

2025

Enrollment Kit

Imperial Senior Value (HMO C-SNP) 005

Imperial Traditional (HMO) 007

Imperial Dual Plan (HMO D-SNP) 011

Imperial Dynamic Plan (HMO) 012

Imperial Giveback (HMO) 014

Imperial Courage Plan (HMO) 016



IMPERIAL HEALTH PLAN
OF CALIFORNIA



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Pre-Enrollment Kit Table of Contents**

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IMPERIAL HEALTH PLAN
OF CALIFORNIA

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

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

As your Medicare Health Plan of choice, we work collaboratively with our contracted medical groups, hospitals and physicians (primary and specialists) to coordinate all aspects of your patient care including inpatient hospitalization and specialty consultation care. We work with a vast number of healthcare providers to ensure you receive the care you need in a timely manner and within your community.

For 2025, you will have access to many supplemental benefits such as comprehensive dental care, vision, hearing, transportation, health club membership, Over the Counter (OTC) drugs and supplies, routine foot care and more. Once you compare your benefits, we hope you will see the advantage of choosing Imperial Health Plan.

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

Sincerely,

Paveljit S. Bindra, M.D. CEO

For 2025, we are pleased to offer Imperial Health Plan benefits and services in these fifty California counties:

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

Important Contact Numbers: #s

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

Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. 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. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).



Scope of Appointment Confirmation (SOA)

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

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

Medicare Advantage Plans (Part C & D)

Dental/Vision/Hearing Products

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

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

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

| Medicare Advantage Plans (Part C) |
|---|
| Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies). |
| Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions. |
| Dental/Vision/Hearing |
| Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare. |



**Scope of Appointment documentation is subject to CMS record retention requirements. Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. 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. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). 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. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).*



IMPERIAL HEALTH PLAN
OF CALIFORNIA

ELIGIBILITY:

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

The following are eligibility requirements for Imperial Health Plan:

| Imperial Plan(s) | Medicare A&B | Reside in Service Area | Conditions |
|---|-------------------------|---|---|
| Imperial Dynamic Plan (HMO) - 012 | Yes | Alameda, Amador, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, | N/A |
| Imperial Senior Value (HMO C-SNP) - 005 | Yes | Humboldt, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San | Cardiovascular Disorder, Chronic Heart Failure and/or Diabetes. Must also complete SNP assessment |
| Imperial Giveback (HMO) - 014 | Yes | Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, | N/A |
| Imperial Traditional (HMO) - 007 | Yes | San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, | N/A |
| Imperial Courage Plan (HMO) - 016 | Yes | Sonoma, Stanislaus, Tehama, Tulare, Tuolumne, Ventura, Yolo, Yuba | Part C ONLY |
| Imperial Dual Plan (HMO D-SNP) - 011 | Yes | Alameda, Contra Costa, Fresno, Kern, Kings, Madera, Merced, Placer, Sacramento, San Francisco, San Joaquin, Santa Barbara, Stanislaus, Tulare, Ventura, Yolo | Must have Medicare and Medicaid |

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

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2025

Summary of Benefits

Imperial Senior Value (HMO C-SNP) 005

Imperial Traditional (HMO) 007

Imperial Dual Plan (HMO D-SNP) 011

Imperial Dynamic Plan (HMO) 012

Imperial Giveback (HMO) 014

Imperial Courage Plan (HMO) 016



IMPERIAL HEALTH PLAN
OF CALIFORNIA

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 Dual Plan (HMO D-SNP), you must also have both Medicaid and Medicare.
- To join Imperial Senior Value (HMO C-SNP) you must also have been diagnosed with a cardiovascular disorder, chronic heart failure 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 five and 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, |
| Imperial Traditional (HMO) 007 | Mariposa, Mendocino, Merced, Modoc, Monterey, Mono, Napa, Nevada, Orange, Placer, Plumas, |
| Imperial Dynamic Plan (HMO) 012 | Riverside, Sacramento, Santa Barbara, San Bernardino, San Benito, Santa Clara, San Diego, San Francisco, San Joaquin, San Luis Obispo, San |
| Imperial Giveback (HMO) 014 | Mateo, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Tulare, Tuolumne, |
| Imperial Courage Plan (HMO) 016 | Ventura, Yolo, and Yuba |
| Imperial Dual Plan (HMO D-SNP) 011 | Alameda, Contra Costa, Fresno, Kern, Kings, Madera, Merced, Placer, San Francisco, San Joaquin, Santa Barbara, Sacramento, Stanislaus, Tulare, Ventura, Yolo |

Imperial Dynamic Plan (HMO) 012

| Premiums and Benefits | Imperial Dynamic Plan (HMO) |
|---|---|
| <p>Premiums How much do I need to pay monthly?</p> | <ul style="list-style-type: none"> • Part C Premium: You pay \$0 per month • Part D Premium: You pay \$0 per month • Imperial Dynamic Plan pays \$60 of your Part B Premium. You must continue to pay your Medicare Part B premium |
| <p>Deductible How much do I need to pay before the plan pays?</p> | <ul style="list-style-type: none"> • This plan does not have a deductible for Part C or D benefits |
| <p>Maximum Out-of-Pocket costs What's the limit on how much I will pay?</p> | <ul style="list-style-type: none"> • The most you will pay each year for Part C services in this plan is \$297 |
| <p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p> | <ul style="list-style-type: none"> • You pay \$0 per day for days 1 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60 |
| <p>Outpatient Hospital Coverage^{1,2}</p> | <ul style="list-style-type: none"> • You pay \$100 per visit |
| <p>Ambulatory Surgery Center^{1,2}</p> | <ul style="list-style-type: none"> • You pay \$100 for each Medicare-covered ambulatory surgical center visit |
| <p>Doctor visits How much do I pay to visit a primary care physician or specialist?</p> | <ul style="list-style-type: none"> • Primary care physician visit: You pay \$0 • Specialist visit^{1,2}: You pay \$0 • You have the option of getting certain services by telehealth using phone or video |
| <p>Preventive Care How much do I pay for Preventive Care?</p> | <ul style="list-style-type: none"> • You pay \$0 for glaucoma screening¹, diabetes self-management training¹, barium enemas¹, digital rectal exams and EKGs following a welcome visit |

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) |
|---|---|
| <p>Emergency Care How much do I pay for Emergency Care?</p> | <ul style="list-style-type: none"> 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 |
| <p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p> | <ul style="list-style-type: none"> You pay \$0 |
| <p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p> | <ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> Lab services Diagnostic tests Diagnostic radiology services (e.g., MRI) X-rays You pay 20% of the total cost for therapeutic radiology services |
| <p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p> | <ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> 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 |
| <p>Dental Services How much do I pay for dental services?</p> | <ul style="list-style-type: none"> Medicare-covered Dental services: You pay \$0 Preventive dental services: You pay \$0 for routine office visits. Office visits includes exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$4000 every year |
| <p>Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p> | <ul style="list-style-type: none"> You pay \$0 for Medicare-covered vision services You pay \$0 for routine eye exams You pay \$0 every year for either: <ul style="list-style-type: none"> One pair of eyeglasses (lenses and frames) One pair of contact lenses The plan covers up to \$500 every year for eyewear |

