

2023

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 Strong (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, Mariposa, Mendocino, Merced, Modoc, Monterey, Mono, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, Santa, Barbara, San Bernardino, San Benito, Santa Clara, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Tulare, Tuolumne, Ventura Yolo, and Yuba
Imperial Traditional (HMO) 007	
Imperial Dynamic Plan (HMO) 012	
Imperial Strong (HMO) 014	
Imperial Courage Plan (HMO) 016	
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 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 Premium: You pay \$0 per month • 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 \$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 - 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 \$0
<p>Ambulatory Surgery Center^{1,2}</p>	<ul style="list-style-type: none"> • You pay \$0 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
<p>Emergency Care How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> • You pay \$0
<p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> • You pay \$0

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

<p>Premiums and Benefits</p>	<p>Imperial Senior Value (HMO C-SNP)</p>
<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"> • 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 20% of the total cost for: <ul style="list-style-type: none"> • Covered diagnostic and routine exams • The plan covers up to \$250 • Hearing aid allowance: You pay 20%. The plan covers up to \$1,250 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 \$2000 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 \$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 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"> • \$0 per day for days 1 through 60 • \$400 per day for days 61 through 90 • \$800 per day for lifetime reserve days • 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 \$164.50 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 \$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 \$125 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 unlimited round-trip transportation 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 20% of the total cost for 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		
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 \$7,400		
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$4,660		
	Retail 30 Day Supply	Mail Order 100 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$5.00	\$10.00	
Tier 3 - Preferred Brand Drugs	\$45.00/ Select Insulins: \$0	\$90.00/ Select Insulins: \$0	
Tier 4 – Non-Preferred Drugs	\$90.00	\$180.00	
Tier 5 – Specialty Tier Drugs	33%	Mail order supply not available for Tier 5	
Tier 6 – Select Care Drugs	\$3.00	\$0	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$7,400		
	Retail 30 Day Supply	Mail Order 100 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$5.00	\$10.00	
Tier 3 - Preferred Brand Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee. For select insulins you pay \$0.		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	You pay 25% of the cost and a portion of the dispensing fee	Mail order supply not available for Tier 5	
Tier 6 – Select Care Drugs	You pay 25% of the cost and a portion of the dispensing fee		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$7,400, you pay		
	The greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%		

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 \$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 \$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"> • \$120 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 fitness center membership or up to one home fitness kit 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 \$50,000 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 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 per month • 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 \$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 \$0
<p>Ambulatory Surgery Center^{1,2}</p>	<ul style="list-style-type: none"> • You pay \$0 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 \$10 • 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
<p>Emergency Care How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> • You pay \$100 • 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 \$20
<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"> 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 20% of the total cost for: <ul style="list-style-type: none"> Covered diagnostic and routine exams The plan covers up to \$250 Hearing aid allowance: You pay 20%. The plan covers up to \$1,250 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 \$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 \$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

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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 \$200 per day for days 1-7 • You pay \$0 per day for days 8 - 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 \$164.50 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 \$0 • 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 unlimited round-trip transportation 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 drugs including chemotherapy drugs

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Part D Prescription Drugs		Imperial Traditional (HMO)	
Part D Premium	You pay \$0		
Out-of-Pocket Threshold What's the limit on how much I will pay?	Your yearly limit for Part D in this plan is \$7,400		
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$4,660		
	Retail 30 Day Supply	Mail Order 100 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$5.00	\$10.00	
Tier 3 - Preferred Brand Drugs	\$45.00/ Select Insulins: \$0	\$90.00/ Select Insulins: \$0	
Tier 4 – Non-Preferred Drugs	\$90.00	\$180.00	
Tier 5 – Specialty Tier Drugs	33%	Mail order supply not available for Tier 5	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$7,400		
	Retail 30 Day Supply	Mail Order 100 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$5.00	\$10.00	
Tier 3 - Preferred Brand Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee. You pay \$0 for select insulins.		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	Mail order supply not available for Tier 5		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$7,400, you pay		
	The greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%		

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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Supplemental Benefits	Imperial 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 \$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 \$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"> • \$120 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 fitness center membership or up to one home fitness kit 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 \$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 \$32.60 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"> • Part B deductible: You pay \$226 • Part D Deductible: You pay \$505
<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"> • \$0 per day for days 1 through 60 • \$400 per day for days 61 through 90 • \$800 per day for lifetime reserve days
<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

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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 \$125 • 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 20% of the total cost for: <ul style="list-style-type: none"> • Covered diagnostic and routine exams • Hearing aid allowance: You pay 20%. 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 \$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 \$260 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"> • \$0 per day for days 1 through 60 • \$400 per day for days 61 through 90 • \$800 per day for lifetime reserve days • 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>	<ul style="list-style-type: none"> • \$0 per day for days 0 - 20 • \$200 per day for days 21 through 100 • you pay all costs for each day after 100 in a benefit period
<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 unlimited round-trip transportation 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 20% of the total cost for 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 \$32.60		
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 \$7,400		
Deductible Stage	You pay \$505 for your tier 2-5 drugs before the plan begins to pay its share		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$4,660		
	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%	25%	
Tier 4 – Non-Preferred Drugs	25%	25%	
Tier 5 – Specialty Tier Drugs	25%	Mail order supply not available for Tier 5	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$7,400		
	Retail 30 Day Supply	Mail Order 100 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$0.00	\$0.00	
Tier 3 - Preferred Brand Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	Mail order supply not available for Tier 5		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$7,400, you pay		
	The greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%		

