

2021

Summary of Benefits

Imperial Senior Value (HMO C-SNP) 005

Imperial Traditional (HMO) 007

Imperial Traditional Plus (HMO) 009

Imperial Dual Plan (HMO D-SNP) 011

Imperial Dynamic Plan (HMO) 012



IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Health Plan of California, 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 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. except holidays, or visit us at www.imperialhealthplan.com.



Who can join?

To join Imperial Health Plan of California, 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 Dual Plan (HMO D-SNP), you must also have both Medicaid and Medicare.
- To join Imperial Senior 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 Health Plan has 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.

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, 8:00 am to 8:00 pm or April 1 through September 30 Monday - Friday 8:00 am to 8:00 pm 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 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 or call 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048.

Imperial Health Plan Service Area

Plan	Counties Served
Imperial Senior Value (HMO C-SNP) 005	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Stanislaus, Tulare, Ventura, and Yolo
Imperial Traditional (HMO) 007	
Imperial Traditional Plus (HMO) 009	
Imperial Dual Plan (HMO D-SNP) 011	Sacramento, San Francisco
Imperial Dynamic Plan (HMO) 012	Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and Ventura

Imperial Senior Value (HMO C-SNP) 005

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
<p>Premiums How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> • Part C Premium: You pay \$0 per month • Part D Premium: You pay \$0 per month • You must continue to pay your Medicare Part B premium
<p>Deductible How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> • This plan does not have a deductible
<p>Maximum Out-of-Pocket costs What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> • The most you will pay each year for Part C services in this plan is \$2,999
<p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> • You pay \$0 per day for days 1 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60
<p>Outpatient Hospital Coverage^{1,2}</p>	<ul style="list-style-type: none"> • You pay \$0
<p>Doctor visits How much do I pay to visit a primary care physician or specialist?</p>	<ul style="list-style-type: none"> • Primary care physician visit: You pay \$0 • Specialist visit^{1,2}: You pay \$0 • You have the option of getting certain services by telehealth using phone or video
<p>Preventive Care^{1,2} How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> • You pay \$0 for covered services
<p>Emergency Care How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> • You pay \$0
<p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> • You pay \$0

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
<p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> • You pay \$0 for: <ul style="list-style-type: none"> • Diagnostic radiology services (e.g., MRI, CT) • Outpatient x-rays • Lab services • Diagnostic tests • Therapeutic radiology services: You pay 20%
<p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> • Medicare-covered diagnostic exams: You pay 20% • Routine hearing exam: You pay 20%. The plan covers up to \$250 per calendar year • Hearing aid allowance: You pay 20%. The plan covers up to \$1,000 per calendar year
<p>Dental Services How much do I pay for dental services?</p>	<ul style="list-style-type: none"> • Medicare-covered dental services: You pay \$0 • 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 • You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$500 every 3 months <p>Dental care brought to you by Liberty Dental Plan</p>
<p>Vision Services How much do I pay for Vision Services? What’s my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> • Medicare-covered Vision services: You pay \$0 • You pay \$15 for routine eye exams • You pay \$15 for either: <ul style="list-style-type: none"> • One pair of eyeglasses every two years (lenses and frames) • One pair of contact lenses every two years. • The plan covers up to \$175 per year for eyewear <p>Vision care brought to you by March Vision</p>

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
<p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> • Inpatient Visit: <ul style="list-style-type: none"> • You pay \$0 per day for days 1 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60 • Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician) • You pay \$0 for each Medicare-covered psychiatric individual or group therapy session
<p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p>	<p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • You pay \$0 per day for days 1 – 20 • You pay \$164.50 per day for days 21 – 100
<p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> • Cardiac (heart) rehab services: You pay \$0 • Occupational therapy visit: You pay \$0 • Physical therapy and speech and language therapy visit: You pay \$0
<p>Ambulance¹ How much do I pay for Ambulance services?</p>	<ul style="list-style-type: none"> • You pay \$125 per one-way trip by ground • You pay 20% of the total cost per trip by air • Prior authorization required for non-emergency trips
<p>Transportation^{1,2} How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> • You pay \$0 for unlimited round-trip transportation to plan approved locations
<p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> • You pay 20% of the total cost for Part B drugs including chemotherapy drugs

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Part D Prescription Drugs		Imperial Senior 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%		

