1 through March 31 and Monday through Friday 8:00 am to 8:00 pm April 1 through September 30 except holidays.

Imperial Insurance Companies is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies depends on contract renewal.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

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## Imperial Insurance Companies, Inc. (HMO SNP) Pre-Enrollment Qualification Assessment Tool

*This form must be submitted with the enrollment application for Imperial Insurance Companies, Inc. (IIC) (HMO SNP) Value plan 005.*

Applicant to Complete		
First Name:	MI:	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Phone Number:
Address:		
City:	State:	Zip

### Clinical Qualifying Questions

If you have any of the following, you may be eligible to join IIC plan 005. Prior to the end of the first month of enrollment, IIC will confirm with your assigned licensed practitioner that you have a qualifying condition necessary for enrollment in IIC Chronic SNP plan 005. If at any time, or at some subsequent time, it is determined you do not have a qualifying condition, you will no longer be eligible for IIC Chronic SNP plan 005 and IIC will be required to disenroll you from plan 005.

*Check off the boxes for conditions your doctor has said you may have:*

- ☐ **Diabetes Mellitus** (high blood sugar)
- ☐ **Chronic Heart Failure**
  - ☐ Hypertension (high blood pressure)
- ☐ **Cardiovascular Disorder**
  - ☐ Cardiac arrhythmias (palpitations, extra heart beats, atrial fibrillation, atrial flutter, fast or slow heart rate, pacemaker, defibrillator, fainting)
  - ☐ Coronary artery disease (heart attacks, stents, heart surgery)
  - ☐ Peripheral vascular disease (poor circulation)
  - ☐ Chronic venous thromboembolic disorder (blood clots)
  - ☐ History of stroke
  - ☐ Hyperlipidemia (High cholesterol level)

### Medication Questions

- Are you now or have you ever taken medications for an illness listed above? ☐ Yes ☐ No
- Have you ever been taken insulin Injections? ☐ Yes ☐ No
- Have you ever taken Metformin? ☐ Yes ☐ No
- What medications are you currently taking? \_\_\_\_\_

Physician Name:	Phone Number:	Fax Number:
Physician Address:		
Applicant's Authorization to Disclosure Health Information		
I hereby authorize the disclosure of my health information by the provider listed above to IIC to verify I have been diagnosed with a chronic condition which qualifies me for enrollment in IIC. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above.		
Print Name of Applicant	Signature of Applicant	Date



## Imperial Insurance Companies, Inc. (HMO SNP) Pre-Enrollment Qualification Assessment Tool

Applicant Information		
First Name:	Last Name:	DOB:
Licensed Practitioner to Complete		
Physician Name:	Phone Number:	Fax Number:
Physician Address:		
<p>I hereby confirm the above applicant has the qualifying chronic condition(s) indicated below.</p> <p>Applicant has:</p> <p><input type="checkbox"/> <b>Diabetes Mellitus</b> (high blood sugar)</p> <p><input type="checkbox"/> <b>Chronic Heart Failure</b></p> <ul style="list-style-type: none"> <li>Hypertension (high blood pressure)</li> </ul> <p><input type="checkbox"/> <b>Cardiovascular Disorder</b></p> <ul style="list-style-type: none"> <li>Cardiac arrhythmias (palpitations, extra heart beats, atrial fibrillation, atrial flutter, fast or slow heart rate, pacemaker, defibrillator, fainting)</li> <li>Coronary artery disease (heart attacks, stents, heart surgery)</li> <li>Peripheral vascular disease (poor circulation)</li> <li>Chronic venous thromboembolic disorder (blood clots)</li> <li>History of stroke</li> <li>Hyperlipidemia (High cholesterol level)</li> </ul>		
_____ Print Name of Physician	_____ Signature:	_____ Date Applicant Seen:
<b><i>Fax Assessment Tool to IIC at 1-626-380-9066 attention Membership Department</i></b>		

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IMPERIAL INSURANCE COMPANIES

**HEALTH RISK ASSESSMENT SURVEY**

Date:		Member ID:		Plan Effective Date	
First Name:		Last Name:		Date of Birth:	
Gender:		Home phone:		Other:	

