

2023

# Summary of Benefits

Imperial Insurance Company Traditional (HMO) 003

Imperial Insurance Company Dual (HMO D-SNP) 004

Imperial Insurance Value (HMO C-SNP) 005

Imperial Insurance Traditional Plus (HMO) 007

Imperial Courage Plan (HMO) 008



IMPERIAL INSURANCE COMPANIES

# Imperial Insurance Companies, 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 6:00 a.m. – 8:00 p.m. PST or April 1 – September 30: Monday – Friday, from 6:00 a.m. – 8:00 p.m. PST except holidays, or visit us at [www.imperialhealthplan.com](http://www.imperialhealthplan.com).



### Who can join?

To join Imperial Insurance Companies, 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 Insurance Company Dual (HMO D-SNP), you must also have both Medicaid and Medicare.
- To join Imperial Insurance 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 Insurance Companies have 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](http://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, 6:00 a.m. to 8:00 p.m. PST or April 1 through September 30 Monday - Friday 6:00 a.m. to 8:00 p.m. PST except holidays.

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](http://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](http://www.Medicare.gov) or call 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048.



# Imperial Insurance Companies Service Area

Plan	Counties Served
Imperial Insurance Company Traditional (HMO) 003	<b>Arizona:</b> Coconino, Maricopa, Pima, Pinal, Yavapai
Imperial Insurance Value (HMO C-SNP) 005	<b>Nevada:</b> Clark
Imperial Insurance Traditional Plus (HMO) 007	<b>Texas:</b> Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson, and Wise
Imperial Courage Plan (HMO) 008	
Imperial Insurance Company Dual (HMO D-SNP) 004	<b>Texas:</b> Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson, and Wise



**Imperial Insurance Company Traditional (HMO) 003**

Premiums and Benefits	Imperial Insurance Company Traditional (HMO)
<p><b>Premiums</b> How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> <li>• Part C Premium: You pay \$0 per month</li> <li>• Part D Premium: You pay \$0 per month</li> <li>• You must continue to pay your Medicare Part B premium</li> </ul>
<p><b>Deductible</b> How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> <li>• This plan does not have a Part C deductible</li> </ul>
<p><b>Maximum Out-of-Pocket costs</b> What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> <li>• The most you will pay each year for Part C services in this plan is \$2,999</li> </ul>
<p><b>Inpatient Hospital Coverage<sup>1,2</sup></b> How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> <li>• After the Medicare-covered stay, you pay \$125 for days 1-5</li> <li>• You pay \$0 per day for days 6 - 90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$0 per day for days 1 – 60</li> </ul>
<p><b>Outpatient Hospital Coverage<sup>1,2</sup></b></p>	<ul style="list-style-type: none"> <li>• You pay \$0</li> </ul>
<p><b>Ambulatory Surgery Center<sup>1,2</sup></b></p>	<ul style="list-style-type: none"> <li>• You pay \$0 for each Medicare-covered ambulatory surgical center visit</li> </ul>
<p><b>Doctor visits</b> How much do I pay to visit a primary care physician or specialist?</p>	<ul style="list-style-type: none"> <li>• Primary care physician visit: You pay \$0</li> <li>• Specialist visit<sup>1,2</sup>: You pay \$0</li> <li>• You have the option of getting certain services by telehealth using phone or video</li> </ul>
<p><b>Preventive Care<sup>1</sup></b> How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> <li>• You pay \$0 for covered services</li> </ul>
<p><b>Emergency Care</b> How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> <li>• You pay \$100 per visit</li> <li>• Your copay is waived if you are admitted to the hospital within 48 hours</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