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Supplemental Benefits	Imperial Senior Value (HMO C-SNP)
<p>Ambulatory Surgery Center^{1,2} How much do I pay for ambulatory surgery center visits?</p>	<ul style="list-style-type: none"> You pay \$0 for each Medicare-covered ambulatory surgical center visit
<p>Home Health Services^{1,2} How much do I pay for Home Health Services?</p>	<ul style="list-style-type: none"> You pay \$0 for Home Health Services
<p>Medical Equipment / Supplies^{1,2} How much do I pay for Medical Equipment/Supplies?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost per item for Durable Medical Equipment (DME)^{1,2}, such as oxygen or a wheelchair You pay 20% of the total cost per item on prosthetics¹ such as braces, artificial limbs You pay \$0 for diabetic monitoring supplies¹
<p>Outpatient Substance Abuse^{1,2} How much do I pay for Outpatient Substance Abuse?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting
<p>Over-the-Counter (OTC) What is my OTC monthly benefit?</p>	<ul style="list-style-type: none"> \$75 allowance every three months through our OTC mail order catalog Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over
<p>Routine Foot Care^{1,2} How much do I pay for Foot Care services?</p>	<ul style="list-style-type: none"> You pay \$0 for 6 routine foot care visits per calendar year
<p>Wellness Programs What is my Fitness Center Membership/ Fitness benefit?</p>	<ul style="list-style-type: none"> You pay \$0 for fitness center membership or up to two home fitness kits The Home Fitness Program and participating fitness centers are offered through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a trademark of ASH and used with permission herein
<p>Worldwide Coverage How much is my Worldwide Coverage reimbursement?</p>	<ul style="list-style-type: none"> Reimbursement up to \$50,000 for qualifying expenses with \$0 copay Urgently needed or Emergency services only

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Imperial Traditional (HMO) 007

Premiums and Benefits	Imperial Traditional (HMO)
<p>Premiums How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> • Part C Premium: You pay \$0 per month • Part D Premium: You pay \$0 per month • You must continue to pay your Medicare Part B premium
<p>Deductible How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> • This plan does not have a deductible
<p>Maximum Out-of-Pocket costs What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> • The most you will pay each year for Part C services in this plan is \$2,999
<p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> • You pay \$100 per day for days 1 - 5 • You pay \$0 per day for days 6 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60
<p>Outpatient Hospital Coverage^{1,2}</p>	<ul style="list-style-type: none"> • You pay \$0
<p>Doctor visits How much do I pay to visit a primary care physician or specialist?</p>	<ul style="list-style-type: none"> • Primary care physician visit: You pay \$0 • Specialist visit^{1,2}: You pay \$0 • You have the option of getting certain services by telehealth using phone or video
<p>Preventive Care^{1,2} How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> • You pay \$0 for covered services
<p>Emergency Care How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> • You pay \$90 • If you are admitted to the hospital within 48 hours, you don’t have to pay your share of the cost for emergency care

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Premiums and Benefits	Imperial Traditional (HMO)
<p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> You pay \$0
<p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> Diagnostic radiology services (e.g., MRI, CT) Outpatient x-rays Lab services Diagnostic tests Therapeutic radiology services: You pay 20%
<p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> Medicare-covered Diagnostic exams: You pay 20% Routine hearing exam: You pay 20%. The plan covers up to \$250 per calendar year Hearing aid allowance: You pay 20%. The plan covers up to \$1,000 per calendar year
<p>Dental Services How much do I pay for dental services?</p>	<ul style="list-style-type: none"> Medicare-covered Dental services: You pay \$0 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 You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$500 every 3 months <p>Dental care brought to you by Liberty Dental Plan</p>
<p>Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> Medicare-covered Vision services: You pay \$0 You pay \$15 for routine eye exams You pay \$10 for either: <ul style="list-style-type: none"> One pair of eyeglasses every two years (lenses and frames) One pair of contact lenses every two years The plan covers up to \$175 per year for eyewear <p>Vision care brought to you by March Vision</p>