**General Question**

A	In general, how would you rate your health? <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	B	For Women Only) Are you currently pregnant? <input type="radio"/> Yes <input type="radio"/> No How is your eyesight? <input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
C	Did you receive your flu vaccine this year? <input type="radio"/> Yes <input type="radio"/> No Did you receive your pneumonia vaccine this year? <input type="radio"/> Yes <input type="radio"/> No	D	What is your primary language? <input type="radio"/> English <input type="radio"/> Other: What is your current weight?
E	Is there a friend, relative, or neighbor who would take care of you for a few days if necessary? <input type="radio"/> Yes <input type="radio"/> No Do you have access to transportation for medical appointments? <input type="radio"/> Yes <input type="radio"/> No	F	What is your living condition? <input type="radio"/> Live alone <input type="radio"/> Live with spouse <input type="radio"/> Live with son or daughter <input type="radio"/> Live with other family <input type="radio"/> Other, please explain: Do you live in <input type="radio"/> An independent house, apartment, condo, or mobile home <input type="radio"/> As assisted living apartment of board and care home <input type="radio"/> A nursing homes <input type="radio"/> Other:

**Health Question**

A	In the previous 12 months, have you stayed overnight as patient in the hospital? <input type="radio"/> Not at all <input type="radio"/> 1-2 times <input type="radio"/> 3-4 times <input type="radio"/> 6 or more In the previous 12 months, how many times did you visit a physician or clinic? <input type="radio"/> Not at all <input type="radio"/> 1 time <input type="radio"/> 2-3 times <input type="radio"/> 4-6 times <input type="radio"/> More than 6 physician visits
B	Are you currently using any Durable Medical Equipment? <input type="radio"/> Yes <input type="radio"/> No If Yes, please specify which one of the following <input type="radio"/> Wheelchair



	<ul style="list-style-type: none"> <li>○ Walker</li> <li>○ Cane</li> <li>○ Oxygen</li> <li>○ Other:</li> </ul>	
C	What medical conditions do you have, or have you had in the past? (Please indicate all that apply.) <ul style="list-style-type: none"> <li>○ Anxiety</li> <li>○ Asthma</li> <li>○ Bi-polar</li> <li>○ Cancer</li> <li>○ COPD/ Emphysema</li> <li>○ Coronary Heart Disease</li> <li>○ Dementia</li> <li>○ Depression</li> <li>○ Diabetes</li> <li>○ Hearing problem</li> <li>○ Heart Failure</li> <li>○ Hypertension</li> <li>○ Renal/Kidney failure</li> <li>○ Stroke</li> <li>○ Vision problems</li> <li>○ None</li> <li>○ Other:</li> </ul>	D Which of the following are you currently receiving treatment for? (Please indicate all that apply.) <ul style="list-style-type: none"> <li>○ Anxiety</li> <li>○ Asthma</li> <li>○ Bi-polar</li> <li>○ Cancer</li> <li>○ COPD/ Emphysema</li> <li>○ Coronary Heart Disease</li> <li>○ Dementia</li> <li>○ Depression</li> <li>○ Diabetes</li> <li>○ Hearing problem</li> <li>○ Heart Failure</li> <li>○ Hypertension</li> <li>○ Renal/Kidney failure</li> <li>○ Stroke</li> <li>○ Vision problems</li> <li>○ None</li> <li>○ Other:</li> </ul>
E	How many different prescription medicines do you take? <ul style="list-style-type: none"> <li>○ 1-2 Rx</li> <li>○ 2-3 Rx</li> <li>○ 4 or more</li> </ul>	F Are you on a special diet recommended by your doctor? <ul style="list-style-type: none"> <li>○ Low fat</li> <li>○ Low Sodium</li> <li>○ Low Cholesterol</li> </ul>
What conditions would you like help with managing within the next 30 days? Specify:   		

**Assessment of Activities of Daily Living**

Activity	Need No Help	Need Some Help	Unable to Do at All
1. Using the Telephone			
2. Getting to Places Beyond Walking Distance			
3. Grocery Shopping			
4. Preparing Meals			
5. Doing Housework or Handyman Work			
6. Doing Laundry			
7. Taking Medications			
8. Managing Money			
9. Getting in or out of Bed or a Chair			
10. Using the Toilet			
11. Getting Around Inside Your Home			
12. Access to transportation for medical appointments			
13. Reading or writing			





Dear Imperial Insurance Companies (HMO) (HMO SNP) Prospective Member,

Thank you for reviewing Imperial as your Medicare Health Plan. Imperial is a Medicare Advantage Plan ready to provide you with detailed professional medical services.