<b>Premiums and Benefits</b>		<b>Imperial Insurance Company Traditional (HMO)</b>
<p><b>Urgently Needed Services</b></p> <p>How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> <li>• You pay \$0</li> </ul>	
<p><b>Diagnostic Services / Labs / Imaging<sup>1,2</sup></b></p> <p>How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> <li>• You pay \$0 for:                             <ul style="list-style-type: none"> <li>• Diagnostic radiology services (e.g., MRI, CT)</li> <li>• Outpatient x-rays</li> <li>• Lab services</li> <li>• Diagnostic tests</li> <li>• Therapeutic radiology services</li> </ul> </li> </ul>	
<p><b>Hearing Services<sup>1,2</sup></b></p> <p>How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for:                             <ul style="list-style-type: none"> <li>• Covered diagnostic and routine exams</li> <li>• The plan covers up to \$250</li> </ul> </li> <li>• Hearing aid allowance: You pay 20%. The plan covers up to \$1,250 per calendar year</li> </ul>	
<p><b>Dental Services</b></p> <p>How much do I pay for dental services?</p>	<ul style="list-style-type: none"> <li>• Medicare-covered dental services: You pay \$0</li> <li>• 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</li> <li>• You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$2000 every year</li> </ul>	
<p><b>Vision Services</b></p> <p>How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> <li>• Medicare-covered Vision services: You pay \$0</li> <li>• You pay \$0 for routine eye exams</li> <li>• You pay \$0 every year for either:                             <ul style="list-style-type: none"> <li>• One pair of eyeglasses (lenses and frames)</li> <li>• One pair of contact lenses</li> </ul> </li> <li>• The plan covers up to \$250 per year for eyewear</li> </ul>	

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Premiums and Benefits	Imperial Insurance Company Traditional (HMO)
<p><b>Mental Health Services<sup>1,2</sup></b> How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> <li>• Inpatient Visit:                             <ul style="list-style-type: none"> <li>• After the Medicare-covered stay, you pay \$200 per day for days 1-7</li> <li>• You pay \$0 per day for days 8-90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60</li> </ul> </li> <li>• Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician)</li> <li>• You pay \$0 for each Medicare-covered psychiatric individual or group therapy session</li> </ul>
<p><b>Skilled Nursing Facility<sup>1,2</sup></b> 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"> <li>• You pay \$0 per day for days 1 – 20</li> <li>• You pay \$164.50 per day for days 21 - 100</li> </ul>
<p><b>Physical Therapy<sup>1,2</sup></b> How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services: You pay 20% of the total cost</li> <li>• You pay \$15 for:                             <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech and language therapy</li> </ul> </li> </ul>
<p><b>Ambulance<sup>1</sup></b> How much do I pay for Ambulance services?</p>	<ul style="list-style-type: none"> <li>• You pay \$125 per one-way trip by ground</li> <li>• You pay 20% of the total cost per trip by air</li> <li>• Prior authorization required for non-emergency trips</li> </ul>
<p><b>Transportation<sup>1,2</sup></b> How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> <li>• You pay \$0 for unlimited round-trip transportation to plan approved locations</li> </ul>
<p><b>Medicare Part B Drugs<sup>1</sup></b> How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for Part B drugs including chemotherapy drugs</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

<b>Part D Prescription Drugs</b>		<b>Imperial Insurance Company Traditional (HMO)</b>	
<b>Part D Premium</b>	You pay \$0		
<b>Out-of-Pocket Cost Threshold</b> What's the limit on how much I will pay?	Your yearly limit for Part D drugs in this plan is \$7,400		
<b>Deductible Stage</b>	No deductible (Your coverage begins on the effective date of your enrollment)		
<b>Initial Coverage Stage</b>	<b>You pay the following costs until your total yearly drug costs reach \$4,660</b>		
	<b>Retail 30 Day Supply</b>	<b>Mail Order 100 Day Supply</b>	
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	
<b>Coverage Gap Stage</b>	<b>You pay the following costs until your yearly out-of-pocket drug costs reach \$7,050</b>		
	<b>Retail 30 Day Supply</b>	<b>Mail Order 100 Day Supply</b>	
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	You pay 25% of the cost and a portion of the dispensing fee	Mail order supply not available for Tier 5	
<b>Catastrophic Coverage Stage</b>	<b>Once your yearly out-of-pocket drug costs reach \$7,400, you pay</b>		
	The greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%		