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Premiums and Benefits	Imperial Traditional (HMO)
<p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> • Inpatient Visit: <ul style="list-style-type: none"> • You pay \$200 per day for days 1-7 • You pay \$0 per day for days 8 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60 • Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician) • You pay \$0 for each Medicare-covered psychiatric individual or group therapy session
<p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p>	<p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • You pay \$0 per day for days 1 – 20 • You pay \$164.50 per day for days 21 – 100
<p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> • Cardiac (heart) rehab services: You pay \$0 • Occupational therapy visit: You pay \$10 • Physical therapy and speech and language therapy visit: You pay 20% of the total cost
<p>Ambulance¹ How much do I pay for Ambulance services?</p>	<ul style="list-style-type: none"> • You pay \$125 per one-way trip by ground • You pay 20% of the total cost per trip by air • Prior authorization required for non-emergency trips
<p>Transportation^{1,2} How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> • You pay \$0 for unlimited round-trip transportation to plan approved locations
<p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> • You pay \$0 for Part B drugs including chemotherapy drugs

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Part D Prescription Drugs		Imperial Traditional (HMO)	
Part D Premium	You pay \$0		
Out-of-Pocket Threshold What's the limit on how much I will pay?	Your yearly limit for Part D 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	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 ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Supplemental Benefits	Imperial Traditional (HMO)
<p>Ambulatory Surgery Center^{1,2} How much do I pay for ambulatory surgery center visits?</p>	<ul style="list-style-type: none"> You pay \$0 for each Medicare-covered ambulatory surgical center visit
<p>Home Health Services^{1,2} How much do I pay for Home Health Services?</p>	<ul style="list-style-type: none"> You pay \$0 for Home Health Services
<p>Medical Equipment / Supplies^{1,2} How much do I pay for Medical Equipment/Supplies?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost per item for Durable Medical Equipment (DME)^{1,2}, such as oxygen or a wheelchair You pay 20% of the total cost per item on prosthetics¹ such as braces, artificial limbs You pay \$0 for diabetic monitoring supplies¹
<p>Outpatient Substance Abuse^{1,2} How much do I pay for Outpatient Substance Abuse?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting
<p>Over-the-Counter (OTC) What is my OTC monthly benefit?</p>	<ul style="list-style-type: none"> \$75 allowance every three months through our OTC mail order catalog Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over
<p>Routine Foot Care^{1,2} How much do I pay for Foot Care services?</p>	<ul style="list-style-type: none"> You pay \$0 for 6 routine foot care visits per calendar year
<p>Wellness Programs What is my Fitness Center Membership/ Fitness benefit?</p>	<ul style="list-style-type: none"> You pay \$0 for fitness center membership or up to two home fitness kits The Home Fitness Program and participating fitness centers are offered through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a trademark of ASH and used with permission herein
<p>Worldwide Coverage How much is my Worldwide Coverage reimbursement?</p>	<ul style="list-style-type: none"> Reimbursement up to \$50,000 for qualifying expenses with \$0 copay Urgently needed or Emergency services only

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Imperial Traditional Plus (HMO) 009

Premiums and Benefits	Imperial Traditional Plus (HMO)
<p>Premiums</p> <p>How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> Part C Premium: You pay \$0 per month Part D Premium: You pay \$31.50 per month You must continue to pay your Medicare Part B premium
<p>Deductible</p> <p>How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> Part C Deductible: In 2020 this amount was \$198. This may change for 2021. The plan will let you know once Medicare announces this amount Part D Deductible: You pay \$445
<p>Maximum Out-of-Pocket costs</p> <p>What's the limit on how much I will pay?</p>	<ul style="list-style-type: none"> The most you will pay each year for Part C services in this plan is \$2,999
<p>Inpatient Hospital Coverage^{1,2}</p> <p>How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> You pay \$0 per day for days 1 - 60 You pay \$352 per day for days 61 - 90 Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$704 per day for days 1 - 60 These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts
<p>Outpatient Hospital Coverage^{1,2}</p>	<ul style="list-style-type: none"> You pay 20% of the total cost
<p>Doctor visits</p> <p>How much do I pay to visit a primary care physician¹ or specialist^{1,2}?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost You have the option of getting certain services by telehealth using phone or video.
<p>Preventive Care^{1,2}</p> <p>How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> 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 You pay \$0 for other covered preventive services
<p>Emergency Care</p> <p>How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost up to \$90 If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for emergency care

