

2024

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 Strong (HMO) 014

Imperial Courage Plan (HMO) 016



IMPERIAL HEALTH PLAN
OF CALIFORNIA



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IMPERIAL HEALTH PLAN
OF CALIFORNIA

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

Thank you for reviewing Imperial as your Medicare Health Plan. Imperial Health Plan of California is a Medicare Advantage Plan ready to provide you with detailed professional medical services. For 2024, we are pleased to introduce Imperial Health Plan in the following California Counties (From North to South):

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

Imperial Health Plan provides personalized, comprehensive health care focusing on wellness and prevention. 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, as needed. We have a vast number of providers, and our extensive specialty roster ensures you see a provider timely and within your community.

For 2024, 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, you will make Imperial Health Plan your Medicare Advantage plan.

If you should have any questions during the next few days 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, Saturday – Sunday 10:00 am PST. - 2:00 pm PST. except holidays. We look forward to working with you.

Important Contact #s:

Imperial Health Plan: 626-838-5100 Ext 6
 Potential members call: 800-838-5914 or sales@imperialhealthplan.com
 Member Services: 800-838-8271 or members@imperialhealthplan.com
 Imperial web site: www.Imperialhealthplan.com
 Medicare: 800-633-4227
 Medicare web page: www.medicare.gov
 CMS web Page: www.cms.gov

Paveljit S. Bindra, M.D. CEO

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).



**IMPERIAL HEALTH PLAN
OF CALIFORNIA**

ELIGIBILITY:

Understanding eligibility and enrollment guidelines are important when enrolling into a Medicare advantage plan. If you are turning 65, 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 with a Medicare Advantage Plan, you may change your coverage between October 15th through December 7th for the following year, other enrollment exceptions 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, Saturday – Sunday 10:00 am PST. - 2:00 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 Traditional (HMO) - 007	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 Dynamic Plan (HMO) 012	Yes	Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo,	N/A
Imperial Strong (HMO) 014	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 web page: www.medicare.gov
 CMS web page: <http://www.cms.gov/>

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2024 Benefit Highlights

2024 Benefit	Imperial Senior Value (HMO C SNP) 005	Imperial Traditional (HMO) 007	Imperial Courage Plan (HMO) 016	Imperial Strong (HMO) 014
 Service Area	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			
 Premiums	Part C Premium: \$0			
	Part D Premium: \$0		This plan does not have Part D	Part D Premium: \$0
 Part B buy down	There is no Part B buy down for 005 or 007		\$75 Part B buy down Paid to members monthly	\$85 Part B buy down Paid to members monthly
 Physician Services	Doctor: \$0 Specialist ^{1,2} : \$0		Doctor: \$0 Specialist ^{1,2} : \$5	Doctor: 20% co-insurance Specialist ^{1,2} : 20% co-insurance
 Inpatient Hospital Care^{1,2}	\$150 per day for days 1–5 and \$0 for days 6–90			Original Medicare
 Emergency Care	\$125 (waived if admitted within 3 days)			20% co-insurance up to a maximum of \$100 per visit (waived if admitted within 3 days)
 Urgent Care	\$0			20% co-insurance up to a maximum of \$55 per visit (waived if admitted within 3 days)

2024 Benefit	Imperial Senior Value (HMO C SNP) 005	Imperial Traditional (HMO) 007	Imperial Courage Plan (HMO) 016	Imperial Strong (HMO) 014
 Worldwide Emergency Care	\$0 co-payment Maximum of \$50,000 for qualifying expenses			No Worldwide Emergency allowance for 014
 Ambulance Services¹	\$150 Ground 20% co-insurance Air			20% co-insurance
 Transportation^{1,2}	\$0 One-way Trip to Plan approved locations 100 one-way trips maximum per year			No Transportation allowance for 014
 Durable Medical Equipment¹	20% co-insurance			
 Fitness	\$0 for fitness center membership or up to 1 home fitness kit per year			No fitness allowance for 014
 Eye Care	\$0 for routine eye exam, \$250 maximum for contacts, lenses and frames (per year)			\$0 for routine eye exam 20% co-insurance for Medicare covered benefits \$240 maximum for contacts, lenses and frames (per year)
 Dental Services	\$0 Preventive, \$500 maximum per year \$0 Comprehensive, \$1,000 maximum per year			
 Hearing Services^{1,2}	\$0 for routine hearing exams fitting/evaluation up to \$250 maximum \$0 for Hearing Aids up to \$500 maximum for both ears per year			\$0 for routine hearing exams fitting/evaluation up to \$250 maximum \$0 for Hearing Aids up to \$500 maximum for both ears per year
 Over-the-Counter (OTC)	\$0 You have a \$75 maximum every three months			

