IMPERIAL HEALTH PLAN OF CALIFORNIA

2027 ENROLLMENT BOOK

Imperial Senior Value (HMO C-SNP) 005

Imperial Dynamic Plan (HMO) 012

Imperial Courage Plan (HMO) 016

Imperial Flex (HMO C-SNP) 017



IMPERIAL HEALTH PLAN
OF CALIFORNIA

2027 Imperial Health Plan of California, Inc. (HMO) (HMO SNP)
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IMPERIAL HEALTH PLAN
OF CALIFORNIA

Dear Imperial Health Plan of California, Inc. (HMO) (HMO SNP) Prospective Member,

Thank you for considering Imperial for your health coverage. Imperial is a Medicare Advantage Plan ready to provide you with a high quality of medical, dental and prescription drug services.

Imperial works 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. We work with a vast number of healthcare providers to ensure Imperial members receive the care in a timely manner and within the member's community.

For 2027, eligible members have access to many supplemental benefits such as comprehensive dental care, vision, hearing, transportation, health club membership, Over the Counter (OTC) items, routine foot care and more. Once you compare benefits, we hope you will see the advantage of choosing Imperial Health Plan.

If you have questions regarding your enrollment, please contact our Member Services Department at 1-800-838-8271, TTY: 711. We are open October 1 - March 31: Monday - Sunday from 8:00 am PST. - 8:00 pm PST and April 1 - September 30: Monday - Friday from 8:00 am PST. - 8:00 pm PST, except holidays. We look forward to serving you.

Sincerely,

Paveljit S. Bindra, M.D. CEO

For 2027, we are pleased to offer Imperial Health Plan benefits and services in these fifty one California counties:

Alameda	Amador	Butte	Contra Costa	Del Norte	El Dorado	Fresno	Glenn
Humboldt	Imperial	Inyo	Kern	Kings	Los Angeles	Madera	Marin
Mariposa	Mendocino	Merced	Modoc	Mono	Monterey	Napa	Nevada
Orange	Placer	Plumas	Riverside	Sacramento	San Benito	San Bernardino	San Diego
San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara	Santa Cruz	Shasta
Siskiyou	Solano	Sonoma	Stanislaus	Sutter	Tehama	Tulare	Tuolumne
Ventura	Yuba	Yolo					

Important Contact Numbers: #s

Potential Members Call:	800-838-5914 or sales@imperialhealthplan.com
Member Services:	800-838-8271
Imperial Website:	www.Imperialhealthplan.com

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. Imperial does not exclude anyone or treat them unfairly because of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-838-8271 (TTY: 711) or speak to your provider.

IMPERIAL HEALTH PLAN
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Scope of Appointment Confirmation (SOA)

The Centers for Medicare and Medicaid Services (CMS) requires licensed sales agents to document the scope a marketing appointment (SOA)* between the agent and the Medicare beneficiary (or their authorized representative) prior to any individual face-to-face or telephonic sales meeting. All information provided on this form is confidential. A separate form should be completed for each Medicare eligible beneficiary or his/her authorized representative. A new SOA is required if the beneficiary (or their authorized representative) requests information regarding a different plan type than previously agreed upon.

Please initial below beside the type of product(s) you want the agent to discuss.

Medicare Advantage Plans (Part C)	
☐	**Medicare Health Maintenance Organization (HMO):** 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 HMOs, you can only get your care from doctors or hospitals in the plan network (except in emergencies).
☐	**Medicare Special Needs Plan (C-SNP):** A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or automatically enroll you in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below	
Representative's Name:	Your Relationship to the Beneficiary:

To be completed by Agent	
Agent Name:	Agent Phone:
Agent Signature:	FMO:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	Beneficiary MBI:
Initial Method of Contact:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
If applicable, provide the explanation why the SOA was not signed prior to meeting: (walk-in, unplanned attendee etc.)	

**Scope of Appointment documentation is subject to CMS record retention requirements. Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal.*

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Understanding eligibility and enrollment guidelines are important when enrolling into a Medicare advantage plan. If you are eligible for Medicare Part A and enrolled in Medicare Part B, you may be eligible to enroll into a Medicare Advantage Plan like Imperial Health Plan of California, Inc. (HMO) (HMO SNP). If you are already enrolled in with a Medicare Advantage Plan, you may change your coverage between October 15th through December 7th for the following year. Other Special Enrollment Periods (SEPs) exist outside of this period. To find out more, please call Imperial Health Plan at 1- 800-838-5914 October 1 - March 31: Monday - Sunday from 8:00 am PST. - 8:00 pm PST and April 1 - September 30: Monday - Friday from 8:00 am PST. - 8:00 pm PST, except holidays.

The following are eligibility requirements for Imperial Health Plan:

Imperial Plan(s)	Medicare A&B	Reside in Service Area	Conditions
Imperial Dynamic Plan (HMO) - 012	Yes	Alameda, Amador, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, Ventura, Yolo, Yuba	N/A
Imperial Senior Value (HMO C-SNP) - 005	Yes		Cardiovascular Disorder, Chronic Heart Failure and/or Diabetes. Must also complete SNP assessment
Imperial Flex (C-SNP HMO) - 017	Yes		Diabetes Mellitus and Cardiovascular Disorder
Imperial Courage Plan (HMO) - 016	Yes		Part C ONLY (No Part D)

Medicare: 1-800-633-4227. Medicare website: www.medicare.gov

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

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IMPERIAL HEALTH PLAN OF CALIFORNIA

2027

BENEFIT HIGHLIGHTS

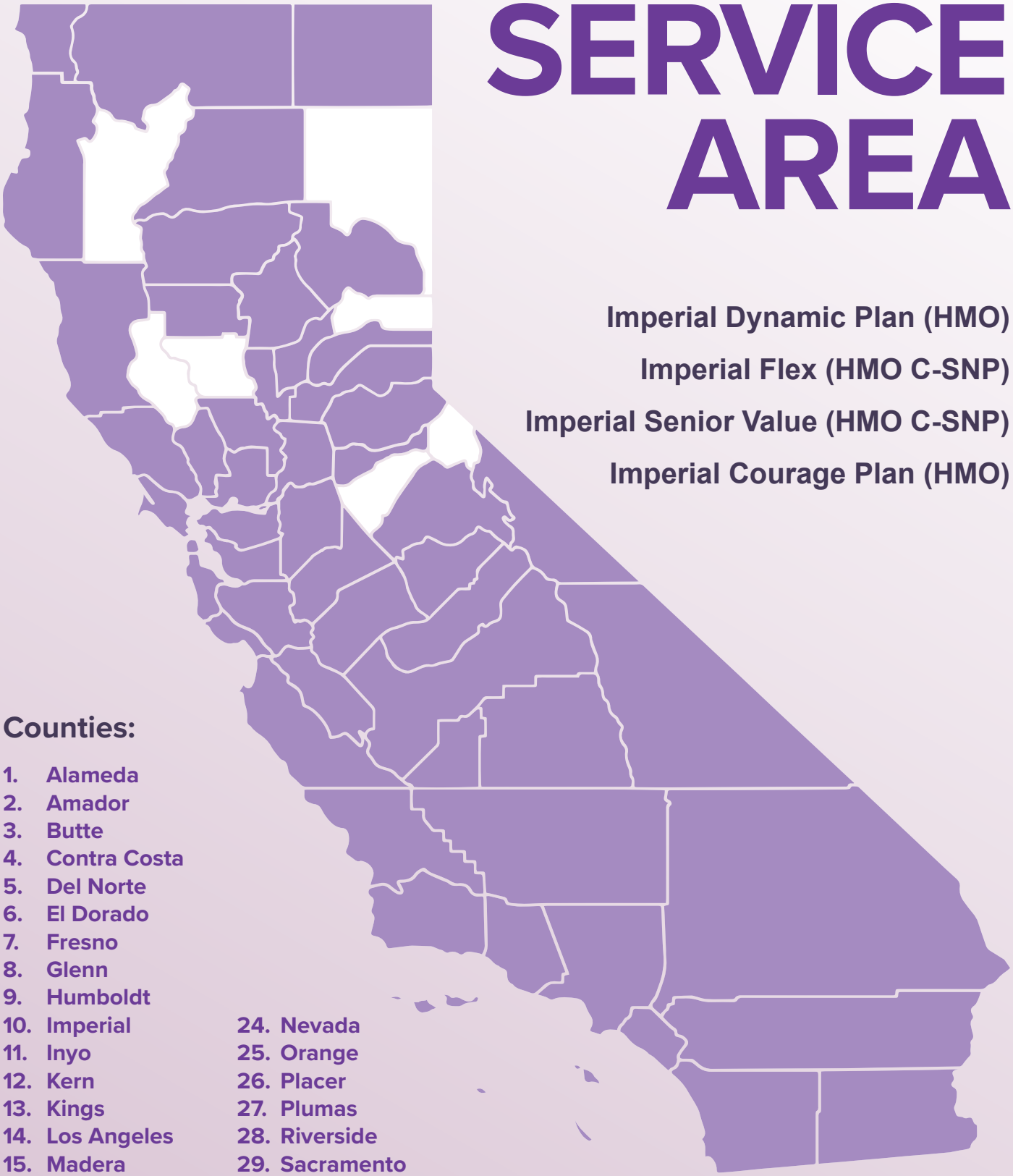
Imperial Dynamic Plan (HMO) 012

Imperial Flex (HMO C-SNP) 017

Imperial Senior Value (HMO C-SNP) 005

Imperial Courage Plan (HMO) 016

SERVICE AREA



Imperial Dynamic Plan (HMO)

