

## Imperial Senior Value (HMO C-SNP) offered by Imperial Health Plan of California, Inc. (HMO) (HMO SNP)

### Annual Notice of Change for 2027

You're enrolled as a member of Imperial Senior Value (HMO C-SNP).

This material describes changes to our plan's costs and benefits next year.

- You have from October 15 – December 7 to make changes to your Medicare coverage for next year. If you don't join another plan by December 7, 2026, you'll stay in Imperial Senior Value (HMO C-SNP).
- To change to a different plan, visit [Medicare.gov](https://www.medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at Member Portal <https://members.imperialhealthplan.com/member/signup> or call Member Services at 1-800-838-8271, TTY 711 to get a copy by mail.

#### More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-800-838-8271 (TTY users call 711) for more information. Hours are October 1 – March 31: Monday – Sunday, from 8:00 am – 8:00 pm; April 1 – September 30: Monday – Friday, from 8:00 am – 8:00 pm. This call is free.
- 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.
- Call Member Services at 1-800-838-8271 (TTY users call 711) for more information. Hours are October 1 – March 31: Monday – Sunday, from 8:00 am – 8:00 pm; April 1 – September 30: Monday – Friday, from 8:00 am – 8:00 pm. This call is free.
- Please contact Imperial Health Plan at 1-800-838-8271 if you need information in an accessible format such as Braille, Large print, Audio CD, and/or Data CD. 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.

**About Imperial Senior Value (HMO C-SNP)**

- Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Imperial Health Plan of California, Inc. When it says “plan” or “our plan,” it means Imperial Senior Value (HMO C-SNP).
- If you do nothing by December 7, 2026, you’ll automatically be enrolled in Imperial Senior Value (HMO C-SNP). Starting January 1, 2027, you’ll get your medical and drug coverage through Imperial Senior Value (HMO C-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2027

These are 2026 cost-sharing amounts and can change for 2027. Imperial Senior Value (HMO C-SNP) will provide updated rates as soon as they're released.

|                                                                                                                                                                                                                                                                         | 2026<br>(this year)                                                                                | 2027<br>(next year)                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br>* Your premium can be higher than this amount. Go to Section 1 for details.                                                                                                                                                             | \$0                                                                                                | \$0                                                                                                                |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services.<br>(Go to Section 1 for details.)                                                                                                       | \$296                                                                                              | \$295                                                                                                              |
| <b>Primary care office visits</b>                                                                                                                                                                                                                                       | \$0 per visit                                                                                      | \$0 per visit                                                                                                      |
| <b>Specialist office visits</b>                                                                                                                                                                                                                                         | \$0 per visit                                                                                      | \$0 per visit                                                                                                      |
| <b>Inpatient hospital stays</b><br>Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged. | You pay a \$0 copay for days 1-90.<br><br>You pay \$0 copay per day for each Lifetime Reserve Day. | <b>You pay a \$0 copay for days 1-90.</b><br><br><b>You pay a \$0 copay per day for each Lifetime Reserve Day.</b> |
| <b>Part D drug coverage deductible</b><br>(Go to Section 1 for details.)                                                                                                                                                                                                | \$0                                                                                                | \$0                                                                                                                |

|                                                                                                                                                | 2026<br>(this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2027<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part D drug coverage</b><br>(Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | <p>Copayment during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0 copay</p> <p>Drug Tier 2: \$6 copay</p> <p>You pay \$0 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 3: \$45 copay</p> <p>You pay \$0 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: \$90 copay</p> <p>You pay \$0 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5:<br/>33% coinsurance</p> <p>Drug Tier 6: \$3 copay</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</p> | <p><b>Copayment during the Initial Coverage Stage:</b></p> <p><b>Drug Tier 1: \$0 copay</b></p> <p><b>Drug Tier 2: \$6 copay</b></p> <p><b>You pay \$0 per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 3: \$45 copay</b></p> <p><b>You pay \$0 per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 4: \$90 copay</b></p> <p><b>You pay \$0 per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 5:<br/>33% coinsurance</b></p> <p><b>You pay \$0 per month supply of each covered insulin product on this tier.</b></p> <p><b>Drug Tier 6: \$0 copay</b></p> <p><b>Catastrophic Coverage Stage:</b></p> <p><b>During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.</b></p> |

