

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

DYNAMIC

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 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 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

DYNAMIC

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)
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 Services¹ 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 Drugs¹ 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 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

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 Benefit¹	- 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.

DYNAMIC

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.

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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 Services¹ 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 Drugs¹ 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 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 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 Benefit¹	- 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 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

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 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 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

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)
Ambulance Services¹ 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 Drugs¹ 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 Benefit¹	• 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

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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

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

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

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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)
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 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 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.

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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 Services¹ 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 Drugs¹ 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

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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 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 20% for diabetic monitoring supplies¹

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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.	

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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.

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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 Benefit¹	- 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

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

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Supplemental Benefits	Imperial Flex Plan (HMO C-SNP)
Additional Benefits for Special Supplemental Benefits for Chronically III (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.

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2027 Summary of Benefits

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.

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

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 Spanish, 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.