Imperial Flex (HMO C-SNP)

Imperial Senior Value (HMO C-SNP)

Imperial Courage Plan (HMO)

Counties:

1. Alameda
2. Amador
3. Butte
4. Contra Costa
5. Del Norte
6. El Dorado
7. Fresno
8. Glenn
9. Humboldt
10. Imperial
11. Inyo
12. Kern
13. Kings
14. Los Angeles
15. Madera
16. Marin
17. Mariposa
18. Mendocino
19. Merced
20. Modoc
21. Mono
22. Monterey
23. Napa
24. Nevada
25. Orange
26. Placer
27. Plumas
28. Riverside
29. Sacramento
30. San Benito
31. San Bernardino
32. San Diego
33. San Francisco
34. San Joaquin
35. San Luis Obispo
36. San Mateo
37. Santa Barbara
38. Santa Clara
39. Santa Cruz
40. Shasta
41. Siskiyou
42. Solano
43. Sonoma
44. Stanislaus
45. Sutter
46. Tehama
47. Tulare
48. Tuolumne
49. Ventura
50. Yolo
51. Yuba

2027 Benefit Highlights page 2	Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Part C Plan Premium	**$0**	**$0**	**$0**	**$0**
Medicare Part B Premium Reduction	**$15** Monthly	**Not Offered**	**$12** Monthly	**$85** Monthly
Part C Annual Deductible	**$0**	**$0**	**$0**	**$0**
Part D Drug Annual Deductible	**$0**	**$450 Tiers 2, 3, 4, 5 Combined**	**$0**	**No Part D Drug Coverage**
In-Network Maximum Enrollee Out-of-Pocket Cost Part A and Part B Expenses	**$295**	**$9,850**	**$295**	**$2,999**
Primary Care Physician Services	**$0**	**20%**	**$0**	**$0**
Physician Specialist Services	**$0**	**20%**	**$0**	**$5**
Psychiatric Services	**$0**	**20%**	**$0**	**$0**

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2028.

2027 Benefit Highlights page 3	Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Physical Therapy and Speech-Language Pathology Services, Occupational Therapy Services	**$0**	**20%**	**$0**	**20%** Physical & Speech **$10** Occupational Therapy
Podiatry Services	**$0** Up to 6 visits annually	**$0** Up to 6 visits annually	**$0** Up to 6 visits annually	**$5** for Medicare-covered only
Acupuncture & Chiropractor Treatment	**$0** Up to 35 visits annually combined	**$0** Up to 35 visits annually combined	**$0** Up to 35 visits annually combined	**$0** for Medicare-covered chiropractic only
Lab Services	**$0**	**20%**	**$0**	**$0**
Outpatient Diagnostic Procedures/Tests/Imaging, X-Ray, MRI, CT Scan	**$0**	**20%**	**$0**	**$0**
Urgently Needed Services	**$0**	**20%** Up to $40	**$0**	**$0**

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2028.

2027 Benefit Highlights page 4	Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Ambulance Services	**20% Air** **$150 Ground** Waived if admitted to hospital in 48 hours	**20%**	**20% Air** **$150 Ground** Waived if admitted to hospital in 48 hours	**20% Air** **$150 Ground**
Emergency Services	**$125** Waived if admitted to hospital in 48 hours	**20%** Up to $115 per visit	**$125** Waived if admitted to hospital in 48 hours	**$125** Waived if admitted to hospital in 48 hours
Inpatient Hospital – Acute	**$0**	**$0**	**$0**	**$150** for days 1–5 **$0** for days 6–90
Inpatient Hospital – Psychiatric	**$0**	**$0**	**$0**	**$150** for days 1–5 **$0** for days 6–90
Meal Benefit	**$0** Up to 21 Home Delivered Meals Post Hospital Discharge, up to $315 per year	**$0** Up to 21 Home Delivered Meals Post Hospital Discharge, up to $315 per year	**$0** Up to 21 Home Delivered Meals Post Hospital Discharge, up to $315 per year	**Not Covered**

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2028.

2027 Benefit Highlights page 5	Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
In-Home Support Services Activities of Daily Living (ADL)	**$0** Up to 30 hours annually	**$0** Up to 30 hours annually	**$0** Up to 30 hours annually	**Not Covered**
In-Home Support Services Independent Activities of Daily Living (IADL)	**$0** Up to 30 hours annually	**$0** Up to 30 hours annually	**$0** Up to 30 hours annually	**Not Covered**
Outpatient Hospital Services	**$100** per visit	**20%**	**$100** per visit	**$200** per visit
Skilled Nursing Facility (SNF)	**$0** Per Day, Days 1–20 **$100** Per Day, Days 21–50 **$200** Per Day, Days 51–100	**$0** Per Day, Days 1–20 **$100** Per Day, Days 21–50 **$200** Per Day, Days 51–100	**$0** Per Day, Days 1–20 **$100** Per Day, Days 21–50 **$200** Per Day, Days 51–100	**$0** Per Day, Days 1–20 **$200** Per Day, Days 21–100
Durable Medical Equipment (DME)	**20%**	**20%**	**20%**	**20%**
Eye Exams	**$0**	**$0**	**$0**	**$0** Medicare-covered only

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2028.

2027 Benefit Highlights page 6	Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Eyewear – Prescription Lens – Single, Bifocal, Trifocal, Lenticular	**$0**	**$0**	**$0**	**Not Covered**
Eyewear Frames at VSP Participating Providers	**$500** Annual allowance	**$500** Annual allowance	**$500** Annual allowance	**Not Covered**
Hearing Exam	**$0**	**$0**	**$0**	**$0** Medicare-covered only
Prescription Hearing Aids	**$500** Annual allowance	**$500** Annual allowance	**$500** Annual allowance	**Not Covered**
Worldwide Emergency/ Urgent Coverage	**$0** Up to $100,000 annually	**$0** Up to $100,000 annually	**$0** Up to $100,000 annually	**$0** worldwide emergency and **$20** worldwide urgent care Up to $50,000 annually
Fitness Benefit Membership with SilverSneakers™	**$0** Annually	**$0** Annually	**$0** Annually	**Not Covered**
Transportation Services	**$0** Up to 45 one-way trips annually	**$0** Up to 20 one-way trips annually	**$0** Up to 70 one-way trips annually	**Not Covered**

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For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2028.

2027 Benefit Highlights page 7	Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Comprehensive Dental Services	**$4,000** Annual allowance	**$4,000** Annual allowance	**$4,000** Annual allowance	**Not Covered**
Diagnostic and Preventive Dental Services	**$500** Annual allowance	**$500** Annual allowance	**$500** Annual allowance	**Not Covered**
Over-the-Counter (OTC) Items	**$40** Every month	**$40** Every month	**$45** Every month	**Not Covered**
Enhanced Formulary • **sildentafil citrate (generic Viagra)** • **tadalafil (generic Cialis)** • **vardenafil (generic Levitra)**	**Tier 1 $0** **6 pills per month** 30-Day Supply	**Tier 1 $0** **6 pills per month** 30-Day Supply	**Tier 1 $0** **6 pills per month** 30-Day Supply	**No Part D Drug Coverage**
Enhanced Formulary Hair Regrowth • **finasteride (generic Propecia)**	**$0** 30-Day Supply	**$0** 30-Day Supply	**$0** 30-Day Supply	**No Part D Drug Coverage**
Diabetic Supplies and Services	**$0**	**20%**	**$0**	**$0**

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2028.

2027 Benefit Highlights page 8	Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Special Supplemental Benefits for the Chronically Ill Qualified Food and Produce/Grocery[1]	**$45 Per Quarter**	**$45 Per Quarter**	**$20 Per Quarter**	**Not Covered**
SSBCI Qualified Special Benefits[1] **beyond the Base Benefits**	**Not Covered**	**$300 per quarter for additional benefits**[2]**, with rollover**	**Not Covered**	**Not Covered**
Out-of-Pocket Cost Threshold for Part D Drugs	Your annual cost limit for Part D Drugs in this plan is **$2,400**	Your annual cost limit for Part D Drugs in this plan is **$2,400**	Your annual cost limit for Part D Drugs in this plan is **$2,400**	**No Part D Drug Coverage**
Formulary Insulins	**$0**	**$0**	**$0**	**No Part D Drug Coverage**

[1] You must qualify by having one or more of these chronic conditions:
Chronic alcohol use disorder and other substance use disorders (SUDs); Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Overweight, obesity, and metabolic syndrome; Chronic gastrointestinal disease; Chronic kidney disease (CKD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Post-organ transplantation; Immunodeficiency and Immunosuppressive disorders; Conditions associated with cognitive impairment; Conditions with functional challenges; Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; Conditions that require continued therapy services in order for individuals to maintain or retain functioning

[2] New Flex card combines the additional following supplemental benefits in one card, beyond the base benefits:

- Utilities, including gas bill, electricity bill, water bill and heating/AC bill;
- Additional Food and Produce/Grocery beyond the base benefit;
- Additional OTC beyond the base benefit;
- Additional Transportation beyond the base benefit, including Rideshare, Metro subways, trains and bus fares;
- Additional Acupuncture beyond the base benefit;
- Additional Fitness and Wellness beyond the base benefit, including golf, table tennis, pickleball, badminton, Pilates, Yoga, Tai Chi;
- Alternative therapies, including massage therapy, cupping, Moxibustion, Gua Sha, reflexology and Med-X;
- Pest control extermination services

2027 Benefit Highlights page 9	Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Tier 1 – Preferred Generic (30 Day Supply)	$0	$0	$0	No Part D Drug Coverage
Tier 2 – Generic (30 Day Supply)	$6	10%	$6	No Part D Drug Coverage
Tier 3 – Preferred Brand (30 Day Supply)	$45	25%	$45	No Part D Drug Coverage
Tier 4 – Non-Preferred Drug (30 Day Supply)	$90	25%	$90	No Part D Drug Coverage
Tier 5 – Specialty Tier (30 Day Supply)	33%	25%	33%	No Part D Drug Coverage
Tier 6 – Select Care Drugs (30 Day Supply)	$0	$0	$0	No Part D Drug Coverage
Tier 1 – Preferred Generic (100 Day Supply)	$0 Mail Order $0 Retail	$0 Mail Order $0 Retail	$0 Mail Order $0 Retail	No Part D Drug Coverage
Tier 2 – Generic (100 Day Supply)	$5 Mail Order $5 Retail	$5 Mail Order $5 Retail	$5 Mail Order $5 Retail	No Part D Drug Coverage

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2028.

2027 Benefit Highlights page 10	Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Tier 3 – Preferred Brand (100 Day Supply)	$90 Mail Order $110 Retail	$90 Mail Order $110 Retail	$90 Mail Order $110 Retail	No Part D Drug Coverage
Tier 4 – Non-Preferred Drug (100 Day Supply)	$180 Mail Order $225 Retail	$180 Mail Order $225 Retail	$180 Mail Order $225 Retail	No Part D Drug Coverage
Tier 5 – Specialty Tier (100 Day Supply)	Not Applicable	Not Applicable	Not Applicable	No Part D Drug Coverage
Tier 6 – Select Care Drugs (100 Day Supply)	$0 Mail Order $0 Retail	$0 Mail Order $0 Retail	$0 Mail Order $0 Retail	No Part D Drug Coverage

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2028.

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. 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.

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-838-8271 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles, sin costo alguno, las ayudas y servicios auxiliares apropiados para proporcionar la información en formatos accesibles. Llame al 1-800-838-8271 (TTY: 711) o hable con su proveedor.

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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. Imperial no excluye a ninguna persona ni la trata injustamente por motivo de raza, color, origen nacional, edad, discapacidad o género.



IMPERIAL HEALTH PLAN
OF CALIFORNIA

1100 E. Green Street, Pasadena, CA 91106
ImperialHealthPlan.com

For a list of what is available to you please call 1-800-838-8271, (TTY: 711), October 1 through March 31, Monday–Sunday, 8:00 a.m. to 8:00 p.m. PST or April 1 through September 30 Monday–Friday 8:00 a.m. to 8:00 p.m. except holidays.

IMPERIAL HEALTH PLAN
OF CALIFORNIA



2027

SUMMARY OF BENEFITS

- Imperial Senior Value (HMO C-SNP) 005
- Imperial Dynamic Plan (HMO) 012
- Imperial Courage Plan (HMO) 016
- Imperial Flex (HMO C-SNP) 017

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 Senior Value (HMO C-SNP) you must also have been diagnosed with a cardiovascular disorder, chronic heart failure and / or diabetes.
- To join Imperial Flex (HMO C-SNP) you must also have been diagnosed with a cardiovascular disorder 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 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, Amador, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Monterey, Mono, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, Santa Barbara, San Bernardino, San Benito, Santa Clara, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, Ventura, Yolo, and Yuba
Imperial Dynamic Plan (HMO) 012	
Imperial Courage Plan (HMO) 016	
Imperial Flex (HMO C-SNP) 017	

Imperial Dynamic Plan (HMO) 012

Premiums and Benefits	Imperial Dynamic Plan (HMO)
Monthly Plan Premium How much do I need to pay monthly?	• Part C Plan Premium: You pay $0 per month • Part D Plan Premium: You pay $0 per month
Part B premium buy-down	• Imperial Dynamic Plan pays $15 of your Part B Premium. You must continue to pay your Medicare Part B premium
Deductible How much do I need to pay before the plan pays?	• This plan does not have a deductible for Part C or D benefits
Maximum Out-of-Pocket (does not include Part D Prescription Drugs) What's the limit on how much I will pay?	• The most you will pay each year for in-network Part C services in this plan is $295

Inpatient Hospital – Acute[1,2] and Psychiatric[1,2]
How long will my plan cover?
How much do I pay?
	• Inpatient Hospital:
	  • You pay $0 per day for days 1 – 90
	  • You pay a $0 copay for each Lifetime Reserve Day.
	• Inpatient Psychiatric stays:
	  • You pay $0 per day for days 1 – 90
	• You pay a $0 copay for each Lifetime Reserve Day.

Outpatient Hospital Services[1,2]	• You pay $100 per visit
Ambulatory Surgical Center (ASC) Services[1,2]	• You pay $100 for each Medicare-covered ambulatory surgical center visit
Doctor Visits How much do I pay to visit a primary care physician and specialist?	• Primary Care Physician Services visit: You pay $0 • Physician Specialist Services[1,2]: You pay $0 • You have the option of getting certain services by telehealth using phone or video

 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)
Preventive Services How much do I pay for Preventive Care?	• You pay $0 for glaucoma screening[1], diabetes self-management training[1], digital rectal exams and EKGs following a welcome visit
Emergency Services How much do I pay for Emergency Care?	• You pay $125 per visit • If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Urgently Needed Services How much do I pay for Urgently Needed Services?	• You pay $0

Diagnostic Procedures / Tests and Lab Services / Imaging[1,2]
How much do I pay for Diagnostic Services?
	• You pay $0 for:
	  • Lab services
	  • Diagnostic tests
	  • Diagnostic radiology services (e.g., MRI)
	  • X-rays
	• You pay 20% of the total cost for therapeutic radiology services

Hearing Services (Medicare-covered)	• You pay $0 This plan covers additional Hearing supplemental benefits, as outlined in the Supplemental Benefits section below.
Dental Services (Medicare-covered)	• You pay $0 This plan covers additional Dental supplemental benefits, as outlined in the Supplemental Benefits section below.
Vision Services (Medicare-covered)	• You pay $0 This plan covers additional Vision supplemental benefits, as outlined in the Supplemental Benefits section below.
Mental Health Specialty Services[1,2] How much do I pay for outpatient services?	• You pay $0 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

Premiums and Benefits	Imperial Dynamic Plan (HMO)
Skilled Nursing Facility (SNF)[1,2] How much do I pay for Skilled Nursing Facility stay?	• You are covered for up to 100 days of SNF care per benefit period without the need for a prior hospital stay. • You pay $0 per day for days 1 – 20 • You pay $100 per day for days 21 – 50 • You pay $200 per day for days 51 – 100

Cardiac and Pulmonary Rehabilitation Services / Occupational Therapy / Physical Therapy / Speech-Language Pathology Services[1,2]
How much do I pay for Outpatient Rehab and therapy?
	• You pay $0 for:
	  • Cardiac (heart) rehab services
	  • Occupational therapy
	  • Physical therapy
	  • Speech and language therapy

Ambulance Services[1] How much do I pay for Ambulance services?	• You pay $150 per one-way trip by ground • You pay 20% of the total cost per trip by air • Prior authorization required for non-emergency trips • If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Medicare Part B Rx Drugs and Home Infusion Drugs[1] How much do I pay for Part B Drugs?	• You pay $0 for Part B insulins • You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs
Outpatient Substance Abuse Services[1,2]	• You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting
Home Health Services[1,2]	• You pay $0 for each home health visit
Durable Medical Equipment (DME) / Prosthetics / Diabetic Supplies[1]	• You pay 20% of the total cost per item for Durable Medical Equipment (DME)1, 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

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 Plan Premium	You pay $0 per month	
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 $2,400	
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)	
Initial Coverage Phase	**You pay the following costs until your yearly out-of- pocket drug costs reach $2,400**	
	Retail 30-Day Supply	**Mail Order 100-Day Supply**
Tier 1 – Preferred Generic	$0.00	$0.00
Tier 2 – Generic	$6.00 / Select Insulins: $0	$5.00 / Select Insulins: $0
Tier 3 – Preferred Brand	$45.00 / Select Insulins: $0	$90.00 / Select Insulins: $0
Tier 4 – Non-Preferred Drug	$90.00 / Select Insulins: $0	$180.00 / Select Insulins: $0
Tier 5 – Specialty Tier	33% / Select Insulins: $0	Mail order supply not available for Tier 5
Tier 6 – Select Care Drugs	$0	$0
Catastrophic Coverage Stage	**Once your yearly out-of-pocket drug costs reach $2,400. You pay $0 for covered prescription drugs for the remainder of the plan year.**	

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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)
Dental Services How much do I pay for dental services?	• Diagnostic and Preventive Dental Services: You pay $0 for routine office visits. Office visits include exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to $500 in routine dental services per year • You pay $0 for Comprehensive Dental Services including restorative services; prosthodontics, other oral / maxillofacial surgery, other services. Your plan covers up to $4,000 every year

Vision Services
How much do I pay for Vision Services? What's my Eyewear Allowance per year?
	• You pay $0 for routine eye exams
	• You pay $0 every year for either:
	  • One pair of eyeglasses (lenses and frames)
	  • One pair of contact lenses
	• The plan covers up to $500 every year for eyewear

Hearing Services[1,2]
How much do I pay for Hearing Services or Hearing Aids?
	• You pay $0 for:
	  • Covered diagnostic and routine exams
	  • The plan covers up to $250
	• Hearing aid allowance: You pay $0. The plan covers up to $500 per calendar year

Transportation Services[1,2] How much do I pay for Transportation services?	• You pay $0 for 45 one-way trips to plan approved locations
Meal Benefit[1]	• There is $0 copayment for up to 21 delivered meals immediately following discharge from surgery or inpatient hospitalization. • The plan covers up to $315 per year.