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

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Supplemental Benefits	Imperial Insurance Company Traditional (HMO)
<b>Home-delivered Meals<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• There is \$0 copayment for up to 7 delivered meals following a surgery or hospital stay.</li> <li>• The plan covers up to \$105 per benefit period.</li> </ul>
<b>Home Health Services<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay \$0 for Home Health Services</li> </ul>
<b>In-home Support Services</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Medical Equipment / Supplies<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost per item for Durable Medical Equipment (DME)<sup>1</sup>, such as a wheelchair</li> <li>• You pay 20% of the total cost per item on prosthetics<sup>1</sup> such as braces, artificial limbs</li> <li>• You pay \$0 for diabetic monitoring supplies<sup>1</sup></li> </ul>
<b>Outpatient Substance Abuse<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting</li> </ul>
<b>Over-the-Counter (OTC) Drugs and Supplies</b>	<ul style="list-style-type: none"> <li>• \$115 allowance every three months through our OTC mail order catalog</li> <li>• Cash, checks, credit cards or money orders are not accepted under this OTC benefit</li> <li>• No roll over</li> </ul>
<b>Routine Foot Care<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay \$0 for 6 routine foot care visits per calendar year</li> </ul>
<b>Wellness Programs</b>	<ul style="list-style-type: none"> <li>• You pay \$0 for fitness center membership or one home fitness kit through the Silver&amp;Fit<sup>®</sup> Program. The Silver&amp;Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).</li> </ul>
<b>Worldwide Coverage</b> How much is my Worldwide Coverage reimbursement?	<ul style="list-style-type: none"> <li>• Reimbursement up to \$50,000 for qualifying expenses with \$0 copay</li> <li>• Urgently needed or Emergency services only</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.



**Imperial Insurance Company Dual (HMO D-SNP) 004**

<b>Premiums and Benefits</b>	<b>Imperial Insurance Company Dual (HMO D-SNP)</b>
<p><b>Premiums</b> How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> <li>• Part C Premium: You pay \$0 per month</li> <li>• Part D Premium: You pay \$28.10 per month</li> <li>• You must continue to pay your Medicare Part B premium</li> </ul>
<p><b>Deductible</b> How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> <li>• You must pay the standard Medicare Part B deductible of \$226 before the plan covers your Part B services.</li> </ul>
<p><b>Maximum Out-of-Pocket costs</b> What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> <li>• The most you will pay each year for Part C services in this plan is \$2,999</li> </ul>
<p><b>Inpatient Hospital Coverage<sup>1,2</sup></b> How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> <li>• \$0 per day for days 1 through 60</li> <li>• \$400 per day for days 61 through 90</li> <li>• \$800 per day for lifetime reserve days</li> </ul>
<p><b>Outpatient Hospital Coverage<sup>1,2</sup></b></p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total costs</li> </ul>
<p><b>Ambulatory Surgery Center<sup>1,2</sup></b></p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for each Medicare-covered ambulatory surgical center visit</li> </ul>
<p><b>Doctor visits</b> How much do I pay to visit a primary care physician or specialist?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for each primary care physician or specialist<sup>1,2</sup> visit:</li> <li>• You have the option of getting certain services by telehealth using phone or video</li> </ul>
<p><b>Preventive Care<sup>1</sup></b> How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for glaucoma screening, diabetes self-management training, barium enemas, digital rectal exams and EKJs following a Welcome visit</li> <li>• You pay \$0 for other covered preventive services</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

<p><b>Premiums and Benefits</b></p>	<p><b>Imperial Insurance Company Dual (HMO D-SNP)</b></p>
<p><b>Emergency Care</b> How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost up to \$125</li> <li>• If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for emergency care</li> </ul>
<p><b>Urgently Needed Services</b> How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost up to \$65</li> <li>• If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for urgent care</li> </ul>
<p><b>Diagnostic Services / Labs / Imaging<sup>1,2</sup></b> How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for:                             <ul style="list-style-type: none"> <li>• Lab services</li> <li>• Diagnostic tests</li> <li>• Diagnostic radiology services (e.g., MRI)</li> <li>• Therapeutic radiology services</li> <li>• X-rays</li> </ul> </li> </ul>
<p><b>Hearing Services<sup>1,2</sup></b> How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for covered diagnostic and routine exams</li> <li>• Hearing aid allowance: You pay 20%. The plan covers up to \$2,500 per calendar year</li> </ul>
<p><b>Dental Services<sup>1,2</sup></b> How much do I pay for dental services?</p>	<ul style="list-style-type: none"> <li>• Medicare-covered Dental services: You pay 20% of the total cost</li> <li>• 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</li> <li>• You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$2000 per year</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