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) |
|---|---|
| <p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p> | <ul style="list-style-type: none"> • Inpatient stays: <ul style="list-style-type: none"> • You pay \$0 per day for days 1-90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60 • 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 |
| <p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p> | <p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • 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 |
| <p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p> | <ul style="list-style-type: none"> • You pay \$0 for: <ul style="list-style-type: none"> • Cardiac (heart) rehab services • Occupational therapy • Physical therapy • Speech and language therapy |
| <p>Ambulance¹ How much do I pay for Ambulance services?</p> | <ul style="list-style-type: none"> • 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 |
| <p>Transportation^{1,2} How much do I pay for Transportation services?</p> | <ul style="list-style-type: none"> • You pay \$0 for 100 one-way trips to plan approved locations |
| <p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p> | <ul style="list-style-type: none"> • You pay \$0 for Part B insulins • You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs |

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

| Part D Prescription Drugs | | Imperial Dynamic Plan (HMO) | |
|---|---|-------------------------------|--|
| Part D 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 \$2,000 | | |
| Deductible Stage | No deductible (Your coverage begins on the effective date of your enrollment) | | |
| Initial Coverage Stage | You pay the following costs until your yearly out-of-pocket drug costs reach \$2,000 | | |
| | | Retail 30 Day Supply | Mail Order 100 Day Supply |
| Tier 1 - Preferred Generic Drugs | | \$0.00 | \$0.00 |
| Tier 2 - Generic Drugs | | \$6.00 | \$5.00 |
| Tier 3 - Preferred Brand Drugs | | \$45.00/ Select Insulins: \$0 | \$90.00/ Select Insulins: \$0 |
| Tier 4 – Non-Preferred Drugs | | \$90.00/ Select Insulins: \$0 | \$180.00/ Select Insulins: \$0 |
| Tier 5 – Specialty Tier Drugs | | 33% | Mail order supply not available for Tier 5 |
| Catastrophic Coverage Stage | Once your yearly out-of-pocket drug costs reach \$2,000, you pay \$0 | | |

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) |
|--|--|
| Home-delivered Meals¹ | <ul style="list-style-type: none"> • There is \$0 copayment for up to 7 delivered meals following a surgery or hospital stay. • The plan covers up to \$105 per benefit period. |
| Home Health Services^{1,2} | <ul style="list-style-type: none"> • You pay \$10 for each home health visit |
| In-home Support Services | <ul style="list-style-type: none"> • You pay \$0 for up to 48 hours of in-home support services including help with transportation, grocery shopping, medication pickup, care reminders, light house help, and light exercise. |
| Medical Equipment / Supplies¹ | <ul style="list-style-type: none"> • 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 |
| Outpatient Substance Abuse^{1,2} | <ul style="list-style-type: none"> • You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting |
| Over-the-Counter (OTC) Drugs and Supplies | <ul style="list-style-type: none"> • \$140 allowance every three months through our OTC mail order catalog • Cash, checks, credit cards or money orders are not accepted under this OTC benefit • No roll over |
| Routine Foot Care^{1,2} | <ul style="list-style-type: none"> • You pay \$0 for 6 routine foot care visits per calendar year |
| Wellness Programs | <ul style="list-style-type: none"> • You pay \$0 for up to one home fitness kit per year through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). |
| Worldwide Coverage | <ul style="list-style-type: none"> • Reimbursement up to \$100,000 for qualifying expenses with \$0 copay • Urgently needed or Emergency services only |

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

Imperial Senior Value (HMO C-SNP) 005

| Premiums and Benefits | Imperial Senior Value (HMO C-SNP) |
|---|--|
| <p>Premiums How much do I need to pay monthly?</p> | <ul style="list-style-type: none"> Part C and D Premiums: You pay \$0 per month Imperial Senior Value (HMO C-SNP) pays \$50 of your Part B Premium. You must continue to pay your Medicare Part B premium |
| <p>Deductible How much do I need to pay before the plan pays?</p> | <ul style="list-style-type: none"> This plan does not have a deductible |
| <p>Maximum Out-of-Pocket costs What's the limit on how much I will pay?</p> | <ul style="list-style-type: none"> The most you will pay each year for Part C services in this plan is \$297 |
| <p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p> | <ul style="list-style-type: none"> You pay \$0 per day for days 1 - 90 Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60 |
| <p>Outpatient Hospital Coverage^{1,2}</p> | <ul style="list-style-type: none"> You pay \$100 for outpatient hospital services |
| <p>Ambulatory Surgery Center^{1,2}</p> | <ul style="list-style-type: none"> You pay \$100 for each Medicare-covered ambulatory surgical center visit |
| <p>Doctor visits How much do I pay to visit a primary care physician or specialist?</p> | <ul style="list-style-type: none"> Primary care physician visit: You pay \$0 Specialist visit^{1,2}: You pay \$0 You have the option of getting certain services by telehealth using phone or video |
| <p>Preventive Care¹ How much do I pay for Preventive Care?</p> | <ul style="list-style-type: none"> You pay \$0 for glaucoma screening¹, diabetes self-management training¹, barium enemas¹, digital rectal exams and EKGs following a welcome 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) |
|---|---|
| <p>Emergency Care How much do I pay for Emergency Care?</p> | <ul style="list-style-type: none"> 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 |
| <p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p> | <ul style="list-style-type: none"> You pay \$0 |
| <p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p> | <ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> Blood sugar/A1C tests Lipid panels Diagnostic radiology services (e.g., MRI, CT) Outpatient x-rays Lab services Diagnostic tests Therapeutic radiology services: You pay 20% |
| <p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p> | <ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> Covered diagnostic and routine exams The plan covers up to \$250 Hearing aids: You pay \$0. The plan covers up to \$500 per calendar year |
| <p>Dental Services How much do I pay for dental services?</p> | <ul style="list-style-type: none"> Medicare-covered dental services: You pay \$0 Preventive dental services: You pay \$0 for routine office visits. Office visits includes exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$3000 per year |
| <p>Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p> | <ul style="list-style-type: none"> You pay \$0 for Medicare-covered vision services You pay \$0 for routine eye exams You pay \$0 every year for either: <ul style="list-style-type: none"> One pair of eyeglasses (lenses and frames) One pair of contact lenses The plan covers up to \$500 per year for eyewear |

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) |
|--|---|
| <p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p> | <ul style="list-style-type: none"> • Inpatient Visit: <ul style="list-style-type: none"> • You pay \$0 for days 1 – 90 • 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 |
| <p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p> | <p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • 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 |
| <p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p> | <ul style="list-style-type: none"> • Cardiac (heart) rehab services: You pay \$0 • Occupational therapy visit: You pay \$0 • Physical therapy and speech and language therapy visit: You pay \$0 |
| <p>Ambulance¹ How much do I pay for Ambulance services?</p> | <ul style="list-style-type: none"> • 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 |
| <p>Transportation^{1,2} How much do I pay for Transportation services?</p> | <ul style="list-style-type: none"> • You pay \$0 for 100 one-way trips to plan approved locations |
| <p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p> | <ul style="list-style-type: none"> • You pay \$0 for Part B insulins • You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs |

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 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 \$2,000 | | |
| Deductible Stage | No deductible (Your coverage begins on the effective date of your enrollment) | | |
| Initial Coverage Stage | You pay the following costs until your yearly out-of-pocket drug costs reach \$2,000 | | |
| | | Retail 30 Day Supply | Mail Order 100 Day Supply |
| Tier 1 - Preferred Generic Drugs | \$0.00 | \$0.00 | \$0.00 |
| Tier 2 - Generic Drugs | \$6.00 | \$5.00 | \$5.00 |
| Tier 3 - Preferred Brand Drugs | \$45.00/ Select Insulins: \$0 | \$90.00/ Select Insulins: \$0 | \$90.00/ Select Insulins: \$0 |
| Tier 4 – Non-Preferred Drugs | \$90.00/ Select Insulins: \$0 | \$180.00/ Select Insulins: \$0 | \$180.00/ Select Insulins: \$0 |
| Tier 5 – Specialty Tier Drugs | 33% | Mail order supply not available for Tier 5 | |
| Tier 6 – Select Care Drugs | \$3.00 | \$0 | \$0 |
| Catastrophic Coverage Stage | Once your yearly out-of-pocket drug costs reach \$2,000, you pay \$0 | | |

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) |
|--|--|
| Home-delivered Meals¹ | <ul style="list-style-type: none"> • There is \$0 copayment for up to 7 delivered meals following a surgery or hospital stay. • The plan covers up to \$105 per benefit period. |
| Home Health Services^{1,2} | <ul style="list-style-type: none"> • You pay \$10 for each home health visit |
| In-home Support Services | <ul style="list-style-type: none"> • You pay \$0 for up to 48 hours of in-home support services including help with transportation, grocery shopping, medication pickup, care reminders, light house help, and light exercise. |
| Medical Equipment / Supplies¹ | <ul style="list-style-type: none"> • 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 |
| Outpatient Substance Abuse^{1,2} | <ul style="list-style-type: none"> • You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting |
| Over-the-Counter (OTC) Drugs and Supplies | <ul style="list-style-type: none"> • \$130 allowance every three months through our OTC mail order catalog • Cash, checks, credit cards or money orders are not accepted under this OTC benefit • No roll over |
| Routine Foot Care^{1,2} | <ul style="list-style-type: none"> • You pay \$0 for 6 routine foot care visits per calendar year |
| Wellness Programs | <ul style="list-style-type: none"> • You pay \$0 for up to one home fitness kit per year through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). |
| Worldwide Coverage | <ul style="list-style-type: none"> • Reimbursement up to \$100,000 for qualifying expenses with \$0 copay • Urgently needed or Emergency services only |

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

Imperial Giveback (HMO) 014

| Premiums and Benefits | Imperial Giveback (HMO) |
|--|--|
| <p>Premiums How much do I need to pay monthly?</p> | <ul style="list-style-type: none"> • Part C Premium: You pay \$0 per month • Part D Premium: You pay \$0 per month • Imperial Giveback pays \$100 of your Part B Premium. You must continue to pay your share of the Medicare Part B premium |
| <p>Deductible How much do I need to pay before the plan pays?</p> | <ul style="list-style-type: none"> • In 2024, the deductible for this plan was \$240. This amount may change for 2025. Imperial Giveback will notify you when Medicare releases the Part B deductible amount for 2025 • Part D Deductible: You pay \$590 |
| <p>Maximum Out-of-Pocket costs What’s the limit on how much I will pay?</p> | <ul style="list-style-type: none"> • The most you will pay each year for Part C services in this plan is \$9,350 |
| <p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p> | <ul style="list-style-type: none"> • You pay \$0 per day for days 1 - 60 • You pay \$408 per day for days 61 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$816 per day for days 1 – 60 • These are the amounts for 2024 and may change in 2025. The plan will let you know once Medicare announces these amounts |
| <p>Outpatient Hospital Coverage^{1,2}</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost |
| <p>Ambulatory Surgery Center^{1,2}</p> | <ul style="list-style-type: none"> • You pay 20% for each Medicare-covered visit |
| <p>Doctor visits How much do I pay to visit a primary care physician or specialist^{1,2}?</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost • You have the option of getting certain services by telehealth using phone or video |
| <p>Preventive Care¹ How much do I pay for Preventive Care?</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost for glaucoma screening, diabetes self-management training, barium enemas, digital rectal exams and EKGs following a welcome visit • You pay \$0 for other covered preventive services |

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

| Premiums and Benefits | Imperial Giveback (HMO) |
|---|--|
| <p>Emergency Care How much do I pay for Emergency Care?</p> | <ul style="list-style-type: none"> You pay 20% of the total cost up to \$110 If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for emergency care |
| <p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p> | <ul style="list-style-type: none"> You pay 20% of the total cost up to \$45 If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for urgent care |
| <p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p> | <ul style="list-style-type: none"> You pay 20% of the total cost for: <ul style="list-style-type: none"> Diagnostic tests Diagnostic radiology services (e.g., MRI) Lab services Therapeutic radiology services X-rays |
| <p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p> | <ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> 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 |
| <p>Dental Services How much do I pay for dental services?</p> | <ul style="list-style-type: none"> Medicare-covered Dental services: You pay \$0 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 restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$2000 every year |
| <p>Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p> | <ul style="list-style-type: none"> You pay 20% of the total cost for Medicare-covered vision services You pay \$0 for routine eye exams You pay \$0 each year for either: <ul style="list-style-type: none"> One pair of eyeglasses (lenses and frames) One pair of contact lenses. The plan covers up to \$240 every year |

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

| Premiums and Benefits | Imperial Giveback (HMO) |
|--|--|
| <p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p> | <ul style="list-style-type: none"> • Inpatient Visit: <ul style="list-style-type: none"> • You pay \$0 per day for days 1- 60 • You pay \$408 per day for days 61 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$816 per day for days 1 – 60 • These are the amounts for 2024 and may change in 2025. The plan will let you know once Medicare announces these amounts • Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit |
| <p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p> | <p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • You pay \$0 per for days 1 – 20 • You pay \$204 per day for days 21 – 100 • You pay 100% of the cost for days 101 and beyond • These are the amounts for 2024 and may change in 2025. The plan will let you know once Medicare announces these amounts |
| <p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost for: <ul style="list-style-type: none"> • Cardiac (heart) rehab services • Occupational therapy visit • Physical therapy • Speech and language therapy |
| <p>Ambulance¹ How much do I pay for Ambulance services?</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost for each trip by ground or air • Prior authorization required for non-emergency trips |
| <p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p> | <ul style="list-style-type: none"> • You pay \$0 for Part B insulins • You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs |

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

| Part D Prescription Drugs | | Imperial Giveback (HMO) | |
|---|---|-----------------------------|----------------------------------|
| Part D 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 \$2,000 | | |
| Deductible Stage | You pay \$590 for your drugs before the plan begins to pay its share | | |
| Initial Coverage Stage | You pay the following costs until your yearly out-of-pocket drug costs reach \$2,000 | | |
| | | Retail 30 Day Supply | Mail Order 100 Day Supply |
| All Generic, Brand and Specialty Drugs | 25% | 25% | |
| Catastrophic Coverage Stage | Once your yearly out-of-pocket drug costs reach \$2,000, you pay \$0 | | |

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, even if you haven't paid your deductible.