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

|                                                                                                                                  | 2026<br>(this year) | 2027<br>(next year) |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Monthly plan premium</b><br>(You must also continue to pay your Medicare Part B premium.)                                     | \$0                 | \$0                 |
| <b>Part B premium reduction</b><br>This amount will be deducted from your Part B premium. This means you'll pay less for Part B. | \$25                | \$12                |

### Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

|                                                                                                                                                                                                                                                                                   | 2026<br>(this year) | 2027<br>(next year)                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.<br>Our plan premium and your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount. | \$296               | <b>\$295</b><br><b>Once you've paid \$295 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b> |

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* at [imperialhealthplan.com](https://imperialhealthplan.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at Member Portal <https://members.imperialhealthplan.com/member/signup>.
- Call Member Services at 1-800-838-8271 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-838-8271 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

### Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* at Member Portal <https://members.imperialhealthplan.com/member/signup> to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at Member Portal  
<https://members.imperialhealthplan.com/member/signup>.
- Call Member Services at 1-800-838-8271 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-800-838-8271 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

These are 2026 cost-sharing amounts and can change for 2027. Imperial Senior Value (HMO C-SNP) will provide updated rates as soon as they're released.

|                                     | 2026<br>(this year)                                                                                                             | 2027<br>(next year)                                                                                                                                                                  |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Transportation Services</b>      | You pay a \$0 copay for 100 one-way trips via taxi, rideshare services, bus/subway, or van per year to plan-approved locations. | <b>You pay a \$0 copay for 70 one-way trips via rideshare services per year to plan-approved locations.</b>                                                                          |
| <b>Over-the-Counter (OTC) Items</b> | You receive a \$130 allowance every 3 months for Over-the-Counter (OTC) drugs and supplies, delivered via debit card.           | <b>You receive a \$45 allowance every month for Over-the-Counter (OTC) drugs and supplies, delivered via catalogue purchase, debit card, or reimbursement.</b><br><b>No Rollover</b> |
| <b>Meal Benefit</b>                 | You pay a \$0 copay for up to 7 delivered meals per discharge.                                                                  | <b>You pay a \$0 copay for up to 21 delivered meals per discharge.</b><br><b>The plan covers up to \$315 in home-delivered</b>                                                       |

|                                 | 2026<br>(this year)                                                                                                                                                                 | 2027<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Meal Benefit (continued)</b> | The plan covers up to \$105 in home-delivered meals per benefit period.                                                                                                             | <b>meals per benefit period.</b>                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Annual Physical Exam</b>     | Not Covered                                                                                                                                                                         | <b>You pay a \$0 copay for an annual physical exam as a supplemental benefit under Part C.</b>                                                                                                                                                                                                                                                                                                                                   |
| <b>Fitness Benefit</b>          | Through Silver & Fit® you are eligible to receive one of the following Home Fitness Kits per year: (1) Resistance Band (2) Balance Ball (3) Yoga Mat (4) Foam Roller (5) Pedometer. | <b>Coverage for a monthly gym membership and choice of one home fitness kit from the following: walking kit (pedometer), strength kit (weights), yoga kit (yoga mat), or toning kit (resistance bands).</b>                                                                                                                                                                                                                      |
| <b>In-Home Support Services</b> | There is a \$0 copayment for up to 60 hours per year of covered in-home support services.                                                                                           | <p><b>There is a \$0 copayment for up to 30 hours per member per year for independent activities of daily living (IADL) services including assisting members with transportation, grocery shopping, medication pickup, doctor's appointments, technical guidance, care gap reminders, light house help, light exercise, and activity.</b></p> <p><b>There is a \$0 copayment for an additional up to 30 hours per member</b></p> |