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)
In-Home Support Services for Independent Activities of Daily Living (IADL)	• You pay $0 for up to 30 hours per year for independent activities of daily living (IADL), including assisting members with transportation, grocery shopping, medication pickup, technical guidance, care gap reminders, light house help, light exercise and activity.
In-Home Support Services for Activities of Daily Living (ADL)	• You pay $0 for up to 30 hours per year for activities of daily living (ADL) services including bathing, dressing, eating, transferring and toileting and incontinence issues.
Chiropractic Services[1,2] and Acupuncture Treatments	• You pay a $0 copay for 35 combined visits for Acupuncture and/or Chiropractic every year.
Over-the-Counter (OTC) Items	• $40 allowance every month through our OTC catalogue purchase and/or debit card purchase at participating retail stores • Cash, checks, credit cards or money orders are not accepted under this OTC benefit • No roll over
Podiatry Services[1,2]	• You pay $0 for 6 routine foot care visits per calendar year
Fitness Benefit	• You pay $0 for monthly gym membership and one home fitness kit
Worldwide Emergency / Urgent Coverage	• Cover up to $100,000 for qualifying expenses with $0 copay • Urgently needed or Emergency services only
Special Supplemental Benefits for Chronically Ill (SSBCI): Food and Produce / Grocery *You must qualify by having one or more of the chronic conditions listed on the last page of this document.	• $45 Per Quarter

Imperial Senior Value (HMO C-SNP) 005

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
Monthly Plan Premium How much do I need to pay monthly?	• Part C Plan Premium: You pay $0 per month • Part D Plan Premium: You pay $0 per month
Part B premium buy-down	• Imperial Senior Value (HMO C-SNP) pays $12 of your Part B Premium. You must continue to pay your Medicare Part B premium
Deductible How much do I need to pay before the plan pays?	• This plan does not have a deductible for Part C or D benefits
Maximum Out-of-Pocket (does not include Part D Prescription Drugs) What's the limit on how much I will pay?	• The most you will pay each year for in-network Part C services in this plan is $295

Inpatient Hospital – Acute[1,2] and Psychiatric[1,2]
How long will my plan cover?
How much do I pay?
	• Inpatient Hospital:
	  • You pay $0 per day for days 1 – 90
	  • You pay a $0 copay for each Lifetime Reserve Day.
	• Inpatient Psychiatric stays:
	  • You pay $0 per day for days 1 – 90
	  • You pay a $0 copay for each Lifetime Reserve Day.

Outpatient Hospital Services[1,2]	• You pay $100 for outpatient hospital services
Ambulatory Surgical Center (ASC) Services[1,2]	• You pay $100 for each Medicare-covered ambulatory surgical center visit
Doctor Visits How much do I pay to visit a primary care physician and specialist?	• Primary Care Physician Services visit: You pay $0 • Physician Specialist Services[1,2]: You pay $0 • You have the option of getting certain services by telehealth using phone or video

SENIOR VALUE

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)
Preventive Services How much do I pay for Preventive Care?	• You pay $0 for glaucoma screening1, diabetes self-management training1, digital rectal exams and EKGs following a welcome visit
Emergency Services How much do I pay for Emergency Care?	• You pay $125 for each emergency visit • If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Urgently Needed Services How much do I pay for Urgently Needed Services?	• You pay $0

Diagnostic Procedures / Tests and Lab Services / Imaging[1,2]
How much do I pay for Diagnostic Services?
	• You pay $0 for:
	  • Diagnostic radiology services (e.g., MRI, CT)
	  • Outpatient x-rays
	  • Lab services
	  • Diagnostic tests
	• Therapeutic radiology services: You pay 20%

Hearing Services (Medicare-covered)	• You pay $0 This plan covers additional Hearing supplemental benefits, as outlined in the Supplemental Benefits section below.
Dental Services (Medicare-covered)	• You pay $0 This plan covers additional Dental supplemental benefits, as outlined in the Supplemental Benefits section below.
Vision Services (Medicare-covered)	• You pay $0 This plan covers additional Vision supplemental benefits, as outlined in the Supplemental Benefits section below.

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
Mental Health Specialty Services[1,2] How much do I pay for outpatient services?	• You pay $0 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
Skilled Nursing Facility (SNF)[1,2] How much do I pay for Skilled Nursing Facility stay?	• You are covered for up to 100 days of SNF care per benefit period without the need for a prior hospital stay. • You pay $0 per day for days 1 – 20 • You pay $100 per day for days 21 – 50 • You pay $200 per day for days 51 – 100
Cardiac and Pulmonary Rehabilitation Services / Occupational Therapy / Physical Therapy / Speech-Language Pathology Services[1,2] How much do I pay for Outpatient Rehab and therapy?	• Cardiac (heart) rehab services: You pay $0 • Occupational therapy visit: You pay $0 • Physical therapy and speech and language therapy visit: You pay $0
Ambulance Services[1] How much do I pay for Ambulance services?	• You pay $150 per one-way trip by ground • You pay 20% of the total cost per trip by air • Prior authorization required for non-emergency trips • If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Medicare Part B Rx Drugs and Home Infusion Drugs[1] How much do I pay for Part B Drugs?	• You pay $0 for Part B insulins • You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs
Outpatient Substance Abuse Services[1,2]	• You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting
Home Health Services[1,2]	• You pay $0 for each home health visit

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)
Durable Medical Equipment (DME) / Prosthetics / Diabetic Supplies[1]	• You pay 20% of the total cost per item for Durable Medical Equipment (DME)[1], such as oxygen or a wheelchair • You pay 20% of the total cost per item on prosthetics[1] such as braces, artificial limbs • You pay $0 for diabetic monitoring supplies[1]

Part D Prescription Drugs	Imperial Senior Value (HMO C-SNP)	
Part D Plan Premium	You pay $0 per month	
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 $2,400	
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)	
Initial Coverage Phase	**You pay the following costs until your yearly out-of-pocket drug costs reach $2,400**	
	Retail 30 Day Supply	**Mail Order 100 Day Supply**
Tier 1 – Preferred Generic	$0.00	$0.00
Tier 2 – Generic	$6.00 / Select Insulins: $0	$5.00 / Select Insulins: $0
Tier 3 – Preferred Brand	$45.00 / Select Insulins: $0	$90.00 / Select Insulins: $0
Tier 4 – Non-Preferred Drug	$90.00 / Select Insulins: $0	$180.00 / Select Insulins: $0
Tier 5 – Specialty Tier	33% / Select Insulins: $0	Mail order supply not available for Tier 5
Tier 6 – Select Care Drugs	$0	$0
Catastrophic Coverage Stage	**Once your yearly out-of-pocket drug costs reach $2,400. You pay $0 for covered prescription drugs for the remainder of the plan year.**	

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

Supplemental Benefits	Imperial Senior Value (HMO C-SNP)
Dental Services How much do I pay for dental services?	• Diagnostic and Preventive dental services: You pay $0 for routine office visits. Office visits include exam, cleaning, fluoride treatment and dental X-ray. • Your plan covers up to $500 in routine dental services per year • You pay $0 for Comprehensive Dental Services; prosthodontics, other oral / maxillofacial surgery, other services. Your plan covers up to $4,000 per year

Vision Services
How much do I pay for Vision Services? What's my Eyewear Allowance per year?
	• You pay $0 for routine eye exams
	• You pay $0 every year for either:
	  • One pair of eyeglasses (lenses and frames)
	  • One pair of contact lenses
	• The plan covers up to $500 per year for eyewear

Hearing Services[1,2]
How much do I pay for Hearing Services or Hearing Aids?
	• You pay $0 for:
	  • Covered diagnostic and routine exams
	  • The plan covers up to $250
	• Hearing aids allowance: You pay $0. The plan covers up to $500 per calendar year

Transportation Services[1,2] How much do I pay for Transportation services?	• You pay $0 for 70 one-way trips to plan approved locations
Meal Benefit[1]	• There is $0 copayment for up to 21 delivered meals immediately following discharge from surgery or inpatient hospitalization. • The plan covers up to $315 per year.