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

| Supplemental Benefits | Imperial Giveback (HMO) |
|--|--|
| Home Health Services^{1,2} | <ul style="list-style-type: none"> You pay \$0 for Home Health Services |
| In-home Support Services | <ul style="list-style-type: none"> You pay \$0 for up to 48 hours of in-home support services including help with transportation, grocery shopping, medication pickup, care reminders, light house help, and light exercise. |
| Medical Equipment / Supplies¹ | <ul style="list-style-type: none"> 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% of the total cost for diabetic monitoring supplies¹ |
| Outpatient Substance Abuse^{1,2} | <ul style="list-style-type: none"> You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting |
| Over-the-Counter (OTC) Drugs and Supplies | <ul style="list-style-type: none"> \$75 allowance every three months through our OTC mail order catalog Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over |

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

Imperial Traditional (HMO) 007

| Premiums and Benefits | Imperial Traditional (HMO) |
|---|---|
| <p>Premiums How much do I need to pay monthly?</p> | <ul style="list-style-type: none"> • Part C Premium: You pay \$0 • Part D Premium: You pay \$0 per month • You must continue to pay your Medicare Part B premium. |
| <p>Deductible How much do I need to pay before the plan pays?</p> | <ul style="list-style-type: none"> • This plan does not have a deductible |
| <p>Maximum Out-of-Pocket costs What's the limit on how much I will pay?</p> | <ul style="list-style-type: none"> • The most you will pay each year for Part C services in this plan is \$1,499 |
| <p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p> | <ul style="list-style-type: none"> • You pay \$0 per day for days 1 – 3 • You pay \$150 for days 4 – 5 • You pay \$0 for days 6 – 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60 |
| <p>Outpatient Hospital Coverage^{1,2}</p> | <ul style="list-style-type: none"> • You pay \$100 per visit |
| <p>Ambulatory Surgery Center^{1,2}</p> | <ul style="list-style-type: none"> • You pay \$100 for each Medicare-covered ambulatory surgical center visit |
| <p>Doctor visits How much do I pay to visit a primary care physician or specialist?</p> | <ul style="list-style-type: none"> • Primary care physician visit: You pay \$0 • Specialist visit^{1,2}: You pay \$0 • You have the option of getting certain services by telehealth using phone or video |
| <p>Preventive Care How much do I pay for Preventive Care?</p> | <ul style="list-style-type: none"> • You pay \$0 for glaucoma screening¹, diabetes self-management training¹, barium enemas¹, digital rectal exams and EKGs following a welcome visit |
| <p>Emergency Care How much do I pay for Emergency Care?</p> | <ul style="list-style-type: none"> • You pay \$125 • If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care |

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

| Premiums and Benefits | Imperial Traditional (HMO) |
|---|--|
| <p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p> | <ul style="list-style-type: none"> You pay \$0 |
| <p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p> | <ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> Blood sugar/A1C tests Lipid panels Diagnostic radiology services (e.g., MRI, CT) Outpatient x-rays Lab services Diagnostic tests Therapeutic radiology services: You pay 20% |
| <p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p> | <ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> 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 |
| <p>Dental Services How much do I pay for dental services?</p> | <ul style="list-style-type: none"> Medicare-covered Dental services: You pay \$0 Preventive dental services: You pay \$0 for routine office visits. Office visits includes exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year You pay \$0 for restorative services; prosthodontics, other oral/maxillofacial surgery, other services. Your plan covers up to \$3000 every year |
| <p>Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p> | <ul style="list-style-type: none"> You pay \$0 for Medicare-covered vision services You pay \$0 for routine eye exams You pay \$0 per year for either: <ul style="list-style-type: none"> One pair of eyeglasses (lenses and frames) One pair of contact lenses The plan covers up to \$500 per year for eyewear |

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

| Premiums and Benefits | Imperial Traditional (HMO) |
|--|---|
| <p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p> | <ul style="list-style-type: none"> • Inpatient Visit: <ul style="list-style-type: none"> • Medicare covers the first 2 days of your stay • After that, you pay \$0 per day for days 1-3 • You pay \$150 per day for days 4 – 5 • You pay \$0 per day for days 6 – 90 • We provide a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60 • 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 |
| <p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p> | <p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • 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 |
| <p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p> | <ul style="list-style-type: none"> • 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 |
| <p>Ambulance¹ How much do I pay for Ambulance services?</p> | <ul style="list-style-type: none"> • 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 |
| <p>Transportation^{1,2} How much do I pay for Transportation services?</p> | <ul style="list-style-type: none"> • You pay \$0 for 100 one-way trips to plan approved locations |
| <p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p> | <ul style="list-style-type: none"> • You pay \$0 for Part B insulins • You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs |

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

| Part D Prescription Drugs | | Imperial Traditional (HMO) | |
|--|---|-------------------------------|--|
| Part D Premium | You pay \$0 per month | | |
| Out-of-Pocket Threshold What's the limit on how much I will pay? | Your yearly limit for Part D in this plan is \$2,000 | | |
| Deductible Stage | No deductible (Your coverage begins on the effective date of your enrollment) | | |
| Initial Coverage Stage | You pay the following costs until your yearly out-of-pocket drug costs reach \$2,000 | | |
| | | Retail 30 Day Supply | Mail Order 100 Day Supply |
| Tier 1 - Preferred Generic Drugs | | \$0.00 | \$0.00 |
| Tier 2 - Generic Drugs | | \$10.00 | \$10.00 |
| Tier 3 - Preferred Brand Drugs | | \$45.00/ Select Insulins: \$0 | \$90.00/ Select Insulins: \$0 |
| Tier 4 – Non-Preferred Drugs | | \$90.00/ Select Insulins: \$0 | \$180.00/ Select Insulins: \$0 |
| Tier 5 – Specialty Tier Drugs | | 33% | Mail order supply not available for Tier 5 |
| Catastrophic Coverage Stage | Once your yearly out-of-pocket drug costs reach \$2,000, you pay \$0 | | |

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 Traditional (HMO) |
|---|--|
| Home-delivered Meals¹ | <ul style="list-style-type: none"> • There is \$0 copayment for up to 7 delivered meals following a surgery or hospital stay. • The plan covers up to \$105 per benefit period. |
| Home Health Services^{1,2} | <ul style="list-style-type: none"> • You pay \$10 for each home health visit |
| In-home Support Services | <ul style="list-style-type: none"> • You pay \$0 for up to 48 hours of in-home support services including help with transportation, grocery shopping, medication pickup, care reminders, light house help, and light exercise. |
| Medical Equipment / Supplies¹ | <ul style="list-style-type: none"> • 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 |
| Outpatient Substance Abuse^{1,2} | <ul style="list-style-type: none"> • You pay 20% of the total cost for each session in an individual or group setting |
| Over-the-Counter (OTC) Drugs and Supplies | <ul style="list-style-type: none"> • \$95 allowance every three months through our OTC mail order catalog • Cash, checks, credit cards or money orders are not accepted under this OTC benefit • No roll over |
| Routine Foot Care^{1,2} | <ul style="list-style-type: none"> • You pay \$0 for 6 routine foot care visits per calendar year |
| Wellness Programs | <ul style="list-style-type: none"> • You pay \$0 for up to one home fitness kit per year through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). |
| Worldwide Coverage How much is my Worldwide Coverage reimbursement? | <ul style="list-style-type: none"> • Reimbursement up to \$100,000 for qualifying expenses with \$20 copay for urgent care and \$0 copay for emergency care • Urgently needed or Emergency services only |