**In fact, you can receive a reward for some of our services!**

One of those services is our Care Management Program. Once you qualify as a member in our HMO CSNP or DSNP plan you will receive a letter from your Care Manager introducing you to the Care Management Program. As a qualifying Imperial HMO CSNP or DSNP member, you will be rewarded in the form of a \$25.00 gift card for completing a Health Risk Assessment (HRA) Survey Form.

If you have any questions please call us at one of the numbers below.

Potential members call: 1-800-838-5914 or [sales@imperialhealthplan.com](mailto:sales@imperialhealthplan.com)  
Member Services: 1-800-838-8271 or [members@imperialhealthplan.com](mailto:members@imperialhealthplan.com)

*Paveljit S. Bindra, M.D. CEO*

*Imperial Insurance Companies (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies (HMO) (HMO SNP) depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

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## Translator/ Witness Statement

Check One:

☐ Non-Speaking English    ☐ Hearing Impaired    ☐ Blind    ☐ Other \_\_\_\_\_

I, \_\_\_\_\_, have witnessed the verification process for  
(Translator/Witness Name)

\_\_\_\_\_. As a neutral party involved in this process, I verify that  
(Enrollee's Name)  
the enrollee mentioned above has answered the required questions for enrollment. In my opinion, the  
prospective member has given affirmative responses indicating a thorough understanding of program  
requirements, responsibilities and benefits.

\_\_\_\_\_  
Translator/Witness (Print Name)

\_\_\_\_\_  
Translator/Witness (Signature)

\_\_\_\_\_  
Relationship to member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Language (if non-English speaking)

\_\_\_\_\_  
Enrollee (Print Name)

\_\_\_\_\_  
Enrollee Signature

\_\_\_\_\_  
Date

Imperial Health Plan of California and Imperial Insurance Companies is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan of California and Imperial Insurance Companies depends on contract renewal. Imperial Health Plan of California and Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-708-5976 (TTY: 711).

IR\_015 H5496 & H2793 Witness Translator Form\_C ENG Approved 08/10/20







IMPERIAL INSURANCE COMPANIES

**Imperial Insurance Companies, Inc. (HMO) (HMO SNP)**  
**Monthly Plan Premium for People who get Extra Help from Medicare**  
**to Help Pay for their Prescription Drug Costs**

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Imperial Insurance Company Traditional (HMO) PBP 003	Imperial Insurance Company Dual (HMO D-SNP) PBP 004	Monthly Premium for Imperial Insurance Value (HMO C-SNP) PBP 005	Monthly Premium for Imperial Insurance Traditional Plus (HMO) PBP 007
100%	\$0	\$0	\$0	\$0
75%	\$0	\$0	\$0	\$0
50%	\$0	\$0	\$0	\$0
25%	\$0	\$0	\$0	\$0

\*This does not include any Medicare Part B premium you may have to pay.

Imperial Insurance Companies premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Services at 1-800-838-8271, (TTY: 711) from 6:00 a.m. to 8:00 p.m. PST Monday through Sunday, October 1st through March 31st (except holidays) and April 1st through September 30th 6:00 a.m. to 8:00 p.m. PST Monday through Friday (except holidays).

*Imperial Insurance Companies is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies depends on contract renewal. This information is not a complete description of benefits. Call 1-800-838-8271 (TTY: 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. Imperial Insurance Companies (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-708-5976 (TTY : 711).*





## IMPERIAL INSURANCE COMPANIES

### **Imperial Insurance Companies, Inc. (HMO) (HMO SNP) Pre-Enrollment Checklist**

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Service representative at 1-800-838-8271 (TTY users should call 711).

#### **Understanding the Benefits**

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [www.imperialhealthplan.com](http://www.imperialhealthplan.com) or call 1-800-838-8271 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

#### **Understanding Important Rules**

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.





## IMPERIAL INSURANCE COMPANIES

### **Imperial Insurance Companies, Inc. (HMO) (HMO SNP) Pre-Enrollment Checklist**

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- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

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- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
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