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

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Premiums and Benefits	Imperial Traditional Plus (HMO)
<p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> • Inpatient Visit: You pay \$0 per day for days 1-60 <ul style="list-style-type: none"> • You pay \$352 per day for days 61 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$704 per day for days 1 – 60 • These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts • Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit
<p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p>	<p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • You pay \$0 per for days 1 – 20 • You pay \$176 per day for days 21 – 100 • These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts
<p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> • You pay 20% of the total costs for: <ul style="list-style-type: none"> • Cardiac (heart) rehab services • Occupational therapy • Physical therapy • Speech and language therapy
<p>Ambulance¹ How much do I pay for Ambulance services?</p>	<ul style="list-style-type: none"> • You pay 20% of the total cost per one-way trip by ground or by air • Prior authorization required for non-emergency trips
<p>Transportation^{1,2} How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> • You pay \$0 for unlimited round-trip transportation to plan approved locations
<p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> • You pay 20% of the total cost for Part B drugs including chemotherapy drugs

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Part D Prescription Drugs		Imperial Traditional Plus (HMO)	
Part D Premium	You pay \$31.50		
Out-of-Pocket Cost Threshold What's the limit on how much I will pay?	Your yearly limit for Part D in this plan is \$6,550		
Deductible Stage	You pay \$445 for 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 ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Supplemental Benefits	Imperial Traditional Plus (HMO)
<p>Ambulatory Surgery Center^{1,2} How much do I pay for ambulatory surgery center visits?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost for each Medicare-covered ambulatory surgical center visit
<p>Home Health Services^{1,2} How much do I pay for Home Health Services?</p>	<ul style="list-style-type: none"> You pay \$0 for Home Health Services
<p>Medical Equipment / Supplies^{1,2} How much do I pay for Medical Equipment/Supplies?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost per item for Durable Medical Equipment (DME)^{1,2}, such as oxygen or a wheelchair You pay 20% of the total cost per item on prosthetics¹ such as braces, artificial limbs You pay \$0 for diabetic monitoring supplies¹
<p>Outpatient Substance Abuse^{1,2} How much do I pay for Outpatient Substance Abuse?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting
<p>Over-the-Counter (OTC) What is my OTC monthly benefit?</p>	<ul style="list-style-type: none"> \$75 allowance every three months through our OTC mail order catalog Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over
<p>Routine Foot Care^{1,2} How much do I pay for Foot Care services?</p>	<ul style="list-style-type: none"> You pay \$0 for 6 routine foot care visits per calendar year
<p>Wellness Programs What is my Fitness Center Membership/ Fitness benefit?</p>	<ul style="list-style-type: none"> You pay \$0 for fitness center membership or up to two home fitness kits The Home Fitness Program and participating fitness centers are offered through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a trademark of ASH and used with permission herein
<p>Worldwide Coverage How much is my Worldwide Coverage reimbursement?</p>	<ul style="list-style-type: none"> Reimbursement up to \$50,000 for qualifying expenses with \$0 copay Urgently needed or Emergency services only

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Imperial Dual Plan (HMO D-SNP) 011

Premiums and Benefits	Imperial Dual Plan (HMO D-SNP)
<p>Premiums How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> • Part C Premium: You pay \$0 per month • Part D Premium: You pay \$31.50 per month • You must continue to pay your Medicare Part B premium
<p>Deductible How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> • In 2020, the deductible for this plan is \$198.00. This amount may change for 2021. Imperial Dual Plan will notify you when Medicare releases the Part B deductible amount for 2021 • Part D Deductible: You pay \$445
<p>Maximum Out-of-Pocket costs What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> • The most you will pay each year for Part C services in this plan is \$2,999
<p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> • You pay \$0 per day for days 1 - 60 • You pay \$352 per day for days 61 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$704 per day for days 1 – 60 • These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts
<p>Outpatient Hospital Coverage^{1,2}</p>	<ul style="list-style-type: none"> • You pay 20% of the total cost
<p>Doctor visits How much do I pay to visit a primary care physician¹ or specialist^{1,2}?</p>	<ul style="list-style-type: none"> • You pay 20% of the total cost • You have the option of getting certain services by telehealth using phone or video
<p>Preventive Care^{1,2} How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> • You pay 20% of the total cost for glaucoma <input type="checkbox"/> screening, diabetes self-management training, <input type="checkbox"/> barium enemas, digital rectal exams and EKS <input type="checkbox"/> <input type="checkbox"/> following a Welcome visit • You pay \$0 for other covered preventive services
<p>Emergency Care How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> • You pay 20% of the total cost up to \$90 • If you are admitted to the hospital within 3 days, you don’t have to pay your share of the cost for emergency care