Supplemental Benefits	Imperial Senior Value (HMO C-SNP)
In-Home Support Services for Independent Activities of Daily Living (IADL)	• You pay $0 for up to 30 hours per year for independent activities of daily living (IADL), including assisting members with transportation, grocery shopping, medication pickup, technical guidance, care gap reminders, light house help, light exercise and activity.
In-Home Support Services for Activities of Daily Living (ADL)	• You pay $0 for up to 30 hours per year for activities of daily living (ADL) services including bathing, dressing, eating, transferring and toileting and incontinence issues.
Chiropractic Services[1,2] and Acupuncture Treatments	• You pay a $0 copay for 35 combined visits for Acupuncture and /or Chiropractic every year.
Over-the-Counter (OTC) Items	• $45 allowance every month through our OTC catalogue purchase and/or debit card purchase at participating retail stores • Cash, checks, credit cards or money orders are not accepted under this OTC benefit • No roll over
Podiatry Services[1,2]	• You pay $0 for 6 Podiatry Services visits per calendar year
Fitness Benefit	• You pay $0 for monthly gym membership and one home fitness kit.
Worldwide Emergency / Urgent Coverage How much is my reimbursement?	• Cover up to $100,000 for qualifying expenses with $0 copay • Urgently needed or Emergency services only
Special Supplemental Benefits for Chronically Ill (SSBCI): Food and Produce / Grocery *You must qualify by having one or more of the chronic conditions listed on the last page of this document.	• $20 Per Quarter

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

Imperial Courage Plan (HMO) 016

Premiums and Benefits	Imperial Courage Plan (HMO)
Monthly Plan Premium How much do I need to pay monthly?	• Part C Plan Premium: You pay $0 per month • Part D Plan Premium: You pay $0 per month
Part B premium buy-down	• Imperial Courage Plan pays $85 of your Part B Premium. You must continue to pay your share of the Medicare Part B premium
Deductible How much do I need to pay before the plan pays?	• This plan does not have a deductible
Maximum Out-of-Pocket (does not include Part D Prescription Drugs) What's the limit on how much I will pay?	• The most you will pay each year for in-network Part C services in this plan is $2,999

Inpatient Hospital – Acute[1,2] and Psychiatric[1,2]
How long will my plan cover?
How much do I pay?
	• Inpatient Hospital:
	  • You pay $150 per day for days 1 – 5
	  • You pay $0 per day for days 6 – 90
	  • You pay a $0 copay for each Lifetime Reserve Day.
	• Inpatient Psychiatric stays:
	  • You pay $150 per day for days 1 – 5
	  • You pay $0 per day for days 6 – 90
	  • You pay a $0 copay for each Lifetime Reserve Day.

Outpatient Hospital Services[1,2]	• You pay $200 per stay
Ambulatory Surgical Center (ASC) Services[1,2]	• You pay $200 for each Medicare-covered visit
Doctor Visits How much do I pay to visit a primary care physician and specialist?	• Primary Care Physician Services visit: You pay $0 • Physician Specialist Services[1,2]: You pay $5 • You have the option of getting certain services by telehealth using phone or video

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

Premiums and Benefits	Imperial Courage Plan (HMO)
Preventive Services How much do I pay for Preventive Care?	• You pay $0 for glaucoma screening[1], diabetes self-management training[1], digital rectal exams and EKGs following a welcome visit
Emergency Services How much do I pay for Emergency Care?	• You pay $125 for each emergency visit • If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Urgently Needed Services How much do I pay for Urgently Needed Services?	• You pay $0 per visit

Diagnostic Procedures / Tests and Lab Services / Imaging[1,2]
How much do I pay for Diagnostic Services?
	• You pay $0 for:
	  • Diagnostic radiology services (e.g., MRI, CT)
	  • Outpatient x-rays
	  • Lab services
	  • Diagnostic tests
	• Therapeutic radiology services: You pay 20%

Hearing Services (Medicare-covered)	• You pay $0 This plan covers additional Hearing supplemental benefits, as outlined in the Supplemental Benefits section below.
Dental Services (Medicare-covered)	• You pay $0 This plan covers additional Dental supplemental benefits, as outlined in the Supplemental Benefits section below.
Vision Services (Medicare-covered)	• You pay $0 This plan covers additional Vision supplemental benefits, as outlined in the Supplemental Benefits section below.

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

Premiums and Benefits	Imperial Courage Plan (HMO)

Mental Health Specialty Services[1,2]
How much do I pay for inpatient or outpatient services?
	• Inpatient Psychiatric stays:
	  • You pay $150 per day for days 1 – 5
	  • You pay $0 per day for days 6 – 90
	  • You pay a $0 copay for each Lifetime Reserve Day.
	• 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

Skilled Nursing Facility (SNF)[1,2] How much do I pay for Skilled Nursing Facility stay?	• You are covered for up to 100 days of SNF care per benefit period without the need for a prior hospital stay. • Medicare covers the first 2 days of your hospital stay. • If you stay in the hospital longer than 2 days, you pay $0 per day for days 1 – 20 • You pay $200 per day for days 21 – 100
Cardiac and Pulmonary Rehabilitation Services / Occupational Therapy / Physical Therapy / Speech-Language Pathology Services[1,2] How much do I pay for Outpatient Rehab and therapy?	• Cardiac (heart) rehab services: You pay 20% of the total cost • Occupational therapy visit: You pay $10 • Physical therapy and speech and language therapy visit: You pay 20% of the total cost

Premiums and Benefits	Imperial Courage Plan (HMO)
Ambulance Services[1] How much do I pay for Ambulance services?	• You pay $150 per one-way trip by ground • You pay 20% of the total cost per trip by air • Prior authorization required for non-emergency trips
Medicare Part B Rx Drugs and Home Infusion Drugs[1] How much do I pay for Part B Drugs?	• You pay $0 for Part B insulins • You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs
Outpatient Substance Abuse Services[1,2]	• You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting
Home Health Services[1,2]	• You pay $10 for each home health visit
Durable Medical Equipment (DME) / Prosthetics / Diabetic Supplies1	• You pay 20% of the total cost per item for Durable Medical Equipment (DME)1, 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

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

Supplemental Benefits	Imperial Courage Plan (HMO)
Dental Services How much do I pay for dental services?	• Not Covered
Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?	• Not Covered
Hearing Services[1,2] How much do I pay for Hearing Services or Hearing Aids?	• Not Covered
Transportation Services[1,2] How much do I pay for Transportation services?	• Not Covered
Meal Benefit[1]	• Not Covered
In-Home Support Services for Independent Activities of Daily Living (IADL)	• Not Covered
In-Home Support Services for Activities of Daily Living (ADL)	• Not Covered
Chiropractic Services[1,2] and Acupuncture Treatments	• Not Covered
Over-the-Counter (OTC) Items	• Not Covered
Podiatry Services[1,2]	• Not Covered
Fitness Benefit	• Not Covered

Supplemental Benefits	Imperial Courage Plan (HMO)
Worldwide Emergency / Urgent Coverage	• Cover up to $50,000 for qualifying expenses with $20 copay for urgent care and $0 copay for emergency care • Urgently needed or Emergency services only
Special Supplemental Benefits for Chronically Ill (SSBCI): Food and Produce / Grocery *You must qualify by having one or more of the chronic conditions listed on the last page of this document.	• Not Covered

Imperial Flex (HMO C-SNP) 017

Premiums and Benefits	Imperial Flex Plan (HMO C-SNP)
Monthly Plan Premium How much do I need to pay monthly?	• Part C Plan Premium: You pay $0 per month • Part D Plan Premium: You pay $2.70 per month • You must continue to pay your Medicare Part B premium
Part B premium buy-down	• Not Covered • Premium. You must continue to pay your Medicare Part B premium
Deductible How much do I need to pay before the plan pays?	• This plan does not have a Part C deductible • This plan has a $450 annual deductible for Part D benefits for Tier 2, 3, 4 and 5 drugs combined
Maximum Out-of-Pocket (does not include Part D Prescription Drugs) What's the limit on how much I will pay?	• The most you will pay each year for in-network Part C services in this plan is $9,850
Inpatient Hospital – Acute[1,2] and Psychiatric[1,2] How long will my plan cover? How much do I pay?	**For 2027, Medicare cost information will be released in November. Until then, please refer to the 2026 Medicare costs, which are as follows:** • $1,736 deductible per benefit period • $0 for the first 60 days of each benefit period (after you pay the deductible) • $434 per day for days 61–90 of each benefit period • $868 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime) • All costs for each day after day 150 of the benefit period
Outpatient Hospital Services[1,2]	• You pay 20% per visit

Premiums and Benefits	Imperial Flex Plan (HMO C-SNP)
Ambulatory Surgical Center (ASC) Services[1,2]	• You pay 20% for each Medicare-covered ambulatory surgical center visit
Doctor Visits How much do I pay to visit a primary care physician and specialist?	• Primary Care Physician Services visit: You pay 20% • Specialist visit[1,2]: You pay 20% • You have the option of getting certain services by telehealth using phone or video
Preventive Services How much do I pay for Preventive Care?	• You pay 20% for glaucoma screening[1], diabetes self-management training[1], digital rectal exams and EKGs following a welcome visit
Emergency Services How much do I pay for Emergency Care?	• You pay 20% up to a maximum of $115 per visit • If you are admitted to the hospital, your coinsurance will not be waived.
Urgently Needed Services How much do I pay for Urgently Needed Services?	• You pay 20% up to maximum of $40 per visit

Diagnostic Procedures / Tests and Lab Services / Imaging[1,2]
How much do I pay for Diagnostic Services?
	• You pay 20% for:
	  • Lab services
	  • Diagnostic tests
	  • Diagnostic radiology services (e.g., MRI)
	  • X-rays
	  • Therapeutic radiology services

Hearing Services (Medicare-covered)	You pay 20% This plan covers additional Hearing supplemental benefits, as outlined in the Supplemental Benefits section below.
Dental Services (Medicare-covered)	You pay 20% This plan covers additional Dental supplemental benefits, as outlined in the Supplemental Benefits section below.