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

Imperial Courage Plan (HMO) 016

| Premiums and Benefits | Imperial Courage Plan (HMO) |
|---|--|
| <p>Premiums How much do I need to pay monthly?</p> | <ul style="list-style-type: none"> • Part C Premium: You pay \$0 per month • Imperial Courage Plan pays \$75 of your Part B Premium. You must continue to pay your share of the Medicare Part B premium |
| <p>Deductible How much do I need to pay before the plan pays?</p> | <ul style="list-style-type: none"> • This plan does not have a deductible |
| <p>Maximum Out-of-Pocket costs What's the limit on how much I will pay?</p> | <ul style="list-style-type: none"> • The most you will pay each year for Part C services in this plan is \$2,999 |
| <p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p> | <ul style="list-style-type: none"> • Medicare covers the first 2 days of your stay • After that, you pay \$150 per day for days 1 - 5 • You pay \$0 per day for days 6 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60 |
| <p>Outpatient Hospital Coverage^{1,2}</p> | <ul style="list-style-type: none"> • You pay \$200 per stay |
| <p>Ambulatory Surgery Center^{1,2}</p> | <ul style="list-style-type: none"> • You pay \$200 for each Medicare-covered visit |
| <p>Doctor visits How much do I pay to visit a primary care physician or specialist?</p> | <ul style="list-style-type: none"> • Primary care physician visit: You pay \$0 • Specialist visit^{1,2}: You pay \$5 • You have the option of getting certain services by telehealth using phone or video |
| <p>Preventive Care How much do I pay for Preventive Care?</p> | <ul style="list-style-type: none"> • You pay \$0 for glaucoma screening¹, diabetes self-management training¹, barium enemas¹, digital rectal exams and EKGs following a welcome visit |
| <p>Emergency Care How much do I pay for Emergency Care?</p> | <ul style="list-style-type: none"> • 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 |

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) |
|---|---|
| <p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p> | <ul style="list-style-type: none"> You pay \$0 per visit |
| <p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p> | <ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> Blood sugar/A1C tests Lipid panels Diagnostic radiology services (e.g., MRI, CT) Outpatient x-rays Lab services Diagnostic tests Therapeutic radiology services: You pay 20% |
| <p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p> | <ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> 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 |
| <p>Dental Services How much do I pay for dental services?</p> | <ul style="list-style-type: none"> Medicare-covered Dental services: You pay \$0 Preventive dental services: You pay \$0 for routine office visits. Office visits includes exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$1500 every year |
| <p>Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p> | <ul style="list-style-type: none"> You pay \$0 for Medicare-covered vision services You pay \$0 for routine eye exams You pay \$0 per year for either: <ul style="list-style-type: none"> One pair of eyeglasses (lenses and frames) One pair of contact lenses The plan covers up to \$250 per year for eyewear |

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) |
|--|--|
| <p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p> | <ul style="list-style-type: none"> • Inpatient Visit: <ul style="list-style-type: none"> • Medicare covers the first 2 days of your stay • After that, you pay \$150 per day for days 1-5 • You pay \$0 per day for days 6 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60 • 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 |
| <p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p> | <p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • You pay \$0 per day for days 1 – 20 • You pay \$200 per day for days 21 – 100 |
| <p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p> | <ul style="list-style-type: none"> • 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 |
| <p>Ambulance¹ How much do I pay for Ambulance services?</p> | <ul style="list-style-type: none"> • 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 |
| <p>Transportation^{1,2} How much do I pay for Transportation services?</p> | <ul style="list-style-type: none"> • You pay \$0 for 100 one-way trips to plan approved locations |
| <p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p> | <ul style="list-style-type: none"> • You pay \$0 for Part B insulins • You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs |

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) |
|--|--|
| Home-delivered Meals¹ | <ul style="list-style-type: none"> • There is \$0 copayment for up to 7 delivered meals following a surgery or hospital stay. • The plan covers up to \$105 per benefit period. |
| Home Health Services^{1,2} | <ul style="list-style-type: none"> • You pay \$10 for each home health visit |
| Medical Equipment / Supplies¹ | <ul style="list-style-type: none"> • 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 |
| Outpatient Substance Abuse^{1,2} | <ul style="list-style-type: none"> • You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting |
| Over-the-Counter (OTC) Drugs and Supplies | <ul style="list-style-type: none"> • \$75 allowance every three months through our OTC mail order catalog • Cash, checks, credit cards or money orders are not accepted under this OTC benefit • No roll over |
| Routine Foot Care^{1,2} | <ul style="list-style-type: none"> • You pay \$0 for 6 routine foot care visits per calendar year |
| Wellness Programs | <ul style="list-style-type: none"> • You pay \$0 for up to one home fitness kit per year through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). |
| Worldwide Coverage How much is my reimbursement? | <ul style="list-style-type: none"> • Reimbursement 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 |

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

| Imperial Dual Plan (HMO D-SNP) 011 | |
|--|--|
| Premiums and Benefits | Imperial Dual Plan (HMO D-SNP) |
| <p>Premiums How much do I need to pay monthly?</p> | <ul style="list-style-type: none"> • Part C Premium: You pay \$0 per month • Part D Premium: You pay \$29.70 per month • You must continue to pay your Medicare Part B premium |
| <p>Deductible How much do I need to pay before the plan pays?</p> | <ul style="list-style-type: none"> • In 2024, the deductible for this plan was \$240. This amount may change for 2025. Imperial Dual Plan will notify you when Medicare releases the Part B deductible amount for 2025 • Part D Deductible: You pay \$590 |
| <p>Maximum Out-of-Pocket costs What's the limit on how much I will pay?</p> | <ul style="list-style-type: none"> • The most you will pay each year for Part C services in this plan is \$2,999 |
| <p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p> | <ul style="list-style-type: none"> • You pay \$0 per day for days 1 - 60 • You pay \$408 per day for days 61 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$816 per day for days 1 – 60 • These are the amounts for 2024 and may change in 2025. The plan will let you know once Medicare announces these amounts |
| <p>Outpatient Hospital Coverage^{1,2}</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost |
| <p>Ambulatory Surgery Center^{1,2}</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost for each Medicare-covered ambulatory surgical center visit |
| <p>Doctor visits How much do I pay to visit a primary care physician or specialist^{1,2}?</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost • You have the option of getting certain services by telehealth using phone or video |
| <p>Preventive Care¹ How much do I pay for Preventive Care?</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost for glaucoma screening, diabetes self-management training, barium enemas, digital rectal exams and EKGs following a welcome visit • You pay \$0 for other covered preventive services |

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

| Premiums and Benefits | Imperial Dual Plan (HMO D-SNP) |
|---|---|
| <p>Emergency Care How much do I pay for Emergency Care?</p> | <ul style="list-style-type: none"> You pay 20% of the total cost up to \$140 If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for emergency care |
| <p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p> | <ul style="list-style-type: none"> You pay 20% of the total cost up to \$65 If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for emergency care |
| <p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p> | <ul style="list-style-type: none"> You pay 20% of the total cost for: <ul style="list-style-type: none"> Lab services Diagnostic tests Diagnostic radiology services (e.g., MRI) Therapeutic radiology services X-rays |
| <p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p> | <ul style="list-style-type: none"> You pay \$0 for covered diagnostic and routine exams Hearing aid allowance: You pay \$0. The plan covers up to \$2,500 per calendar year |
| <p>Dental Services How much do I pay for dental services?</p> | <ul style="list-style-type: none"> Medicare-covered Dental services: You pay \$0 Preventive dental services: You pay \$0 for routine office visits. Office visits includes exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$1500 every year |
| <p>Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p> | <ul style="list-style-type: none"> You pay 20% of the total cost for Medicare-covered vision services You pay \$0 for routine eye exams You pay \$0 each year for either: <ul style="list-style-type: none"> One pair of eyeglasses (lenses and frames) One pair of contact lenses. The plan covers up to \$500 every year for eyewear |

