



IMPERIAL HEALTH PLAN
OF CALIFORNIA

Changes to the
Imperial Health Plan of California, Inc. (HMO) (HMO SNP)
2023
Annual Notice of Change

[Insert date]

This is important information on changes in your Imperial Health Plan coverage.

We previously sent you the Annual Notice of Change (ANOC) which provided information about changes to your coverage as an enrollee in our plan. This notice is to let you know there are errors in your ANOC. Below you will find information describing and correcting the errors. Please keep this information for your reference. The correct ANOC can be found on our website at www.ImperialHealthPlan.com.

Changes to your ANOC

| Where you can find the error in your 2023 ANOC | Original Information | Corrected Information | What does this mean for you? |
|---|--|--|---|
| Imperial Dual Plan (HMO D-SNP) 011 | | | |
| Page 7 Section 1.3 Changes to the Provider and Pharmacy Networks | We included a copy of our <i>Provider and/or Pharmacy Directory</i> in the envelope with this document. Updated directories are also located on our website at www.imperialhealthplan.com . You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a <i>directory</i> . | Updated directories are also located on our website at www.imperialhealthplan.com . You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a <i>directory</i> . | Removed the first sentence that states, “We included a copy of our <i>Provider and/or Pharmacy Directory</i> in the envelope with this document.” |
| Page 10 Section 1.5 Changes to Part D Prescription Drug Coverage | Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope. | Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. | Removed “in this envelope” and replaced with “provided electronically.” |

Your Evidence of Coverage (EOC), Provider Directory, Pharmacy Directory and Drug Formulary can be accessed via the Member Portal and on the plan website at www.ImperialHealthPlan.com. You received a letter with instructions on how to access these materials on the Member Portal.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us at 1-800-838-8271. TTY users should call 711. We are



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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.

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

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).

Imperial Health Plan of California (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o género.

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