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

Premiums and Benefits	Imperial Flex Plan (HMO C-SNP)
Vision Services (Medicare-covered)	You pay 20% This plan covers additional Vision supplemental benefits, as outlined in the Supplemental Benefits section below.
Mental Health Specialty Services[1,2] **How much do I pay for outpatient services?**	• You pay 20% for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician) You pay 20% for each Medicare-covered psychiatric individual or group therapy session
Skilled Nursing Facility (SNF)[1,2] How much do I pay for Skilled Nursing Facility stay?	• You are covered for up to 100 days of SNF care per benefit period without the need for a prior hospital stay. • You pay $0 per day for days 1 – 20 • You pay $100 per day for days 21 – 50 • You pay $200 per day for days 51 – 100

Cardiac and Pulmonary Rehabilitation Services / Occupational Therapy / Physical Therapy / Speech-Language Pathology Services[1,2]
How much do I pay for Outpatient Rehab and therapy?
	• You pay 20% for:
	  • Cardiac (heart) rehab services
	  • Occupational therapy
	  • Physical therapy
	• Speech and language therapy

Ambulance Services[1] How much do I pay for Ambulance services?	• You pay 20% per one-way trip by ground • You pay 20% of the total cost per trip by air • Prior authorization required for non-emergency trips • If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Medicare Part B Rx Drugs and Home Infusion Drugs[1] **How much do I pay for Part B Drugs?**	• You pay $0 for Part B insulins • You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs

Outpatient Substance Abuse Services[1,2]	• You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting
Home Health Services[1,2]	• You pay $0 copay for each home health visit
Durable Medical Equipment (DME) / Prosthetics / Diabetic Supplies[1]	• You pay 20% of the total cost per item for Durable Medical Equipment (DME)[1], such as oxygen or a wheelchair • You pay 20% of the total cost per item on prosthetics[1] such as braces, artificial limbs • You pay 20% for diabetic monitoring supplies[1]

Part D Prescription Drugs	Imperial Flex Plan (HMO C-SNP)	
Part D Plan Premium	You pay $2.70 per month	
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 $2,400	
Deductible Stage	No deductible for drug Tiers 1 and 6. There is a $450 deductible for drug Tiers 2, 3, 4 and 5 combined. (Your coverage begins on the effective date of your enrollment)	
Initial Coverage Phase	**You pay the following costs until your yearly out-of-pocket drug costs reach $2,400**	
	Retail 30 Day Supply	**Mail Order 100 Day Supply**
Tier 1 – Preferred Generic	$0.00	$0.00
Tier 2 – Generic	10% / Select Insulins: $0	10% / Select Insulins: $0
Tier 3 – Preferred Brand	25% / Select Insulins: $0	25% / Select Insulins: $0
Tier 4 – Non-Preferred Drug	25% / Select Insulins: $0	25% / Select Insulins: $0
Tier 5 – Specialty Tier	25% / Select Insulins: $0	Mail order supply not available for Tier 5
Tier 6 – Select Care Drugs	$0	$0
Catastrophic Coverage Stage	**Once your yearly out-of-pocket drug costs reach $2,400. You pay $0 for covered prescription drugs for the remainder of the plan year.**	

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

Supplemental Benefits	Imperial Flex Plan (HMO C-SNP)
Dental Services How much do I pay for dental services?	• Diagnostic and Preventive Dental services: You pay $0 for routine office visits. Office visits include exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to $500 in routine dental services per year • You pay $0 for Comprehensive Dental Services; prosthodontics, other oral / maxillofacial surgery, other services. Your plan covers up to $4,000 every year

Vision Services
How much do I pay for Vision Services?
What's my Eyewear Allowance per year?
	• You pay $0 for routine eye exams
	• You pay $0 every year for either:
	  • One pair of eyeglasses (lenses and frames)
	  • One pair of contact lenses
	• The plan covers up to $500 every year for eyewear

Hearing Services[1,2] How much do I pay for Hearing Services or Hearing Aids?	• You pay $0 for: • Routine Hearing Exams and Fitting/Evaluation • Hearing aid allowance: You pay $0. The plan covers up to $500 per calendar year
Transportation Services[1,2] How much do I pay for Transportation services?	• You pay $0 for 20 one-way trips to plan approved locations
Meal Benefit[1]	• There is $0 copayment for up to 21 delivered meals immediately following discharge from surgery or inpatient hospitalization. • The plan covers up to $315 per benefit period.
Special Supplemental Benefits for Chronically Ill (SSBCI): Food and Produce / Grocery *You must qualify by having one or more chronic conditions listed on the last page of this document.	• $45 Per Quarter

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

Supplemental Benefits	Imperial Flex Plan (HMO C-SNP)
In-Home Support Services for Independent Activities of Daily Living (IADL)	• You pay $0 for up to 30 hours per year for Independent Activities of Daily Living (IADL), including assisting members with transportation, grocery, shopping, medication pickup, technical guidance, care gap reminders, light house help, light exercise and activity.
In-Home Support Services for Activities of Daily Living (ADL)	• You pay $0 for up to 30 hours per year for Activities of Daily Living (ADL) services, including bathing, dressing, eating, transferring and toileting and incontinence issues.
Chiropractic Services[1,2] and Acupuncture Treatments	• You pay a $0 copay for 35 combined visits for Acupuncture and/or Chiropractic every year.
Over-the-Counter (OTC) Items	• $40 allowance every month through our OTC catalogue purchase and/or debit card purchase at participating retail stores. • Cash, checks, credit cards or money orders are not accepted under this OTC benefit • No roll over
Podiatry Services[1,2]	• You pay $0 for 6 routine foot care visits per calendar year
Fitness Benefit	• You pay $0 for monthly gym membership and one home fitness kit.
Worldwide Emergency / Urgent Coverage	• Reimbursement up to $100,000 for qualifying expenses with $0 copay each year • Urgently needed or Emergency services only

Supplemental Benefits	Imperial Flex Plan (HMO C-SNP)
Additional Benefits for Special Supplemental Benefits for Chronically Ill (SSBCI) *You must qualify by having one or more of the chronic conditions listed on the last page of this document.	You receive $300 allowance per quarter, loaded to your flexible debit card. Unused balance Roll Over to next quarter in 2027. Your Flex card works anywhere in the United States and combines the additional following supplemental benefits in one debit card, beyond the base benefits. • Utilities, including gas bill, electricity bill, water bill and heating / AC bill. • Additional Food and Produce / Grocery beyond the base benefit. • Additional Over-the-Counter (OTC) items beyond the base benefit. • Additional Transportation beyond the base benefit, including Rideshare, Metro subways, trains and bus fares. • Additional Fitness and Eastern Wellness beyond the base benefit, including golf, table tennis, pickleball, badminton, Pilates, Yoga, Tai Chi. • Alternative Therapies, including Massage Therapy, Cupping, Moxa, Gua Sha, Reflexology and Med-X. • Pest control extermination services.

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

Imperial Health is constantly reviewing how technology in new devices and services can enhance health improvements to our members. For a list of what is available to you please call 1-800-838-8271, (TTY: 711), October 1 through March 31, Monday – Sunday, 8:00 a.m. to 8:00 p.m. PST or April 1 through September 30 Monday – Friday 8:00 a.m. to 8:00 p.m. except holidays.

*Chronic alcohol use disorder and other substance use disorders (SUDs); Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Overweight, obesity, and metabolic syndrome; Chronic gastrointestinal disease; Chronic kidney disease (CKD); Severe hematologic disorders; HIV / AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Post-organ transplantation; Immunodeficiency and Immunosuppressive disorders; Conditions associated with cognitive impairment; Conditions with functional challenges; Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; Conditions that require continued therapy services in order for individuals to maintain or retain functioning.

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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. Imperial does not exclude anyone or treat them unfairly because of race, color, national origin, age, disability, or sex.
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. Imperial no excluye a ninguna persona ni la trata injustamente por motivo de raza, color, origen nacional, edad, discapacidad o género.

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-838-8271 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles, sin costo alguno, las ayudas y servicios auxiliares apropiados para proporcionar la información en formatos accesibles. Llame al 1-800-838-8271 (TTY: 711) o hable con su proveedor.

