

IMPERIAL
HEALTH PLAN
OF CALIFORNIA

2027

BENEFIT HIGHLIGHTS

Imperial Dynamic Plan (HMO) 012

Imperial Flex (HMO C-SNP) 017

Imperial Senior Value (HMO C-SNP) 005

Imperial Courage Plan (HMO) 016

SERVICE AREA

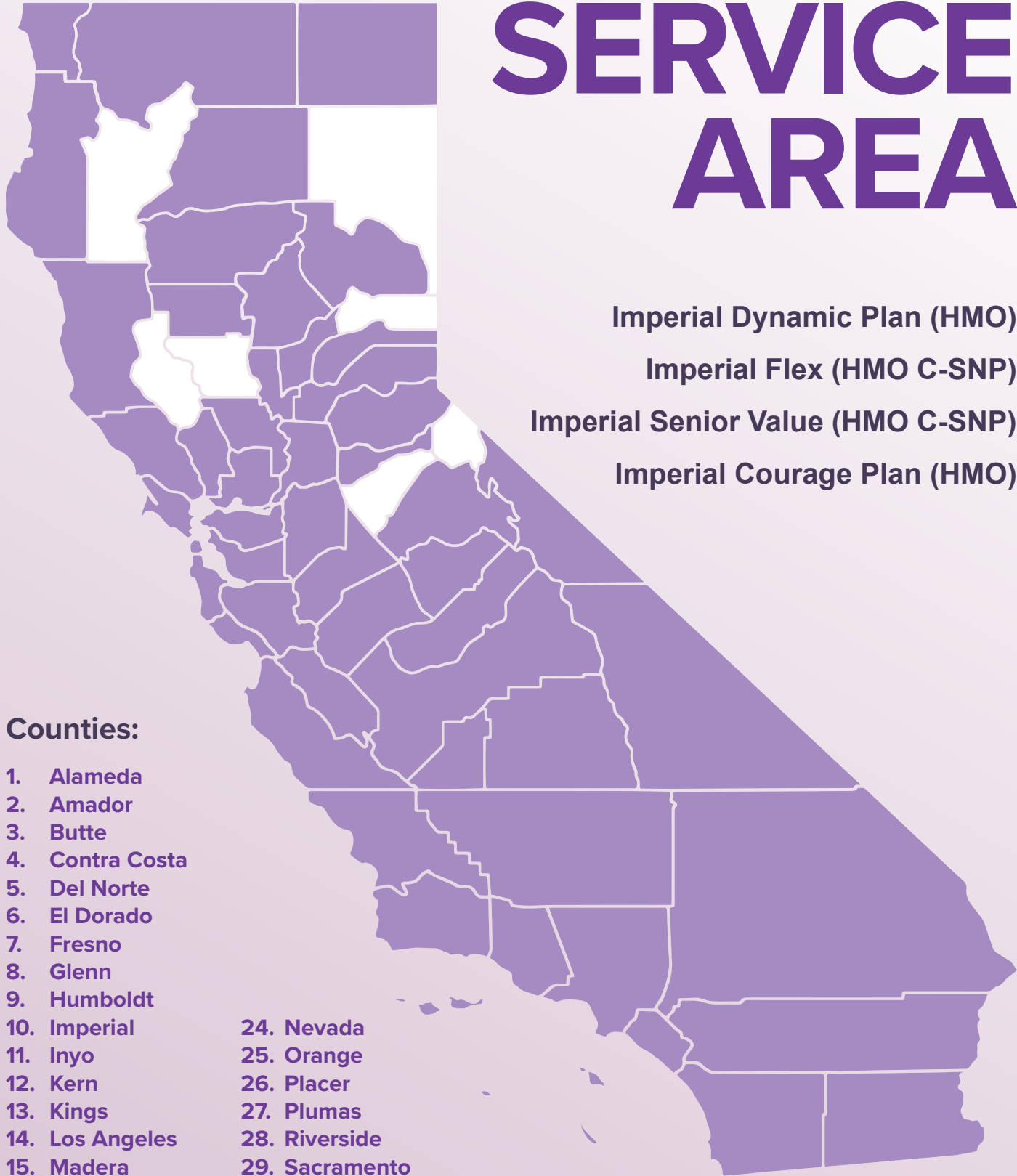
Imperial Dynamic Plan (HMO)

Imperial Flex (HMO C-SNP)

Imperial Senior Value (HMO C-SNP)

Imperial Courage Plan (HMO)

Counties:

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

2027 Benefit Highlights

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Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Part C Plan Premium	\$0	\$0	\$0
Medicare Part B Premium Reduction	\$15 Monthly	\$12 Monthly	\$85 Monthly
Part C Annual Deductible	\$0	\$0	\$0
Part D Drug Annual Deductible	\$0	\$450 Tiers 2, 3, 4, 5 Combined	No Part D Drug Coverage
In-Network Maximum Enrollee Out-of-Pocket Cost Part A and Part B Expenses	\$295	\$9,850	\$2,999
Primary Care Physician Services	\$0	20%	\$0
Physician Specialist Services	\$0	20%	\$5
Psychiatric Services	\$0	20%	\$0

H5496_483 Benefit Highlights_M ENG Accepted 08/23/26

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

2027 Benefit Highlights

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Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Physical Therapy and Speech-Language Pathology Services, Occupational Therapy Services	\$0	\$0	20% Physical & Speech \$10 Occupational Therapy
Podiatry Services	\$0 Up to 6 visits annually	\$0 Up to 6 visits annually	\$5 Up to 6 visits annually
Acupuncture & Chiropractor Treatment	\$0 Up to 35 visits annually combined	\$0 Up to 35 visits annually combined	Not Covered
Lab Services	\$0	\$0	\$0
Outpatient Diagnostic Procedures/Tests/Imaging, X-Ray, MRI, CT Scan	\$0	\$0	\$0
Urgently Needed Services	\$0	\$0	\$0

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2027 Benefit Highlights

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

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2027 Benefit Highlights

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

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2027 Benefit Highlights

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

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2026 Tivity Health, Inc. All rights reserved.

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2027 Benefit Highlights

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

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2027 Benefit Highlights

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Imperial Dynamic Plan (HMO)	Imperial Flex (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Special Supplemental Benefits for the Chronically Ill Qualified Food and Produce/Grocery¹	\$45 Per Quarter	\$45 Per Quarter	\$20 Per Quarter
SSBCI Qualified Special Benefits¹ beyond the Base Benefits	Not Covered	Not Covered	Not Covered
Out-of-Pocket Cost Threshold for Part D Drugs	Your annual cost limit for Part D Drugs in this plan is \$2,400	Your annual cost limit for Part D Drugs in this plan is \$2,400	No Part D Drug Coverage
Formulary Insulins	\$0	\$0	No Part D Drug Coverage

¹ You must qualify by having one or more of these chronic conditions:

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

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

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

2027 Benefit Highlights

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

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2027 Benefit Highlights

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

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Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. This information is not a complete description of benefits. Call 1-800-838-8271 (TTY: 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

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

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

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.



IMPERIAL HEALTH PLAN
O F C A L I F O R N I A

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

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