<p><b>Premiums and Benefits</b></p>	<p><b>Imperial Insurance Company Dual (HMO D-SNP)</b></p>
<p><b>Vision Services</b> How much do I pay for Vision Services? What’s my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> <li>• Medicare-covered Vision services: You pay \$0</li> <li>• You pay \$0 for routine eye exams</li> <li>• You pay \$0 per year for either:                             <ul style="list-style-type: none"> <li>• One pair of eyeglasses (lenses and frames)</li> <li>• One pair of contact lenses</li> </ul> </li> <li>• The plan covers up to \$250 per year for eyewear</li> </ul>
<p><b>Mental Health Services<sup>1,2</sup></b> How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> <li>• Inpatient Visit:                             <ul style="list-style-type: none"> <li>• \$0 per day for days 1 through 60</li> <li>• \$400 per day for days 61 through 90</li> <li>• \$800 per day for lifetime reserve days</li> </ul> </li> <li>• Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit</li> </ul>
<p><b>Skilled Nursing Facility<sup>1,2</sup></b> 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"> <li>• \$0 per day fro days 0 - 20</li> <li>• \$200 per day for days 21 through 100</li> <li>• you pay all costs for each day after 100 in a benefit period</li> </ul>
<p><b>Physical Therapy<sup>1,2</sup></b> How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for cardiac (heart) rehab services, occupational therapy, physical therapy and speech and language therapy</li> </ul>
<p><b>Ambulance<sup>1</sup></b> How much do I pay for Ambulance services?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost per trip by ground or air</li> <li>• Prior authorization required for non-emergency trips</li> </ul>
<p><b>Transportation<sup>1,2</sup></b> How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> <li>• You pay \$0 for unlimited round-trip transportation to plan approved locations</li> </ul>
<p><b>Medicare Part B Drugs<sup>1</sup></b> How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for Part B drugs including chemotherapy drugs</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Part D Prescription Drugs		Imperial Insurance Company Dual (HMO D-SNP)	
<b>Part D Premium</b>	You pay \$28.10		
<b>Out-of-Pocket Cost Threshold</b> What's the limit on how much I will pay?	Your yearly limit for Part D drugs in this plan is \$7,400		
<b>Deductible Stage</b>	You pay \$505 for Tier 2-5 drugs before the plan starts to pay its share.		
<b>Initial Coverage Stage</b>	<b>You pay the following costs until your total yearly drug costs reach \$4,660</b>		
	<b>Retail 30 Day Supply</b>	<b>Mail Order 100 Day Supply</b>	
Tier 1 - Preferred Generic Drugs	0%	0%	
Tier 2 - Generic Drugs	25%	25%	
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	
<b>Coverage Gap Stage</b>	<b>You pay the following costs until your yearly out-of-pocket drug costs reach \$7,400</b>		
	<b>Retail 30 Day Supply</b>	<b>Mail Order 100 Day Supply</b>	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee		
Tier 3 - Preferred Brand Drugs			
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	
<b>Catastrophic Coverage Stage</b>	<b>Once your yearly out-of-pocket drug costs reach \$7,400, you pay</b>		
	The greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%		

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

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

<b>Supplemental Benefits</b>	<b>Imperial Insurance Company Dual (HMO D-SNP)</b>
<b>Home-delivered Meals<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• There is \$0 copayment for up to 7 delivered meals following a surgery or hospital stay.</li> <li>• The plan covers up to \$105 per benefit period.</li> </ul>
<b>Home Health Services<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay \$0 for Home Health Services</li> </ul>
<b>In-home Support Services</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Medical Equipment / Supplies<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for: <ul style="list-style-type: none"> <li>• Durable Medical Equipment (DME)<sup>1</sup>, such as oxygen or a wheelchair</li> <li>• Prosthetics<sup>1</sup> such as braces, artificial limbs</li> <li>• Diabetic monitoring supplies<sup>1</sup></li> </ul> </li> </ul>
<b>Outpatient Substance Abuse<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting.</li> </ul>
<b>Over-the-Counter (OTC) Drugs and Supplies</b>	<ul style="list-style-type: none"> <li>• \$110 allowance every three months through our OTC mail order catalog</li> <li>• Cash, checks, credit cards or money orders are not accepted under this OTC benefit</li> <li>• No roll over</li> </ul>
<b>Personal Emergency Response Device</b>	<ul style="list-style-type: none"> <li>• You pay \$0 for 1 device per year</li> </ul>
<b>Routine Foot Care<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay \$0 for 6 routine foot care visits per calendar year</li> </ul>
<b>Wellness Programs</b>	<ul style="list-style-type: none"> <li>• You pay \$0 for fitness center membership or one home fitness kit through the Silver&amp;Fit<sup>®</sup> Program. The Silver&amp;Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).</li> </ul>
<b>Worldwide Coverage</b>	<ul style="list-style-type: none"> <li>• Reimbursement up to \$50,000 for qualifying expenses with \$0 copay</li> <li>• Urgently needed or Emergency services only</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