IMPERIAL HEALTH PLAN
OF CALIFORNIA

How to Enroll and What Happens After Enrollment

Enrollment into one of Imperial Health Plan of California, Inc. (HMO) (HMO SNP) Medicare Prescription Drug Plan (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 or 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.
5. **Mail** Complete the enrollment application and mail it:

   Imperial Health Plan of California
   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:** 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 you don't receive your Member ID Card and you have a doctor's appointment, you can use this letter as proof that you are enrolled in Imperial. If, for any reason, your application is not accepted, we will notify you, including the reason(s) why.

3. **Member ID Card:** Please keep your Member ID Card with you at all times. Your Member ID Card is used for all medical services including physician visits, hospital stays, emergencies and pharmacy.

4. **Evidence of Coverage (EOC), Provider/Pharmacy Directory & Drug Formulary:** You can access your EOC, Provider/Pharmacy Directory and Drug Formulary by logging onto https://members.imperialhealthplan.com/member/signup and following the instructions to set up your access. These books have all the information needed to use your plan benefits.

5. **Phone Call:** Artificial Intelligence (AI) will call you on Imperial within 7 to 10 business days of your confirmed enrollment. To ensure you have what you need please allow AI to complete the call. At any time if you want to speak to a live Imperial representative, indicate so and AI will connect you to a live representative. AI will inform you when you can start receiving services and connect you with a live Imperial representative to help set up your first Primary Care Physician (PCP) visit and answer any additional questions you may have.

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IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Health Plan of California, 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

☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit 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.

☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

☐ 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, 2027.

☐ 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.

IMPERIAL HEALTH PLAN
OF CALIFORNIA

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).	Date
☐	I recently was released from incarceration. I was released on (insert date).	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).	Date
☐	I recently obtained lawful presence status in the United States. I got this status on (insert date).	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).	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).	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)	Date

☐	I recently left a PACE program on (insert date)	Date
☐	I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)	Date
☐	I am leaving employer or union coverage on (insert date)	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)	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)	Date
☐	I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.	
If none of these statements applies to you or you're not sure, please contact Imperial Health Plan of California, Inc. (HMO) (HMO SNP) at 1-800-838-5914, TTY:711, to see if you are eligible to enroll. We are open October 1 - March 31: Monday - Sunday from 8:00 am PST. - 8:00 pm PST and April 1 - September 30: Monday - Friday from 8:00 am PST. - 8:00 pm PST. except holidays.		

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OMB No. 0938-1378
Expires: 02/28/2029

IMPERIAL HEALTH PLAN OF CALIFORNIA

2027
Individual 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)

Important: To join a Medicare Prescription Drug Plan, you must also have either, or 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** 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 Health Plan of California (HMO) (HMO SNP)**
Attention: Enrollment
P.O. Box 60874
Pasadena, CA 91116

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

How do I get help with this form?
Call Imperial Health Plan 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 Health Plan al 1-800-838-5197/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness
- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

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 0938-1378. 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.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

IMPERIAL HEALTH PLAN OF CALIFORNIA

2027

Section 1 – All fields in this section are required (unless marked optional)

Select the plan you want to join:

☐ Imperial Senior Value (HMO C-SNP) 005 – $0 Part C/D

☐ Imperial Dynamic Plan (HMO) 012 – $0 Part C/D

☐ Imperial Courage Plan (HMO MA-only) 016 – $0 Part C Only

☐ Imperial Flex (HMO C-SNP) 017 – $0 Part C $2.70 Part D

First name:	Last name:	Middle initial: (optional)
Birth date (MM/DD/YYYY):	Sex: ☐ Male ☐ Female	Phone number:
Email Address (optional):		Cell Phone (optional):

Permanent residence street address (Don't enter a P.O. Box. Note: For individuals experiencing homelessness, a P.O. Box may be considered your permanent residence address.):

City:	County: (optional)	State:	ZIP code:

Mailing address, if different from your permanent address (P.O. Box allowed):

Street address:	City:	State:	ZIP code:
Emergency Contact (optional):	Relationship:	Phone Number:	

Your Medicare information:

Medicare number:

_ _ _ _ - _ _ _ - _ _ _ _

Answer these important questions:

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

☐ 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

Are you enrolled in your state Medi-Cal (Medicaid) program? ☐ Yes ☐ No

If "yes," please provide your Medi-Cal (Medicaid) number: _____

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Imperial Health Plan.
- By joining this Medicare Advantage or Medicare Prescription Drug Plan, I acknowledge that Imperial Health Plan 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.
- I understand that I can be enrolled in only one MA or Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Imperial Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Imperial Health Plan. Benefits and services provided by Imperial Health Plan and contained in my Imperial Health Plan "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Imperial Health Plan will pay for benefits or services that are not covered.
- 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 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:

Section 2 – All fields in 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 ☐ Chinese ☐ Korean ☐ Vietnamese ☐ Other _____

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

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

Please contact Imperial Health Plan 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 8:00 am to 8:00 pm and April 1 through September 30, Monday through Friday from 8:00 am to 8:00 pm 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:

PCP Name: _____ PCP ID Number: _____

Medical Group or IPA: _____

Are you an existing patient of this PCP? ☐ Yes ☐ No

I want to get the following materials via email. Select one or more.

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

Email 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. Please select a premium payment option. If you don't make a selection, you will receive a bill.**

☐ Get a bill.

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. *The Social Security/RRB deduction may take at least two months to begin after approval by Social Security or the Railroad Retirement Board (RRB). Until Social Security approves the deduction, you will continue to receive paper statements.*

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Imperial Health Plan the Part D-IRMAA.

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name:	Relationship to Enrollee:
Signature:	National producer number (NPN):

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.

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IMPERIAL HEALTH PLAN
OF CALIFORNIA

C-SNP Pre-Enrollment Qualification Assessment Tool (PQAT)

IMPORTANT – PLAN SELECTION REQUIRED
Imperial Health Plan of California, Inc. (HMO) (HMO SNP) offers two distinct C-SNP plans under Medicare Contract H5496. The qualifying chronic conditions differ. Please select the plan the beneficiary is applying for and complete ONLY the corresponding sections.

☐ **Imperial Senior Value (HMO C-SNP) – PBP 005** → Diabetes Mellitus, Chronic Heart Failure, AND/OR Cardiovascular Disorders

☐ **Imperial Flex (HMO C-SNP) – PBP 017** → Diabetes Mellitus AND/OR Cardiovascular Disorders (CHF is NOT a qualifying condition for this plan)

Please complete this form and return it to us with your enrollment application. Imperial will validate your chronic condition with your doctor within 30 days of the effective enrollment date. If we are unable to verify your chronic condition, we need to disenroll you from this plan.

BENEFICIARY INFORMATION		
Last Name	**First Name**	**Middle Initial**
Date of Birth (MM/DD/YYYY)	**Medicare Beneficiary Identifier (MBI)**	**Phone Number**

Date and Time Assessment Completed (if face-to-face): _____
OR Receipt Date (if mail or electronic): _____

DIABETES MELLITUS (Applies to BOTH Plan 005 and Plan 017)

Complete this section if the beneficiary has or may have Diabetes Mellitus.

Have you been diagnosed by a doctor or other licensed healthcare professional with Diabetes Mellitus (Type 1 or Type 2)?
☐ **YES** ☐ **NO**

Have you experienced increased thirst, frequent urination, extreme hunger, unexplained weight loss, slow-healing sores, or frequent infections?
☐ **YES** ☐ **NO**

Have you had problems with high blood sugar (hyperglycemia)?
☐ **YES** ☐ **NO**

Do you currently take medications (insulin, oral agents, or non-insulin injectables) and/or follow a special diet to control your blood sugar?
☐ **YES** ☐ **NO**

CHRONIC HEART FAILURE (Applies ONLY to Plan 005 – Senior Value)

⚠ DO NOT complete this section if the beneficiary is applying for Imperial Flex (PBP 017). Chronic Heart Failure is not a qualifying condition for Plan 017.

Have you been diagnosed by a doctor or other licensed healthcare professional with chronic or congestive heart failure?
☐ **YES** ☐ **NO**

Have you had problems with fluid retention in your lungs or swelling in your legs due to a heart problem?
☐ **YES** ☐ **NO**

Do you take medications to prevent leg or hand swelling related to heart failure?
☐ **YES** ☐ **NO**

Do you feel fatigue when walking or doing physical activity, or need to stop and rest when walking?
☐ **YES** ☐ **NO**

CARDIOVASCULAR DISORDERS (Applies to BOTH Plan 005 and Plan 017)

Complete this section if the beneficiary has or may have a qualifying cardiovascular disorder (cardiac arrhythmias, coronary artery disease, peripheral vascular disease, or valvular heart disease).

