

## Imperial Courage (HMO) 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 Courage (HMO).

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 Courage (HMO).
- 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 Courage (HMO)**

- 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 Courage (HMO).
- If you do nothing by December 7, 2026, you’ll automatically be enrolled in Imperial Courage (HMO). Starting January 1, 2027, you’ll get your medical coverage through Imperial Courage (HMO). 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 Courage (HMO) 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.)                                                                                                       | \$2,999                                                                                                                                                                                                                                                   | \$2,999                                                                                                                                                                                                                                                                 |
| <b>Primary care office visits</b>                                                                                                                                                                                                                                       | \$0 per visit                                                                                                                                                                                                                                             | \$0 per visit                                                                                                                                                                                                                                                           |
| <b>Specialist office visits</b>                                                                                                                                                                                                                                         | \$5 per visit                                                                                                                                                                                                                                             | \$5 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. | Medicare covers the first 2 days of your hospital stay.<br><br>If you stay in the hospital longer than 2 days, you pay a \$150 copayment per day for days 1-5 and \$0 copayment for days 6 through 90. You pay a \$0 copay for each Lifetime Reserve Day. | <b>Medicare covers the first 2 days of your hospital stay.</b><br><br><b>If you stay in the hospital longer than 2 days, you pay a \$150 copayment per day for days 1-5 and \$0 copayment for days 6 through 90. You pay a \$0 copay for each Lifetime Reserve Day.</b> |

## 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. | \$75                | \$85                |

### 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. | \$2,999             | <b>\$2,999</b><br><b>Once you've paid \$2,999 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 Member Portal <https://members.imperialhealthplan.com/member/signup> 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 Benefits & Costs for Medical Services

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

|                                | 2026<br>(this year)                                                                  | 2027<br>(next year) |
|--------------------------------|--------------------------------------------------------------------------------------|---------------------|
| <b>Podiatry Services</b>       | You pay \$0 for 6 Podiatry Services visits per calendar year.                        | <b>Not Covered</b>  |
| <b>Transportation Services</b> | You pay \$0 for 100 one-way trips to plan approved locations                         | <b>Not Covered</b>  |
| <b>Acupuncture Treatments</b>  | You pay a \$0 copay for 20 visits (combined with Acupuncture Treatments) every year. | <b>Not Covered</b>  |

|                               | 2026<br>(this year)                                                                                                                                                                                                                                                                      | 2027<br>(next year) |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Over-the-Counter (OTC)</b> | <ul style="list-style-type: none"> <li>• \$75 allowance every three months through our OTC mail order catalog</li> <li>• Cash, checks, credit cards or money orders are not accepted under this OTC benefit <ul style="list-style-type: none"> <li>• No roll over</li> </ul> </li> </ul> | <b>Not Covered</b>  |
| <b>Meal Benefit</b>           | <ul style="list-style-type: none"> <li>• There is \$0 copayment for up to 7 delivered meals following a surgery or hospital stay.</li> <li>• The plan covers up to \$105 per benefit period.</li> </ul>                                                                                  | <b>Not Covered</b>  |
| <b>Fitness Benefit</b>        | <p>→ You pay \$0 for up to one home fitness kit per year through the Silver&amp;Fit® Program. The Silver&amp;Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).</p>                         | <b>Not Covered</b>  |

|                 | 2026<br>(this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2027<br>(next year) |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Dental Services | <ul style="list-style-type: none"><li>• Medicare-covered Dental services: You pay \$0</li><li>• 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.</li><li>• You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$1500 every year</li></ul> | Not Covered         |

|                         | 2026<br>(this year)                                                                                                                                                                                                                                                                                                                                                                   | 2027<br>(next year) |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Vision Services</b>  | <ul style="list-style-type: none"><li>• You pay \$0 for Medicare-covered vision services</li><li>• You pay \$0 for routine eye exams</li><li>• You pay \$0 per year for either:<ul style="list-style-type: none"><li>○ One pair of eyeglasses (lenses and frames)</li><li>○ One pair of contact lenses</li></ul></li><li>• The plan covers up to \$250 per year for eyewear</li></ul> | <b>Not Covered</b>  |
| <b>Hearing Services</b> | <ul style="list-style-type: none"><li>• You pay \$0 for:</li><li>• Covered diagnostic and routine exams</li><li>• The plan covers up to \$250</li><li>• Hearing aid allowance: You pay \$0. The plan covers up to \$500 per calendar year</li></ul>                                                                                                                                   | <b>Not Covered</b>  |

## SECTION 3 How to Change Plans

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

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 Courage (HMO). Remember, not all Medicare health plans cover prescription drugs.
- **To change to Original Medicare with separate Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Imperial Courage (HMO).
- **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.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit 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 or switch to Original Medicare 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
- Qualify for other special enrollment periods

- 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 or switch to Original Medicare 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.

## SECTION 5 Questions?

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### Get Help from Imperial Courage (HMO)

- **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 Courage (HMO). 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. Get the *Evidence of Coverage* on our website at [www.imperialhealthplan.com](http://www.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](http://imperialhealthplan.com).**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

## **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](http://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](https://www.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](https://www.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.