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

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

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Premiums and Benefits	Imperial Dual Plan (HMO D-SNP)
<p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> • Inpatient Visit: <ul style="list-style-type: none"> • You pay \$0 per day for days 1- 60 • You pay \$352 per day for days 61 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$704 per day for days 1 – 60 • These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts • Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit
<p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p>	<p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • You pay \$0 per for days 1 – 20 • You pay \$176 per day for days 21 – 100 • You pay 100% of the cost for days 101 and beyond • These are the amounts for 2020 and may change in 2021. The plan will let you know once Medicare announces these amounts
<p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> • You pay 20% of the total cost for: <ul style="list-style-type: none"> • Cardiac (heart) rehab services • Occupational therapy visit • Physical therapy • Speech and language therapy
<p>Ambulance¹ How much do I pay for Ambulance services?</p>	<ul style="list-style-type: none"> • You pay 20% of the total cost per trip by ground or air • Prior authorization required for non-emergency trips
<p>Transportation^{1,2} How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> • You pay \$0 for unlimited round-trip transportation to plan approved locations
<p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> • You pay 20% of the total cost for Part B drugs including chemotherapy drugs

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Part D Prescription Drugs		Imperial Dual Plan (HMO D-SNP)	
Part D Premium	You pay \$31.50		
Out-of-Pocket Cost Threshold What's the limit on how much I will pay?	Your yearly limit for Part D 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 ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Supplemental Benefits	Imperial Dual Plan (HMO D-SNP)
<p>Ambulatory Surgery Center^{1,2} How much do I pay for ambulatory surgery center visits?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost for each Medicare-covered ambulatory surgical center visit
<p>Home Health Services^{1,2} How much do I pay for Home Health Services?</p>	<ul style="list-style-type: none"> You pay \$0 for Home Health Services
<p>Medical Equipment / Supplies^{1,2} How much do I pay for Medical Equipment/Supplies?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost per item for Durable Medical Equipment (DME)^{1,2}, such as oxygen or a wheelchair You pay 20% of the total cost per item on prosthetics¹ such as braces, artificial limbs You pay 20% of the total cost for diabetic monitoring supplies¹
<p>Outpatient Substance Abuse^{1,2} How much do I pay for Outpatient Substance Abuse?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting
<p>Over-the-Counter (OTC) What is my OTC monthly benefit?</p>	<ul style="list-style-type: none"> \$125 allowance every three months through our OTC mail order catalog Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over
<p>Routine Foot Care^{1,2} How much do I pay for Foot Care services?</p>	<ul style="list-style-type: none"> You pay \$0 for 6 routine foot care visits per calendar year
<p>Wellness Programs What is my Fitness Center Membership/ Fitness benefit?</p>	<ul style="list-style-type: none"> You pay \$0 for fitness center membership or up to two home fitness kits The Home Fitness Program and participating fitness centers are offered through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a trademark of ASH and used with permission herein
<p>Worldwide Coverage How much is my Worldwide Coverage reimbursement?</p>	<ul style="list-style-type: none"> Reimbursement up to \$50,000 for qualifying expenses with \$0 copay Urgently needed or Emergency services only

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Imperial Dynamic Plan (HMO) 012

Premiums and Benefits	Imperial Dynamic Plan (HMO)
<p>Premiums</p> <p>How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> Part C Premium: You pay \$0 per month Part D Premium: You pay \$0 per month You must continue to pay your Medicare Part B premium
<p>Deductible</p> <p>How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> This plan does not have a deductible for Part C or D benefits
<p>Maximum Out-of-Pocket costs</p> <p>What's the limit on how much I will pay?</p>	<ul style="list-style-type: none"> The most you will pay each year for Part C services in this plan is \$899
<p>Inpatient Hospital Coverage^{1,2}</p> <p>How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> You pay \$0 per for days 1 - 90 Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60
<p>Outpatient Hospital Coverage^{1,2}</p>	<ul style="list-style-type: none"> You pay \$0
<p>Doctor visits</p> <p>How much do I pay to visit a primary care physician or specialist?</p>	<ul style="list-style-type: none"> Primary care physician visit: You pay \$0 Specialist visit^{1,2}: You pay \$0 You have the option of getting certain services by telehealth using phone or video
<p>Preventive Care^{1,2}</p> <p>How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> You pay \$0 for covered services
<p>Emergency Care</p> <p>How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> You pay \$120 copayment If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
<p>Urgently Needed Services</p> <p>How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> You pay \$0