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

| Premiums and Benefits | Imperial Dual Plan (HMO D-SNP) |
|--|--|
| <p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p> | <ul style="list-style-type: none"> • Inpatient Visit: <ul style="list-style-type: none"> • You pay \$0 per day for days 1- 60 • You pay \$408 per day for days 61 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$816 per day for days 1 – 60 • These are the amounts for 2024 and may change in 2025. The plan will let you know once Medicare announces these amounts • Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit |
| <p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p> | <p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • You pay \$0 per for days 1 – 20 • You pay \$204 per day for days 21 – 100 • You pay 100% of the cost for days 101 and beyond • These are the amounts for 2024 and may change in 2025. The plan will let you know once Medicare announces these amounts |
| <p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost for: <ul style="list-style-type: none"> • Cardiac (heart) rehab services • Occupational therapy visit • Physical therapy • Speech and language therapy |
| <p>Ambulance¹ How much do I pay for Ambulance services?</p> | <ul style="list-style-type: none"> • You pay 20% of the total cost for each trip by ground or air • Prior authorization required for non-emergency trips |
| <p>Transportation^{1,2} How much do I pay for Transportation services?</p> | <ul style="list-style-type: none"> • You pay \$0 for 100 one-way trips to plan approved locations |
| <p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p> | <ul style="list-style-type: none"> • You pay \$0 for Part B insulins • You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs |

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

| Part D Prescription Drugs | | Imperial Dual Plan (HMO D-SNP) | |
|---|---|--|----------------------------------|
| Part D Premium | You pay \$29.70 | | |
| 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 \$2,000 | | |
| Deductible Stage | You pay \$590 for your tier 3-5 drugs before the plan begins to pay its share | | |
| Initial Coverage Stage | You pay the following costs until your yearly out-of-pocket drug costs reach \$2,000 | | |
| | | Retail 30 Day Supply | Mail Order 100 Day Supply |
| Tier 1 - Preferred Generic Drugs | \$0 | 0% | |
| Tier 2 - Generic Drugs | \$0 | 0% | |
| Tier 3 - Preferred Brand Drugs | 25%/ Select Insulins: \$0 | 25%/ Select Insulins: \$0 | |
| Tier 4 – Non-Preferred Drugs | 25%/ Select Insulins: \$0 | 25%/ Select Insulins: \$0 | |
| Tier 5 – Specialty Tier Drugs | 25% | Mail order supply not available for Tier 5 | |
| Catastrophic Coverage Stage | Once your yearly out-of-pocket drug costs reach \$2,000, you pay \$0 | | |

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, even if you haven't paid your deductible.

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

| Supplemental Benefits | Imperial Dual Plan (HMO D-SNP) |
|--|---|
| Food and Produce Allowance | <ul style="list-style-type: none"> You receive a \$460 allowance every 3 months on a prepaid card from Imperial To qualify you must have one of the following conditions: Chronic alcohol or other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; or Stroke |
| Home-delivered Meals¹ | <ul style="list-style-type: none"> There is \$0 copayment for up to 7 delivered meals following a surgery or hospital stay. The plan covers up to \$105 per benefit period. |
| Home Health Services^{1,2} | <ul style="list-style-type: none"> You pay \$0 for Home Health Services |
| In-home Support Services | <ul style="list-style-type: none"> You pay \$0 for up to 60 hours of in-home support services including help with transportation, grocery shopping, medication pickup, care reminders, light house help, and light exercise. |
| Medical Equipment / Supplies¹ | <ul style="list-style-type: none"> 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% of the total cost for diabetic monitoring supplies¹ |
| Outpatient Substance Abuse^{1,2} | <ul style="list-style-type: none"> You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting |
| Over-the-Counter (OTC) Drugs and Supplies | <ul style="list-style-type: none"> \$140 allowance every three months through our OTC mail order catalog Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over |

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

| Supplemental Benefits | Imperial Dual Plan (HMO D-SNP) |
|---|--|
| Personal Emergency Response Device | <ul style="list-style-type: none"> You pay \$0 for 1 device per year |
| Routine Foot Care^{1,2} | <ul style="list-style-type: none"> You pay \$0 for 6 routine foot care visits per calendar year |
| Wellness Programs | <ul style="list-style-type: none"> You pay \$0 for up to one home fitness kit per year through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). |
| Worldwide Coverage How much is my Worldwide Coverage reimbursement? | <ul style="list-style-type: none"> Reimbursement up to \$100,000 for qualifying expenses with \$0 copay Urgently needed or Emergency services only |

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

2025 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.

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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).



IMPERIAL HEALTH PLAN
OF CALIFORNIA

How to Enroll and What Happens After Enrollment

Enrollment into one of Imperial Health Plan of California, Inc. (HMO) (HMO SNP) MAPD plans is easy. Please use one of the enrollment methods below:

- 1. Phone** Call us at 1-800-838-5914 and we will complete the application with you over the phone
- 2. On-Line** View www.imperialhealthplan.com or www.Medicare.gov for on-line enrollment options
- 3. Fax** Complete the enrollment application and fax it to 1-626-380-9066
- 4. Email** Complete the enrollment application and email it to enrollmentunit@imperialhealthplan.com
- 5. Mail** Complete the enrollment application and mail it:
Imperial Health Plan of California
Attention: Membership Department
PO Box 60874
Pasadena, CA 91106

What Happens After Enrollment Application Is Completed?

After you have completed and submitted the enrollment application for Imperial, what happens next?

- 1. Enrollment Confirmation:** We will confirm your enrollment based on enrollment criteria
- 2. Acknowledgement/Confirmation Letter, Evidence of Coverage (EOC), Member ID Card, Provider/Pharmacy Directory & Drug Formulary:** When enrollment is confirmed we will send you an Acknowledgement/Confirmation letter that confirms your enrollment. This letter will contain the plan you selected and your Member ID number. If, for any reason, your application is not accepted, we will notify you, including the reason(s) why. The EOC will include your plan Member ID Card, Provider/Pharmacy Directory and Drug Formulary. These books have all the information needed to use your plan benefits. Please keep your Member ID Card with you at all times. Your Member ID Card is used for all medical services including physician visits, hospital stays, emergencies and pharmacy.
- 3. Phone Call:** An Imperial Representative will call you within 7 to 10 business days of your confirmed enrollment. The Imperial Representative will inform you that you can start receiving services and will be happy to help set up your first Primary Care Physician (PCP) visit and answer any additional questions you may have.



Imperial Health Plan (HMO) (HMO SNP) Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Service representative at 1- 800-838-8271 (TTY users should call 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.imperialhealthplan.com or call 1-800-838-8271 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.



Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP)
- I recently moved outside of the service area for my current plan or I recently moved, and this plan is a new option for me. I moved on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.
- I recently left a PACE program on (insert date) _____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- I am leaving employer or union coverage on (insert date) _____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact Imperial Health Plan of California (HMO) (HMO SNP) at 1-800-838-5914, TTY:711, to see if you are eligible to enroll. We are open October 1 - March 31: Monday - Sunday from 8:00 am PST. - 8:00 pm PST and April 1 - September 30: Monday - Friday from 8:00 am PST. - 8:00 pm PST. except holidays.



ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (Part C)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Imperial Health Plan of California (HMO) (HMO SNP)

Attention: Enrollment
PO Box 60874
Pasadena, CA 91116

Email: Enrollmentunit@imperialhealthplan.com

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

How do I get help with this form?

Call Imperial Health Plan at 1-800-838-5197. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Imperial Health Plan al 1-800-838-5197/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

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

IMPORTANT

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

Section 1–All fields on this page are required (unless marked optional)

Select the plan you want to join:

- Imperial Dynamic Plan (HMO) 012 – \$0 Part C/D
- Imperial Senior Value (HMO C-SNP) 005 – \$0 Part C/D
- Imperial Giveback (HMO) 014 – \$0 Part C/D
- Imperial Traditional (HMO) 007 – \$0 Part C/D
- Imperial Courage Plan (HMO MA-only) 016 – \$0 Part C Only



FIRST name: _____ LAST name: _____ Optional: Middle Initial: _____

| | | |
|---|---|-------------------------|
| Birth date: (MM/DD/YYYY) (__ __/__ __/____ __) | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Phone number: () |
|---|---|-------------------------|

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

| | | | |
|-------|-------------------|--------|-----------|
| City: | Optional: County: | State: | ZIP Code: |
|-------|-------------------|--------|-----------|

Mailing address, if different from your permanent address (PO Box allowed):

| | | | |
|-----------------|-------|--------|-----------|
| Street address: | City: | State: | ZIP Code: |
|-----------------|-------|--------|-----------|

Your Medicare information:

Medicare Number: ____ - ____ - ____

Answer these important questions:

Will you have other prescription drug coverage (like VA,TRICARE) in addition to Imperial Health Plan?
 Yes No

| | | |
|----------------------------------|---|---|
| Name of other coverage: _____ | Member number for this coverage: _____ | Group number for this coverage _____ |
|----------------------------------|---|---|

Do you have Cardiovascular Disorder, Chronic Heart Failure and/or Diabetes? Yes No

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Imperial Health Plan.
- By joining this Medicare Advantage, I acknowledge that Imperial Health Plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Imperial Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Imperial Health Plan. Benefits and services provided by Imperial Health Plan and contained in my Imperial Health Plan “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Imperial Health Plan will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

| | |
|--|---------------------------|
| Signature: | Today’s date: |
| If you’re the authorized representative, sign above and fill out these fields: | |
| Name: | Address: |
| Phone number: | Relationship to enrollee: |

Section 2 – All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

Spanish Other: _____

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

Braille Large print Audio CD Data CD

Please contact Imperial Health Plan at 1-800-838-8271 if you need information in an accessible format other than what's listed above. Our office hours are October 1–March 31: Monday–Sunday from 8:00 am –8:00 pm and April 1–September 30: Monday–Friday from 8:00 am –8:00 pm, except holidays. TTY users can call 711.

Do you work? Yes No Does your spouse work? Yes No

List your Primary Care Physician (PCP), clinic, or health center:

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

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

E-mail address: _____

PAYING YOUR PLAN PREMIUMS

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

For individuals helping enrollee with completing this form only

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

Name:

Relationship to enrollee:

Signature:

National Producer Number (Agents/Brokers only):

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Imperial Health Plan of California (HMO SNP) Pre-Enrollment Qualification Assessment Tool

This form must be submitted with the enrollment application for Imperial Health Plan of California (IHP) (HMO SNP) Senior Value plan 005.

| Applicant to Complete | | |
|---|------|---------------|
| First Name: | MI: | Last Name: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB: | Phone Number: |

Address:

City: _____ State: _____ Zip: _____

| Clinical Qualifying Questions |
|-------------------------------|
|-------------------------------|

If you have any of the following, you may be eligible to join IHP plan 005. Prior to the end of the first month of enrollment, IHP will confirm with your assigned licensed practitioner that you have a qualifying condition necessary for enrollment in IHP Chronic SNP plan 005. If at any time, or at some subsequent time, it is determined you do not have a qualifying condition, you will no longer be eligible for IHP Chronic SNP plan 005 and IHP will be required to disenroll you from plan 005.

Check off the boxes for conditions your doctor has said you may have:

- Diabetes Mellitus** (high blood sugar)
- Chronic Heart Failure**
 - Hypertension (high blood pressure)
- Cardiovascular Disorder**
 - Cardiac arrhythmias (palpitations, extra heart beats, atrial fibrillation, atrial flutter, fast or slow heart rate, pacemaker, defibrillator, fainting)
 - Coronary artery disease (heart attacks, stents, heart surgery)
 - Peripheral vascular disease (poor circulation)
 - Chronic venous thromboembolic disorder (blood clots)
 - History of stroke
 - Hyperlipidemia (High cholesterol level)

Medication Questions

1. Are you now or have you ever taken medications for an illness listed above? Yes No
2. Have you ever been taken insulin Injections? Yes No
3. Have you ever taken Metformin? Yes No
4. What medications are you currently taking? _____

Physician Name: _____ Phone Number: _____ Fax Number: _____

Physician Address: _____

| Applicant's Authorization to Disclosure Health Information |
|--|
|--|

I hereby authorize the disclosure of my health information by the provider listed above to IHP to verify I have been diagnosed with a chronic condition which qualifies me for enrollment in IHP. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above.

 Print Name of Applicant Signature of Applicant Date



Imperial Health Plan of California (HMO SNP) Pre-Enrollment Qualification Assessment Tool

| Applicant Information | | |
|---|---------------------|-------------------------------|
| First Name: | Last Name: | DOB: |
| Licensed Practitioner to Complete | | |
| Physician Name: | Phone Number: | Fax Number: |
| Physician Address: | | |
| <p>I hereby confirm the above applicant has the qualifying chronic condition(s) indicated below.</p> <p>Applicant has:</p> <p><input type="checkbox"/> Diabetes Mellitus (high blood sugar)</p> <p><input type="checkbox"/> Chronic Heart Failure</p> <ul style="list-style-type: none"> • Hypertension (high blood pressure) <p><input type="checkbox"/> Cardiovascular Disorder</p> <ul style="list-style-type: none"> • Cardiac arrhythmias (palpitations, extra heart beats, atrial fibrillation, atrial flutter, fast or slow heart rate, pacemaker, defibrillator, fainting) • Coronary artery disease (heart attacks, stents, heart surgery) • Peripheral vascular disease (poor circulation) • Chronic venous thromboembolic disorder (blood clots) • History of stroke • Hyperlipidemia (High cholesterol level) | | |
| _____ Print Name of Physician | _____ Signature: | _____ Date Applicant Seen: |
| <p><i>Fax Assessment Tool to IHP at 1-626-380-9066 attention Membership Department</i></p> | | |

If you should have any questions please contact our Member Services Department at 1-800-838-8271, TTY: 711, October 1 - March 31: Monday - Sunday from 8:00 am PST. - 8:00 pm PST and April 1 - September 30: Monday - Friday from 8:00 am PST. - 8:00 pm PST, Saturday – Sunday 10:00 am PST. - 2:00 pm PST. except holidays.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-708-5976 (TTY: 711).