Have you ever been diagnosed by a doctor or licensed healthcare professional with a cardiovascular condition such as cardiac arrhythmia, coronary artery disease (including angina), peripheral vascular disease, or valvular heart disease?
☐ **YES** ☐ **NO**

Do you experience palpitations, chest pain or tightness, or shortness of breath—particularly during physical activity or at rest?
☐ **YES** ☐ **NO**

Have you ever had a stroke, heart attack (myocardial infarction), or been advised that you have elevated cholesterol levels requiring treatment?
☐ **YES** ☐ **NO**

Are you currently taking medications for heart rhythm, cholesterol, blood thinners, blood pressure related to heart disease, or to improve circulation?
☐ **YES** ☐ **NO**

HEALTH CARE PROVIDER(S) WHO CAN VERIFY THE CONDITION(S)

Physician / Provider Name	**Specialty**	**City**
Phone Number	**Fax Number**	**Hospital Affiliation (if any)**

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I hereby authorize the provider(s) listed above to disclose my protected health information to Imperial Health Plan of California to verify that I have been diagnosed with a chronic condition that qualifies me for enrollment in the selected C-SNP plan. This authorization applies to health information concerning my medical history for the chronic condition(s) indicated above.
Beneficiary Signature: _____ Date: _____

PROVIDER ATTESTATION (Required for PQAT Verification)

I hereby attest that my patient listed above has one or more of the following conditions (check only those that apply and that are allowed for the selected plan):

Note: The signing provider must be a physician (as defined in section 1861(r)(1) of the Social Security Act), a physician assistant who meets the qualifications in 42 CFR § 410.74(c), or a nurse practitioner who meets the qualifications in 42 CFR § 410.75(b)(1)(i) and (ii) and must be the enrollee's current treating provider (primary care or specialist for the qualifying condition).

For Plan 005 (Senior Value) AND Plan 017 (Flex):	
☐ Diabetes Mellitus	☐ Cardiovascular Disorders (cardiac arrhythmias, CAD, PVD, and/or valvular heart disease)
For Plan 005 (Senior Value) ONLY – Do NOT check for Plan 017: ☐ Chronic Heart Failure	

Provider Name (Print)	**Provider Signature**
Today's Date	**Provider Address / NPI (optional)**

If you have any questions, please contact our Member Services Department at 1-800-838-8271, TTY: 711. October 1 – March 31: Monday–Sunday 8:00 am–8:00 pm PST April 1 – September 30: Monday–Friday 8:00 am–8:00 pm PST (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. Imperial does not exclude anyone or treat them unfairly because of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-838-8271 (TTY: 711) or speak to your provider.

IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Health Plan of California, 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.

If you get Extra Help, your monthly plan premium will be $0 for any of the plan(s) below. (This does not include any Medicare Part B premium you may have to pay.)

Your level of extra help	Monthly Premium for Imperial Senior Value (HMO C-SNP) PBP 005	Monthly Premium for Imperial Dynamic Plan (HMO) PBP 012	Monthly Premium for Imperial Flex (HMO C-SNP) PBP 017
100%	$0	$0	$0
75%	$0	$0	$0
50%	$0	$0	$0
25%	$0	$0	$0

Imperial Health Plan of California 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 8 a.m. and 7 p.m., Monday through Friday.

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

Imperial does not exclude anyone or treat them unfairly because of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-838-8271 (TTY: 711) or speak to your provider.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-838-8271 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles, sin costo alguno, las ayudas y servicios auxiliares apropiados para proporcionar la información en formatos accesibles. Llame al 1-800-838-8271 (TTY: 711) o hable con su proveedor.

台語
注意：如果您說 台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-838-8271（TTY：711）或與您的提供者討論。」

Việt
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-838-8271 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

한국어
주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-838-8271 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

العربية
كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تنبيه:) أو تحدث إلى مقدم الخدمة".711 (1-800-838-8271اتصل على الرقم بتنسيقات يمكن الوصول إليها مجانًا.

ՀԱՅԵՐԵՆ
ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-800-838-8271 հեռախոսահամարով (711) կամ խոսեք Ձեր մատակարարի հետ:

বাংলা

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-800-838-8271 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

فارسي
همچنین کمک‌ها و خدمات پشتیبانی اگر وارد کردن زبان صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. توجه: تماس 1-800-838-8271 تله‌تایپ: 711با شماره مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. بگیرید یا با ارائه‌دهنده خود صحبت کنید.

हिंदी
ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी

प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-838-8271 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।”

日本語
注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-838-8271（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

ភាសាខ្មែរ
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ
ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-838-8271 (TTY: 711)
ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

ਪੰਜਾਬੀ
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-838-8271 (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।”

РУССКИЙ
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-838-8271 (TTY: 711) или обратитесь к своему поставщику услуг.

Tagalog
PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-838-8271 (TTY: 711) o makipag-usap sa iyong provider.”

ไทย
หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้
ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-838-8271 (TTY: 711)
หรือปรึกษาผู้ให้บริการของคุณ

українська мова

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-838-8271 (TTY: 711) або зверніться до свого постачальника».

اردو
قابل رسائی فارمیٹس میں معلومات فراہم کرنے اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ توجہ دیں:
پر کال کریں یا اپنے فراہم کنندہ سے بات (TTY: 711) 1-800-838-8271 کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔
کریں۔”

Notice of Non-Discrimination

Unlawful Discrimination
Imperial Health Plan of California, Inc. (HMO) (HMO SNP) complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)) (or sex, gender identity, including transgender expressions; pregnancy or related conditions; sexual orientation; gender identity, and gender stereotypes). Imperial Health Plan does not exclude anyone or treat them unfairly because of race, color, national origin, age, disability, or sex

Imperial Health Plan:
Allows people with disabilities to make reasonable accommodations, free of charge, to communicate effectively with us, such as:

- Quality sign language interpretation
- Providing information in other formats (large print, audio, accessible electronic formats, other formats).

• Provides free language assistance services to people whose first language is not English, which may include:

- Quality interpretation
- Information written in other languages.

If you need reasonable accommodations, basic service assistance, or language assistance, please contact Erica Ruiz.

If you believe that Imperial Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can raise your concern with: Erica Ruiz Compliance Officer, Compliance FWA, PO Box 60874 Pasadena, CA 91116, 1-888-708-5377, 711, 1-626-380-9054, complianceFWA@imperialhealthplan.com. You can raise your concern in person or by mail, fax, or email. If you need assistance raising your concern, Erica Ruiz Compliance Officer is available to help you.

You may also file a human rights complaint with the U.S. Department of Health and Human Services, Office of Human Rights, electronically through the Human Rights Complaint Portal https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (Disabled)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Discriminación ilegal

Imperial Health Plan of California, Inc. (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o género (tal como se define en la sección § 92.101(a)(2) del título 45 del Código de Regulaciones Federales [Code of Federal Regulations, CFR]) (o sexo, identidad de género, incluyendo las expresiones transgénero; embarazo o condiciones relacionadas; orientación sexual; identidad de género y estereotipos de género). Imperial Health Plan no excluye a ninguna persona ni la trata injustamente por motivos de raza, color, nacionalidad, discapacidad o género.

Imperial Health Plan:
Permite que las personas con discapacidades hagan las adaptaciones razonables, sin costo alguno, para comunicarse con nosotros de manera efectiva, tales como:

- Interpretación de calidad mediante lenguaje de señas.
- Suministro de información en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).

• Proporciona servicios gratuitos de asistencia lingüística a personas cuya lengua materna no es el inglés, que pueden incluir:

- Interpretación de calidad.
- Información escrita en otros idiomas.

Si necesita adaptaciones razonables, asistencia básica para los servicios o asistencia lingüística, por favor, comuníquese con Erica Ruiz.

Si cree que Imperial Health Plan no ha cumplido con proporcionar estos servicios o ha discriminado de alguna manera por cuestiones de raza, color, nacionalidad, edad, discapacidad o género, usted puede presentar su inquietud ante: Erica Ruiz, Compliance Officer, Compliance FWA, PO Box 60874 Pasadena, CA 91116, 1-888-708-5377, 711, 1-626-380-9054, complianceFWA@imperialhealthplan.com. También puede presentar su inquietud en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar su inquietud, Erica Ruiz, oficial de cumplimiento, está disponible para ayudarle.

También puede presentar un reclamo sobre derechos humanos ante el Departamento de Salud y Servicios Humanos de EE. UU., Oficina de Derechos Humanos, de manera electrónica a través del Portal de reclamos sobre derechos humanos en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono al:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (Discapacitado\a)
Los formularios de reclamos se encuentran disponibles en: http://www.hhs.gov/ocr/office/file/index.html.

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Imperial Health Plan of California, Inc. - H5496

For 2027, Imperial Health Plan of California, Inc. - H5496 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★★½

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Imperial Health Plan of California, Inc. 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 800-838-5914 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 800-838-8271 (toll-free) or 711 (TTY).

IMPERIAL HEALTH PLAN
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Important Contact Numbers	
Member Services	**800-838-8271 TTY:711**
Pharmacy	**866-906-9992**
Supplemental, Rewards, and Benefits	**866-777-8164** Please press the number on your phone keypad to make your selection.
Transportation	Press 1
OTC, Flex, Rewards, Grocery	Press 2
Dental	Press 3
Vision	Press 4
Benefit: TeleHealth	Press 5
Gym/Fitness	Press 6
Hearing	Press 7
Acupuncture & Chiropractic	Press 8
In-home Supports	Press 9



IMPERIAL HEALTH PLAN
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1100 E. Green Street, Pasadena, CA 91106
ImperialHealthPlan.com

For a list of what is available to you please call 1-800-838-8271, (TTY: 711), October 1 through March 31, Monday–Sunday, 8:00 a.m. to 8:00 p.m. PST or April 1 through September 30 Monday–Friday 8:00 a.m. to 8:00 p.m. except holidays.