2024 Benefit	Imperial Senior Value (HMO C SNP) 005	Imperial Traditional (HMO) 007	Imperial Courage Plan (HMO) 016	Imperial Strong (HMO) 014
 Podiatry Services ^{1,2}	\$0 for 6 routine foot care visits per year			20% co-insurance
 Meals ¹	\$0 You have 7 meals per discharge up to \$105 per year			No Meals allowance for 014
 Part D Drugs	Covered. Refer to your Evidence of Coverage (EOC) and Drug Formulary for detailed information.		No Part Part D for 016	Covered. Refer to your Evidence of Coverage (EOC) and Drug Formulary for detailed information.
 In-Home Supportive Services	48 hours per year		No In-Home Supportive benefits for 016	48 hours per year

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor. Allowance will vary based on plan. Co-insurance and co-payments vary by plan. Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact 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).

2024 Benefit Highlights

2024 Benefit	Imperial Dual Plan (HMO D-SNP) 011	Imperial Dynamic (HMO) 012
 Service Area	Alameda, Contra Costa, Fresno, Kern, Kings, Madera, Merced, Placer, Sacramento, San Francisco, San Joaquin, Santa Barbara, Stanislaus, Tulare, Ventura, Yolo	Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, Ventura Alameda, Amador, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kings, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Tulare, Tuolumne, Yolo, Yuba
 Maximum out-of-pocket costs (MOOP)	\$2,999	\$298
 Premiums	Part C Premium: \$0	
	Part D Premium: \$41	Part D Premium: \$0
 Physician Services	Doctor: 20% co-insurance Specialist ^{1,2} : 20% co-insurance	Doctor: \$0 Specialist ^{1,2} : 0
 Inpatient Hospital Care^{1,2}	Original Medicare	\$50 copay for days 1-5

2024 Benefit	Imperial Dual Plan (HMO D-SNP) 011	Imperial Dynamic (HMO) 012
 Emergency Care	20% co-insurance up to a maximum of \$135 per visit (waived if admitted within 3 days)	\$125 (waived if admitted within 48 hours)
 Urgent Care	20% co-insurance up to a maximum of \$65 per visit (waived if admitted within 3 days)	\$0
 Worldwide Emergency Care	\$0 Maximum of \$50,000 for qualifying expenses	
 Ambulance Services¹	20% co-insurance Ground 20% co-insurance Air	\$150 Ground 20% co-insurance Air
 Transportation^{1,2}	\$0 One-way Trip to Plan approved locations 100 one-way trips maximum per year	
 Durable Medical Equipment^{1,2}	20% co-insurance	
 Fitness	\$0 for fitness center membership or up to 1 home fitness kit per year	
 Eye Care	\$0 routine eye care, 20% co-insurance for Original Medicare covered benefits \$260 maximum for contacts, lenses and frames (per year)	\$0 for routine eye exam, \$250 maximum for contacts, lenses and frames (per year)
 Dental Services	\$0 Preventive ^{1,2} , \$500 maximum per year \$0 Comprehensive ^{1,2} , \$1,000 maximum per year	
 Hearing Services	\$0 for routine hearing exams fitting/evaluation \$0 for Hearing Aids up to \$2,500 maximum for both ears per year	\$0 for routine hearing exams fitting/evaluation up to \$250 maximum \$0 for Hearing Aids up to \$500 maximum for both ears per year