Please Return this HRA in the self-addressed envelope provided.

Health Risk Assessment (HRA)

| | | | | | |
|-------------|--|-------------|--|----------------------|--|
| Date: | | Member ID: | | Plan Effective Date: | |
| First Name: | | Last Name: | | Date of Birth: | |
| Gender: | | Home phone: | | Other Number: | |

Section 1 Personal Characteristics

| | |
|--|--|
| <p>1 Are you Hispanic or Latino?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I choose not to answer this question</p> | <p>2 Which race(s) are you? Check all that apply.</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Other (please write):</p> <p><input type="checkbox"/> I choose not to answer this question</p> |
|--|--|

Section 2 Health Questions

| |
|--|
| <p>3 What medical conditions do you have, or have you had in the past? (Please indicate all that apply.)</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke</p> <p><input type="checkbox"/> Bi-polar <input type="checkbox"/> Hearing problem <input type="checkbox"/> Vision problems</p> <p><input type="checkbox"/> Cancer <input type="checkbox"/> Heart Failure <input type="checkbox"/> None</p> <p><input type="checkbox"/> COPD/ Emphysema <input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Coronary Heart Disease</p> <p><input type="checkbox"/> Dementia</p> |
|--|

Section 3 Other Health Questions

| | |
|---|--|
| <p>4 In general, how would you rate your health?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Very Good <input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Good</p> | <p>5 (For Women Only) Are you currently pregnant?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>6 How is your eyesight?</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Very Good <input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Good</p> | <p>7 Did you receive any of the following vaccine this year?</p> <p>Flu Pneumonia COVID (Mfr: _____)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No</p> |
| <p>8 Do you use tobacco products?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>9 How many different prescription medicines do you take?</p> <p><input type="checkbox"/> 1-2 prescriptions</p> <p><input type="checkbox"/> 2-3 prescriptions</p> <p><input type="checkbox"/> 4 or more</p> |
| <p>10 Any Pain:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Where: _____</p> | <p>11 Have you been hospitalized:</p> <p><input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two or more times ____</p> <p>Any ER visits: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>12 Do you fall:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | |
| <p>13 Do you have family members or others willing and able to help you when you need it:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | |
| <p>14 Do you ever think your caregiver has a hard time giving you all the help you need:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | |



Please Return this HRA in the self-addressed envelope provided.

| Section 4 Housing | |
|--|--|
| <p>15 What is your housing situation today?</p> <p><input type="checkbox"/> I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)</p> <p><input type="checkbox"/> I have housing today, but I am worried about losing housing in the future</p> <p><input type="checkbox"/> I have housing</p> | <p>16 Do you live in:</p> <p><input type="checkbox"/> An independent house apartment, condo or mobile home</p> <p><input type="checkbox"/> Assisted living apartment or board and care home</p> <p><input type="checkbox"/> Nursing home</p> <p><input type="checkbox"/> Other: _____</p> |
| Section 5 Food | |
| <p>17 Within the past 12 months, you worried that your food would run out before you got money to buy more.</p> <p><input type="checkbox"/> Often true</p> <p><input type="checkbox"/> Sometimes true</p> <p><input type="checkbox"/> Never true</p> | |
| Section 6 Utilities | |
| <p>18 In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Already shut off</p> | |
| Section 7 Transportation | |
| <p>19 In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (check all that apply)</p> <p><input type="checkbox"/> Yes, it has kept me from medical appointments or getting medications</p> <p><input type="checkbox"/> Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need</p> <p><input type="checkbox"/> No</p> | |
| Section 8 Social and Emotional Health | |
| <p>20 Do you feel physically and emotionally safe where you currently live?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> I chose not to answer this question</p> | <p>21 How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings).</p> <p><input type="checkbox"/> Less than once a week</p> <p><input type="checkbox"/> 1 to 2 times a week</p> <p><input type="checkbox"/> 3 to 5 times a week</p> <p><input type="checkbox"/> 6 or more times a week</p> <p><input type="checkbox"/> I chose not to answer this question</p> |
| <p>22 How often do you feel sad in the past 2 weeks:</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Occasionally</p> <p><input type="checkbox"/> Several days</p> <p><input type="checkbox"/> More than half the days</p> <p><input type="checkbox"/> Nearly every day</p> | |

Please Return this HRA in the self-addressed envelope provided.



IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Health Plan of California, Inc. (HMO) (HMO SNP)
Monthly Plan Premium for People who get Extra Help from Medicare
to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare.

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

| Your level of extra help | Monthly Premium for Imperial Traditional (HMO) PBP 007 | Monthly Premium for Imperial Dual Plan (HMO D-SNP) PBP 011 | Monthly Premium for Senior Value (HMO C-SNP) PBP 005 | Monthly Premium for Imperial Dynamic Plan (HMO) PBP 012 | Monthly Premium for Imperial Giveback (HMO) PBP 014 |
|--------------------------|--|--|--|---|---|
| 100% | \$0 | \$0 | \$0 | \$0 | \$0 |
| 75% | \$0 | \$7.43 | \$0 | \$0 | \$0 |
| 50% | \$0 | \$14.85 | \$0 | \$0 | \$0 |
| 25% | \$0 | \$22.28 | \$0 | \$0 | \$0 |

Imperial Health Plan of California premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

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

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IMPERIAL HEALTH PLAN
OF CALIFORNIA

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-838-8271. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-838-8271. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-838-8271。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-838-8271。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-838-8271. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-838-8271. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-838-8271 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-838-8271. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



IMPERIAL HEALTH PLAN
OF CALIFORNIA

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-838-8271 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-838-8271. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات للمترجم الفوري للمجانية الإجابة عن أي سألته تتعلق بالصحة وأجدول لأدوية لدينا. للحصول على مترجم فوري، ليسع ليك سوى الاتصال بنظ لي 1-800-838-8271- إند يقوشم خص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-838-8271 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-838-8271. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-838-8271. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-838-8271. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-838-8271. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますごぞいます。通訳をご用命になるには、1-800-838-8271 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

STAR Rating Page



Important Contact Numbers

| | |
|---|---|
| Imperial Health Plan of California Website: | www.ImperialHealthPlan.com |
| Imperial Health Plan Member Services: | 1-800-838-8271 |
| VSP Vision Care: | 1-855-492-9028 or www.vsp.com/advantageonly |
| Fitness Membership by Silver & Fit: | 1-877-427-4788 or www.SilverandFit.com |
| Hearing Care Solutions: | 1-866-344-7756 |
| In-Home Support from Papa Pals | 1-833-200-6924 or www.Papa.com |
| Transportation Imperial Health Plan | 1-800-838-8271 |
| Meals | 1-800-838-8271 |
| Over-the-Counter | 1-855-263-6673 or AndMoreHealth.com |
| Personal Emergency Response System by ADT | 1-800-288-3880 |
| Pharmacy Benefit Manager (PBM) MedImpact | 1-877-391-1105 or www.Medimpact.com |
| Teladoc Telehealth | 1-800-835-2362 or www.Teladoc.com |
| Delta Dental Service: | 1-888-643-3239 |
| Delta Dental Provider Network Online: | https://www1.deltadentalins.com/medicare/imperialhealthplan.html |