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 \$30 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"> \$120 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)
<p>Personal Emergency Response Device</p>	<ul style="list-style-type: none"> You pay \$0 for 1 device per year
<p>Routine Foot Care^{1,2}</p>	<ul style="list-style-type: none"> You pay \$0 for 6 routine foot care visits per calendar year
<p>Wellness Programs</p>	<ul style="list-style-type: none"> You pay \$0 for fitness center membership or up to one home fitness kit 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).
<p>Worldwide Coverage How much is my Worldwide Coverage reimbursement?</p>	<ul style="list-style-type: none"> Reimbursement up to \$50,000 for qualifying expenses with \$0 copay Urgently needed or Emergency services only

Imperial Dynamic Plan (HMO) 012

Premiums and Benefits	Imperial Dynamic Plan (HMO)
<p>Premiums</p> <p>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 You must continue to pay your Medicare Part B premium
<p>Deductible</p> <p>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</p> <p>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 \$899
<p>Inpatient Hospital Coverage^{1,2}</p> <p>How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> You pay \$0 per 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 \$0
<p>Ambulatory Surgery Center^{1,2}</p>	<ul style="list-style-type: none"> You pay \$0 for each Medicare-covered ambulatory surgical center visit
<p>Doctor visits</p> <p>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</p> <p>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</p> <p>How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> You pay \$100 copayment 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 Dynamic 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
<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 20% of the total cost for: <ul style="list-style-type: none"> Covered diagnostic and routine exams The plan covers up to \$250 Hearing aid allowance: You pay 20%. The plan covers up to \$1,000 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 \$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 \$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 \$250 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 \$164.50 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"> • 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 \$125 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 unlimited round-trip transportation 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 20% for 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		
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 \$7,400		
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$4,660		
	Retail 30 Day Supply	Mail Order 100 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$3.00	\$5.00	
Tier 3 - Preferred Brand Drugs	\$30.00/ Select Insulins: \$0	\$75.00/ Select Insulins: \$0	
Tier 4 – Non-Preferred Drugs	\$75.00	\$180.00	
Tier 5 – Specialty Tier Drugs	33%	Mail order supply not available for Tier 5	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$7,400		
	Retail 30 Day Supply	Mail Order 100 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$3.00	\$5.00	
Tier 3 - Preferred Brand Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee. You pay \$0 for select insulins.		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	Mail order supply not available for Tier 5		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$7,400, you pay		
	The greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%		

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 \$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 \$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"> • \$120 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 fitness center membership or up to one home fitness kit 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 \$50,000 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 Strong (HMO) 014

Premiums and Benefits	Imperial Strong (HMO)
<p>Premiums</p> <p>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 Strong pays \$85 of your Part B Premium. You must continue to pay your share of the Medicare Part B premium
<p>Deductible</p> <p>How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> Part B deductible: You pay \$226 Part D Deductible: You pay \$505
<p>Maximum Out-of-Pocket costs</p> <p>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 \$8,300
<p>Inpatient Hospital Coverage^{1,2}</p> <p>How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> \$0 per day for days 1 through 60 \$400 per day for days 61 through 90 \$800 per day for lifetime reserve days
<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</p> <p>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</p> <p>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 Strong (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 \$95 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 \$60 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 20% of the total cost for: <ul style="list-style-type: none"> Covered diagnostic and routine exams The plan covers up to \$250 <p>Hearing aid allowance: You pay 20%. The plan covers up to \$1,000 per calendar year</p>
<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 \$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 Strong (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"> • \$0 per day for days 1 through 60 • \$400 per day for days 61 through 90 • \$800 per day for lifetime reserve days • 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>	<ul style="list-style-type: none"> • \$0 per day fro days 0 - 20 • \$200 per day for days 21 through 100 • you pay all costs for each day after 100 in a benefit period
<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 20% of the total cost for 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 Strong (HMO)	
Part D Premium	You pay \$0		
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 \$7,400		
Deductible Stage	You pay \$505 for your drugs before the plan begins to pay its share		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$4,660		
	Retail 30 Day Supply	Mail Order 100 Day Supply	
All Generic, Brand and Specialty Drugs	25%	25%	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$7,400		
	Retail 30 Day Supply	Mail Order 100 Day Supply	
All Generic, Brand and Specialty Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$7,400, you pay		
	The greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%		

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 Strong (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

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 • Part D 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 \$0
<p>Ambulatory Surgery Center^{1,2}</p>	<ul style="list-style-type: none"> • You pay \$0 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 \$5 • Specialist visit^{1,2}: You pay \$10 • 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 \$100 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 \$20 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"> 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 20% of the total cost for: <ul style="list-style-type: none"> Covered diagnostic and routine exams The plan covers up to \$250 Hearing aid allowance: You pay 20%. The plan covers up to \$1,250 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 \$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 \$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 \$200 per day for days 1-7 • You pay \$0 per day for days 8 - 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 \$164.50 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 \$0 • 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 unlimited round-trip transportation 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 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 \$0 for Home Health Services
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"> • \$120 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 fitness center membership or up to one home fitness kit 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 \$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.

2023 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, 6:00 a.m. to 8:00 p.m. PST or April 1 through September 30 Monday - Friday 6:00 a.m. to 8:00 p.m. PST 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).*