2024 Benefit	Imperial Dual Plan (HMO D-SNP) 011	Imperial Dynamic (HMO) 012
 Over-the-Counter (OTC)	\$0 You have a \$140 maximum every three months	\$0 You have a \$120 maximum every three months
 Podiatry Services^{1,2}	20% co-insurance for 6 routine foot care visits per year	\$0 for 6 routine foot care visits per year
 Meals	\$0 You have 7 meals per discharge up to \$105 per year	
 Part D Drugs	Covered. Refer to your Evidence of Coverage (EOC) and Drug Formulary for detailed information.	
 In-Home Supportive Services	60 hours per year	48 hours per year

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2024

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. and Saturday – Sunday 10:00 a.m. – 2:00 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 and Saturday – Sunday 10:00 am to 2:00 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 and D Premiums: 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 \$1,999
<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 for outpatient hospital services
<p>Ambulatory Surgery Center^{1,2}</p>	<ul style="list-style-type: none"> You pay \$200 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 \$125 for each emergency visit
<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.

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
<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 • You pay 10% of the total cost 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 \$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 \$1000 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"> • 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 • 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 \$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 \$8,000		
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$5,030		
	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 \$8,000		
	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 \$8,000, 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"> • \$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 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</p> <p>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</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
<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 \$1,349
<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"> 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 visit
<p>Ambulatory Surgery Center^{1,2}</p>	<ul style="list-style-type: none"> You pay \$200 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 Care¹</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 \$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 You pay 10% of the total cost 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 \$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 \$1000 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 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 \$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.

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 \$8,000		
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$5,030		
	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 \$8,000		
	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 \$8,000, 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"> • \$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 \$5 for each Medicare-covered visit • 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 \$125 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 \$41.00 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 2023, the deductible for this plan is \$226. This amount may change for 2024. Imperial Dual Plan will notify you when Medicare releases the Part B deductible amount for 2024 • Part D Deductible: You pay \$545
<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"> • After that, you pay \$0 per day for days 1 - 60 • You pay \$400 per day for days 61 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$778 per day for days 1 – 60 • These are the amounts for 2023 and may change in 2024. 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</p> <p>How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> You pay 20% of the total cost up to \$135 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</p> <p>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}</p> <p>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}</p> <p>How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> You pay \$0: <ul style="list-style-type: none"> Covered diagnostic and routine exams Hearing aid allowance: You pay \$0. The plan covers up to \$2,500 per calendar year
<p>Dental Services</p> <p>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 \$1000 every year
<p>Vision Services</p> <p>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"> • You pay \$0 per day for days 1- 60 • You pay \$400 per day for days 61 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$800 per day for days 1 – 60 • These are the amounts for 2023 and may change in 2024. 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 \$200 per day for days 21 – 100 • You pay 100% of the cost for days 101 and beyond • These are the amounts for 2023 and may change in 2024. 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 \$41.00		
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 \$8,000		
Deductible Stage	You pay \$545 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 \$5,030		
		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 \$8,000		
		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 \$8,000, 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)
<p>Food and Produce Allowance</p>	<ul style="list-style-type: none"> You receive a \$105 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
<p>Home-delivered Meals¹</p>	<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.
<p>Home Health Services^{1,2}</p>	<ul style="list-style-type: none"> You pay \$0 for Home Health Services
<p>In-home Support Services</p>	<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.
<p>Medical Equipment / Supplies¹</p>	<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
<p>Outpatient Substance Abuse^{1,2}</p>	<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
<p>Over-the-Counter (OTC) Drugs and Supplies</p>	<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)
<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