|                                                      | <b>2026<br/>(this year)</b>                                                                                                                                                                                                                                                                                                                          | <b>2027<br/>(next year)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In-Home Support Services<br/>(continued)</b>      |                                                                                                                                                                                                                                                                                                                                                      | <b>per year for activities of daily living (ADL) including bathing, dressing, eating, transferring, and toileting and continence issues.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Diagnostic and Preventive<br/>Dental Services</b> | <p>You are eligible for 1 intraoral exam every 12 months.</p> <p>You are eligible for 1 bitewing x-ray every 6 months, 1 panoramic radiographic image every 12 months, and 1 diagnostic cast every 12 months.</p> <p>You are eligible for 1 prophylaxis visit every 6 months.</p> <p>You are eligible for 1 fluoride treatment every six months.</p> | <p><b>You are eligible for 2 oral exams every calendar year and 1 intraoral exam every 3 years.</b></p> <p><b>You are eligible for 1 bitewing x-ray every calendar year, panoramic radiographic images every 2 calendar years, diagnostic casts every calendar year, and 2 periapical x-rays every calendar year.</b></p> <p><b>You are eligible for 1 comprehensive oral evaluation or comprehensive periodontal evaluation per provider or location every three (3) calendar years.</b></p> <p><b>You are eligible for prophylaxis (routine cleanings) including scaling in presence of generalized moderate or severe gingival</b></p> |

|                                                                  | <b>2026<br/>(this year)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>2027<br/>(next year)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diagnostic and Preventive<br/>Dental Services (continued)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>inflammation-full mouth, periodontal maintenance cleanings or any combination thereof no more than two (2) in a Calendar Year.</b></p> <p><b>You are eligible for 2 fluoride treatments every year.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Comprehensive Dental<br/>Services</b>                         | <p>The plan covers up to \$3,000 per calendar year for comprehensive dental services.</p> <p>You pay a \$0 copay for unlimited restorative services.</p> <p>You pay a \$0 copay for endodontic covered services, limited to 1 tooth per lifetime.</p> <p>You pay a \$0 copay for periodontic covered services, limited to 1 full mouth periodontal scaling every 6 months and 1 other covered periodontal 1 every 24 months.</p> <p>You pay a \$0 copay for unlimited prosthodontics, fixed or removable.</p> | <p><b>The plan covers up to \$4,000 per calendar year for comprehensive dental services.</b></p> <p><b>You pay a \$0 copay for unlimited restorative services. Crowns are limited to 2 procedures per calendar year. Protective restorations (sedative fillings) are allowed once per tooth per lifetime.</b></p> <p><b>You pay a \$0 copay for endodontic covered services, limited to 1 tooth per lifetime and 2 root canal procedures per calendar year.</b></p> <p><b>You pay a \$0 copay for periodontic services, limited to surgical period services covered one per quadrant every 3 calendar years and other covered</b></p> |

|                                                  | 2026<br>(this year)                                               | 2027<br>(next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Comprehensive Dental Services (continued)</b> | You pay a \$0 copay for unlimited oral and maxillofacial surgery. | <p><b>periodontal 1 every 24 months. Full mouth periodontal scaling is included in the 2 cleanings per year limitation.</b></p> <p><b>You pay a \$0 copay for prosthodontics, fixed or removable. Denture benefit is once per 5 calendar years. One denture rebase per arch every two years. Dentures and relines include six-month adjustments, then two annually per arch. Immediate dentures include three-month adjustments, then two annually. One tissue conditioning per arch yearly, not separate same-day. Fixed partial denture recementation allowed once every two years. Denture repairs are covered once per calendar year.</b></p> <p><b>You pay a \$0 copay for oral and maxillofacial surgery. Extractions are limited to 3 procedures per calendar year.</b></p> <p><b>You pay a \$0 copay for unlimited Adjunctive General Services.</b></p> |

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically. **You can get the complete Drug List** by calling Member Services at 1-800-838-8271 (TTY users call 711) or visiting our website at [imperialhealthplan.com](http://imperialhealthplan.com).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-800-838-8271 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, call Member Services at 1-800-838-8271 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn’t apply to you.