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Premiums and Benefits	Imperial Dynamic Plan (HMO)
<p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> • You pay \$0 for: <ul style="list-style-type: none"> • Lab services • Diagnostic tests • Diagnostic radiology services (e.g., MRI) • X-rays • You pay 20% of the total cost for therapeutic radiology services
<p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> • Medicare-covered Diagnostic exams: You pay 20% • Routine hearing exam: You pay 20%. The plan covers up to \$250 per calendar year • Hearing aid allowance: You pay 20%. The plan covers up to \$1,000 per calendar year
<p>Dental Services How much do I pay for dental services?</p>	<ul style="list-style-type: none"> • Medicare-covered Dental services: You pay \$0 • 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 • You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$500 every 3 months <p>Dental care brought to you by Liberty Dental Plan</p>
<p>Vision Services How much do I pay for Vision Services? What’s my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> • Medicare-covered Vision services: You pay \$0 • You pay \$0 for routine eye exams • You pay \$0 for either: <ul style="list-style-type: none"> • One pair of eyeglasses every two years (lenses and frames) • One pair of contact lenses every two years. • The plan covers up to \$250 every two years for eyewear <p>Vision care brought to you by March Vision</p>

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Premiums and Benefits	Imperial Dynamic Plan (HMO)
<p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> • Inpatient stays: <ul style="list-style-type: none"> • You pay \$0 per day for days 1-90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60 • Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician) • You pay \$0 for each Medicare-covered psychiatric individual or group therapy session
<p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p>	<p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • You pay \$0 per day for days 1 – 20 • You pay \$164.50 per day for days 21 – 100
<p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> • You pay \$0 for: <ul style="list-style-type: none"> • Cardiac (heart) rehab services • Occupational therapy • Physical therapy • Speech and language therapy
<p>Ambulance¹ How much do I pay for Ambulance services?</p>	<ul style="list-style-type: none"> • You pay \$125 per one-way trip by ground • You pay 20% of the total cost per trip by air • Prior authorization required for non-emergency trips
<p>Transportation^{1,2} How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> • You pay \$0 for unlimited round-trip transportation to plan approved locations
<p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> • You pay 20% for Part B drugs including chemotherapy drugs

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Part D Prescription Drugs		Imperial Dynamic Plan (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 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	\$3.00	\$5.00	
Tier 3 - Preferred Brand Drugs	\$30.00	\$75.00	
Tier 4 – Non-Preferred Drugs	\$75.00	\$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	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 ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Supplemental Benefits	Imperial Dynamic Plan (HMO)
<p>Ambulatory Surgery Center^{1,2} How much do I pay for ambulatory surgery center visits?</p>	<ul style="list-style-type: none"> You pay \$0 for each Medicare-covered ambulatory surgical center visit
<p>Home Health Services^{1,2} How much do I pay for Home Health Services?</p>	<ul style="list-style-type: none"> You pay \$0 for Home Health Services
<p>Medical Equipment / Supplies^{1,2} How much do I pay for Medical Equipment/Supplies?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost per item for Durable Medical Equipment (DME)^{1,2}, such as oxygen or a wheelchair You pay 20% of the total cost per item on prosthetics¹ such as braces, artificial limbs You pay \$0 for diabetic monitoring supplies¹
<p>Outpatient Substance Abuse^{1,2} How much do I pay for Outpatient Substance Abuse?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting
<p>Over-the-Counter (OTC) What is my OTC monthly benefit?</p>	<ul style="list-style-type: none"> \$125 allowance every three months through our OTC mail order catalog Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over
<p>Routine Foot Care^{1,2} How much do I pay for Foot Care services?</p>	<ul style="list-style-type: none"> You pay \$0 for 6 routine foot care visits per calendar year
<p>Wellness Programs What is my Fitness Center Membership/ Fitness benefit?</p>	<ul style="list-style-type: none"> You pay \$0 for fitness center membership or up to two home fitness kits The Home Fitness Program and participating fitness centers are offered through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a trademark of ASH and used with permission herein
<p>Worldwide Coverage How much is my Worldwide Coverage reimbursement?</p>	<ul style="list-style-type: none"> Reimbursement up to \$50,000 for qualifying expenses with \$0 copay Urgently needed or Emergency services only

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

2021 Summary of Benefits

Imperial Health Plan of California, Inc. is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan of California (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 Health Plan of California (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).*