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

Imperial Dynamic Plan (HMO) 012

Premiums and Benefits	Imperial Dynamic Plan (HMO)
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<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 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 \$298
<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 \$50 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 \$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 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 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 \$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 \$1000 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 \$50 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"> • 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 \$8,000		
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$5,030		
	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 \$8,000		
	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 \$8,000, 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"> • \$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"> In 2023, the deductible for this plan is \$226. This amount may change for 2024. Imperial Strong will notify you when Medicare releases the Part B deductible amount for 2024 Part D Deductible: You pay \$545
<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 \$8,850
<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 day for days 1 - 60 You pay \$400 per day for days 61 - 90 Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$800 per day for days 1 – 60 These are the amounts for 2023 and may change in 2024. 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</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 \$100 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 \$55 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 <p>Hearing aid allowance: You pay \$0. The plan covers up to \$500 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 \$1000 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.

<p>Premiums and Benefits</p>	<p>Imperial Strong (HMO)</p>
<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 \$400 per day for days 61 - 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$800 per day for days 1 – 60 • These are the amounts for 2023 and may change in 2024. 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 \$200 per day for days 21 – 100 • You pay 100% of the cost for days 101 and beyond • These are the amounts for 2023 and may change in 2024. 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 Strong (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 \$8,000		
Deductible Stage	You pay \$545 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 \$5,030		
	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 \$8,000		
	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 \$8,000, 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 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 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 You pay 10% of the total cost 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 \$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 \$1000 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 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 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.

2024 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. and Saturday – Sunday 10:00 a.m. to 2:00 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
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 all times. Your Member ID Card is used for all medical services including Dr. 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, 2024.
- 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.



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

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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, 2024.
- 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.



IMPERIAL HEALTH PLAN
OF CALIFORNIA

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, Saturday – Sunday 10:00 am PST. - 2:00 pm PST. except holidays.



IMPERIAL HEALTH PLAN
OF CALIFORNIA

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, Saturday – Sunday 10:00 am PST. - 2:00 pm PST. except holidays.



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.	



IMPERIAL HEALTH PLAN
OF CALIFORNIA

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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).	
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IMPERIAL HEALTH PLAN
OF CALIFORNIA

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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 2 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 Senior Value (HMO C-SNP) 005 – \$0 Part C/D
- Imperial Traditional (HMO) 007 – \$0 Part C/D
- Imperial Courage Plan (HMO MA-only) 016 – \$0 Part C Only
- Imperial Dual Plan (HMO D-SNP) 011 – \$0 Part C/\$41 Part D
- Imperial Dynamic Plan (HMO) 012 – \$0 Part C/D
- Imperial Strong (HMO) 014 – \$0 Part C/D



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):

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

Do you have both Medicare and Medicaid? Yes No

IMPORTANT: Read and sign below:

- I must keep both Hospital (PartA) and Medical (PartB) 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:

AGENT USE ONLY

Agent Name:

Date:

FMO Name:

Effective date:

Section 2 – All fields on this section are optional

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

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | |
| <input type="checkbox"/> I choose not to answer. | |

What’s your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | |
| <input type="checkbox"/> I choose not to answer. | | |

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

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 through March 31, Monday through Sunday from 8:00 am to 8:00 pm and April 1 through September 30, Monday through Friday 8:00 am to 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 email.

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.**

If you have to pay a PartD-Income Related Monthly Adjustment Amount (PartD-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Imperial Health Plan the Part D-IRMAA.

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.

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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.



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 2 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

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- Imperial Dual Plan (HMO D-SNP) 011 – \$0 Part C/\$41 Part D
- Imperial Dynamic Plan (HMO) 012 – \$0 Part C/D
- Imperial Strong (HMO) 014 – \$0 Part C/D



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):

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
 Do you have both Medicare and Medicaid? Yes No

IMPORTANT: Read and sign below:

- I must keep both Hospital (PartA) and Medical (PartB) 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.
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 - 1) This person is authorized under State law to complete this enrollment, and
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Signature:	Today’s date:
If you’re the authorized representative, sign above and fill out these fields:	
Name:	Address:
Phone number:	Relationship to enrollee:

AGENT USE ONLY	
Agent Name:	Date:
FMO Name:	Effective date:

Section 2 – All fields on this section are optional

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

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | |
| <input type="checkbox"/> I choose not to answer. | |

What’s your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | |
| <input type="checkbox"/> I choose not to answer. | | |

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

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If you have to pay a PartD-Income Related Monthly Adjustment Amount (PartD-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Imperial Health Plan the Part D-IRMAA.