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

|                   | 2026<br>(this year)                                                          | 2027<br>(next year)                                                          |
|-------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Yearly Deductible | Because we have no deductible, this payment stage doesn’t apply to you.<br>- | Because we have no deductible, this payment stage doesn’t apply to you.<br>- |

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

|                                    | 2026<br>(this year) | 2027<br>(next year)                                                                                             |
|------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Preferred Generic, Tier 1:</b>  | \$0 copay           | <b>\$0 copay</b>                                                                                                |
| <b>Generic, Tier 2:</b>            | \$6 copay           | <b>\$6 copay</b><br><br><b>You pay \$0 per month supply of each covered insulin product on this tier.</b>       |
| <b>Preferred Brand, Tier 3:</b>    | \$45 copay          | <b>\$45 copay</b><br><br><b>You pay \$0 per month supply of each covered insulin product on this tier.</b>      |
| <b>Non-Preferred Drug, Tier 4:</b> | \$90 copay          | <b>\$90 copay</b><br><br><b>You pay \$0 per month supply of each covered insulin product on this tier.</b>      |
| <b>Specialty Tier, Tier 5:</b>     | 33% coinsurance     | <b>33% coinsurance</b><br><br><b>You pay \$0 per month supply of each covered insulin product on this tier.</b> |

|                                   | 2026<br>(this year) | 2027<br>(next year) |
|-----------------------------------|---------------------|---------------------|
| <b>Select Care Drugs, Tier 6:</b> | \$3 copay           | \$0 copay           |

## SECTION 2 Administrative Changes

|                                                                                                                                                                                                                                                                                                                                                  | 2026<br>(this year) | 2027<br>(next year)                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pharmacy Benefit Manager (PBM)</b><br><br>The PBM oversees and controls Medicare Part D drug costs by negotiating price concessions, processing prescription claims, designing and maintaining drug formularies, and managing contracted pharmacy networks to ensure members receive medications efficiently and at the lowest possible cost. | MedImpact           | <b>CVS Caremark is our new pharmacy benefit manager. Starting January 1, you must present your new member ID card at the pharmacy for your prescriptions to be processed correctly.</b><br><br><b>If you currently use mail-order services, your existing prescriptions will automatically transfer to CVS Caremark, ensuring there is no interruption in your medication access.</b> |

## SECTION 3 How to Change Plans

**To stay in Imperial Senior Value (HMO C-SNP), you don't need to do anything.** Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Imperial Senior Value (HMO C-SNP).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Imperial Senior Value (HMO C-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from Imperial Senior Value (HMO C-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-800-838-8271 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.Medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Imperial Health Plan of California, Inc. offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

### Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## **SECTION 4 Get Help Paying for Prescription Drugs**

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the California AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call (844) 421-7050 (TTY users call 711). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be

automatically renewed for 2027, and you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-800-838-8271 (TTY users call 711) or visit [Medicare.gov](https://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from Imperial Senior Value (HMO C-SNP)

- **Call Member Services at 1-800-838-8271 (TTY users call 711.)**

We're available for phone calls October 1 – March 31: Monday – Sunday, from 8:00 am – 8:00 pm; April 1 – September 30: Monday – Friday, from 8:00 am – 8:00 pm. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Imperial Senior Value (HMO C-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [imperialhealthplan.com](https://imperialhealthplan.com) or call Member Services at 1-800-838-8271 (TTY users call 711) to ask us to mail you a copy.

- **Visit [imperialhealthplan.com](https://imperialhealthplan.com)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (Formulary/Drug List).

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called California Health Insurance Counseling and Advocacy Program.

Call California Health Insurance Counseling and Advocacy Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call California Health Insurance Counseling and Advocacy Program at 1-800-434-0222 (TTY users call 711). Learn more about California Health Insurance Counseling and Advocacy Program by visiting [www.aging.ca.gov/hicap](https://www.aging.ca.gov/hicap).

## Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

You can chat live at [Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.