
















## 2024 Benefit Highlights

2024 Benefit	Imperial Dual Plan (HMO D-SNP) 011	Imperial Dynamic (HMO) 012
 <b>Service Area</b>	Alameda, Contra Costa, Fresno, Kern, Kings, Madera, Merced, Placer, Sacramento, San Francisco, San Joaquin, Santa Barbara, Stanislaus, Tulare, Ventura, Yolo	Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, Ventura Alameda, Amador, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kings, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Tulare, Tuolumne, Yolo, Yuba
 <b>Maximum out-of-pocket costs (MOOP)</b>	\$2,999	\$298
 <b>Premiums</b>	Part C Premium: \$0	
	Part D Premium: \$41	Part D Premium: \$0
 <b>Physician Services</b>	Doctor: 20% co-insurance Specialist <sup>1,2</sup> : 20% co-insurance	Doctor: \$0 Specialist <sup>1,2</sup> : 0
 <b>Inpatient Hospital Care<sup>1,2</sup></b>	Original Medicare	\$50 copay for days 1–5

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 <b>Emergency Care</b>	20% co-insurance up to a maximum of \$135 per visit (waived if admitted within 3 days)	\$125 (waived if admitted within 48 hours)
 <b>Urgent Care</b>	20% co-insurance up to a maximum of \$65 per visit (waived if admitted within 3 days)	\$0
 <b>Worldwide Emergency Care</b>	\$0 Maximum of \$50,000 for qualifying expenses	
 <b>Ambulance Services<sup>1</sup></b>	20% co-insurance Ground 20% co-insurance Air	\$150 Ground 20% co-insurance Air
 <b>Transportation<sup>1,2</sup></b>	\$0 One-way Trip to Plan approved locations 100 one-way trips maximum per year	
 <b>Durable Medical Equipment<sup>1,2</sup></b>	20% co-insurance	
 <b>Fitness</b>	\$0 for fitness center membership or up to 1 home fitness kit per year	
 <b>Eye Care</b>	\$0 routine eye care, 20% co-insurance for Original Medicare covered benefits \$260 maximum for contacts, lenses and frames (per year)	\$0 for routine eye exam, \$250 maximum for contacts, lenses and frames (per year)
 <b>Dental Services</b>	\$0 Preventive <sup>1,2</sup> , \$500 maximum per year \$0 Comprehensive <sup>1,2</sup> , \$1,000 maximum per year	
 <b>Hearing Services</b>	\$0 for routine hearing exams fitting/evaluation \$0 for Hearing Aids up to \$2,500 maximum for both ears per year	\$0 for routine hearing exams fitting/evaluation up to \$250 maximum \$0 for Hearing Aids up to \$500 maximum for both ears per year

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 <b>Over-the-Counter (OTC)</b>	\$0 You have a \$140 maximum every three months	\$0 You have a \$120 maximum every three months
 <b>Podiatry Services</b> <sup>1,2</sup>	20% co-insurance for 6 routine foot care visits per year	\$0 for 6 routine foot care visits per year
 <b>Meals</b>	\$0 You have 7 meals per discharge up to \$105 per year	
 <b>Part D Drugs</b>	Covered. Refer to your Evidence of Coverage (EOC) and Drug Formulary for detailed information.	
 <b>In-Home Supportive Services</b>	60 hours per year	48 hours per year

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