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.

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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.



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

- Are you now or have you ever taken medications for an illness listed above? Yes No
- Have you ever been taken insulin Injections? Yes No
- Have you ever taken Metformin? Yes No
- 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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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).



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>		

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Translator/ Witness Statement

Check One:

Non-Speaking English Hearing Impaired Blind Other _____

I, _____, have witnessed the verification process for
(Translator/Witness Name)

_____. As a neutral party involved in this process, I verify that
(Enrollee's Name)
the enrollee mentioned above has answered the required questions for enrollment. In my opinion, the prospective member has given affirmative responses indicating a thorough understanding of program requirements, responsibilities and benefits.

Translator/Witness (Print Name)

Translator/Witness (Signature)

Relationship to member

Date

Address

City State Zip Code

Telephone Number

Language (if non-English speaking)

Enrollee (Print Name)

Enrollee Signature

Date

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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

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

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

4	In general, how would you rate your health? <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	5	(For Women Only) Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	How is your eyesight? <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	7	Did you receive any of the following vaccine this year? Flu Pneumonia COVID (Mfr: _____) <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
8	Do you use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No	9	How many different prescription medicines do you take? <input type="checkbox"/> 1-2 prescriptions <input type="checkbox"/> 2-3 prescriptions <input type="checkbox"/> 4 or more
10	Any Pain: <input type="checkbox"/> No <input type="checkbox"/> Yes Where: _____	11	Have you been hospitalized: <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two or more times ____ Any ER visits: <input type="checkbox"/> Yes <input type="checkbox"/> No
12	Do you fall: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 4 Housing

13	What is your housing situation today? <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) <input type="checkbox"/> I have housing today, but I am worried about losing housing in the future	14	Do you live in: <input type="checkbox"/> An independent house apartment, condo or mobile home <input type="checkbox"/> Assisted living apartment or board and care home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other: _____
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Please Return this HRA in the self-addressed envelope provided.

IMPERIAL HEALTH PLAN

I have housing

Section 5 Food

15 Within the past 12 months, you worried that your food would run out before you got money to buy more.
 Often true
 Sometimes true
 Never true

Section 6 Utilities

16 In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
 Yes
 No
 Already shut off

Section 7 Transportation

17 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)
 Yes, it has kept me from medical appointments or getting medications
 Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
 No

Section 8 Social and Emotional Health

18 Do you feel physically and emotionally safe where you currently live?
 Yes
 No
 Unsure
 I chose not to answer this question

19 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).
 Less than once a week
 1 to 2 times a week
 3 to 5 times a week
 6 or more times a week
 I chose not to answer this question

20 How often do you feel sad in the past 2 weeks:
 Not at all
 Occasionally
 Several days
 More than half the days
 Nearly every day

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.)

This table shows you what your monthly plan premium will be if you get extra help.

- \$0 premium for both medical services and prescription drug coverage: Imperial Traditional (HMO) PBP 007, Senior Value (HMO C-SNP) PBP 005, Imperial Dynamic Plan (HMO) PBP 012, Imperial Strong (HMO) PBP 014.
- \$41 premium for prescription drug coverage: Imperial Dual Plan (HMO D-SNP) PBP 011. Premium amount can be reduced based on your Low Income Subsidy.

Imperial Health Plan 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 Services at 1-800-838-8271, TTY users should call 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, Saturday – Sunday 10:00 am PST. - 2:00 pm PST. except holidays.

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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

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 المترجم الفوري المجانية للإجابة عن أي سئلة تتعلق بالصحة وأ جدول لأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-838-8271. يسب 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。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。