**Imperial Insurance Value (HMO C-SNP) 005**

<b>Premiums and Benefits</b>	<b>Imperial Insurance Value (HMO C-SNP)</b>
<p><b>Premiums</b> How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> <li>• Part C Premium: You pay \$0 per month</li> <li>• Part D Premium: You pay \$0 per month</li> <li>• You must continue to pay your Medicare Part B premium</li> </ul>
<p><b>Deductible</b> How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> <li>• This plan does not have a Part C deductible</li> </ul>
<p><b>Maximum Out-of-Pocket costs</b> What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> <li>• The most you will pay each year for Part C services in this plan is \$2,999</li> </ul>
<p><b>Inpatient Hospital Coverage<sup>1,2</sup></b> How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> <li>• After the Medicare-covered stay, you pay:                             <ul style="list-style-type: none"> <li>• \$125 per day for days 1-5</li> <li>• \$0 per day for days 6 - 90</li> </ul> </li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 - 60</li> </ul>
<p><b>Outpatient Hospital Coverage<sup>1,2</sup></b></p>	<ul style="list-style-type: none"> <li>• You pay \$0</li> </ul>
<p><b>Ambulatory Surgery Center<sup>1,2</sup></b></p>	<ul style="list-style-type: none"> <li>• You pay \$0 for each Medicare-covered ambulatory surgical center visit</li> </ul>
<p><b>Doctor visits</b> How much do I pay to visit a primary care physician or specialist?</p>	<ul style="list-style-type: none"> <li>• Primary care physician visit: You pay \$0</li> <li>• Specialist visit<sup>1,2</sup>: You pay \$0</li> <li>• You have the option of getting certain services by telehealth using phone or video</li> </ul>
<p><b>Preventive Care<sup>1,2</sup></b> How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> <li>• You pay \$0 for covered preventive services</li> </ul>
<p><b>Emergency Care</b> How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> <li>• You pay a \$100 copay</li> <li>• If you are admitted to the hospital within 48 hours, you don’t have to pay your share of the cost for emergency care</li> </ul>
<p><b>Urgently Needed Services</b> How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> <li>• You pay \$0</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

<p><b>Premiums and Benefits</b></p>	<p><b>Imperial Insurance Value (HMO C-SNP)</b></p>
<p><b>Diagnostic Services / Labs / Imaging<sup>1,2</sup></b> How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> <li>• You pay \$0 for:                             <ul style="list-style-type: none"> <li>• Diagnostic tests</li> <li>• Diagnostic radiology services (e.g., MRI)</li> <li>• Therapeutic radiology services</li> <li>• X-rays</li> <li>• Lab services</li> </ul> </li> </ul>
<p><b>Hearing Services<sup>1,2</sup></b> How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for:                             <ul style="list-style-type: none"> <li>• Covered diagnostic and routine exams</li> <li>• The plan covers up to \$250</li> </ul> </li> <li>• Hearing aid allowance: You pay 20% of the total cost. The plan covers up to \$1,250 per year</li> </ul>
<p><b>Dental Services</b> How much do I pay for dental services?</p>	<ul style="list-style-type: none"> <li>• Medicare-covered Dental services: You pay \$0</li> <li>• 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</li> <li>• You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$2000 every year</li> </ul>
<p><b>Vision Services</b> How much do I pay for Vision Services? What’s my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> <li>• Medicare-covered Vision services: You pay \$0</li> <li>• You pay \$0 for routine eye exams</li> <li>• You pay \$0 per year for either:                             <ul style="list-style-type: none"> <li>• One pair of eyeglasses (lenses and frames)</li> <li>• One pair of contact lenses</li> <li>• The plan covers up to \$250 every year for eyewear</li> </ul> </li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

<p><b>Premiums and Benefits</b></p>	<p><b>Imperial Insurance Value (HMO C-SNP)</b></p>
<p><b>Mental Health Services<sup>1,2</sup></b> How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> <li>• Inpatient Visits: Medicare covers the first 2 days of your hospital stay. After this:                             <ul style="list-style-type: none"> <li>• You pay \$200 per day for days 1-7</li> <li>• You pay \$0 per day for days 8 - 90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60</li> </ul> </li> <li>• Outpatient services:                             <ul style="list-style-type: none"> <li>• You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician)</li> <li>• You pay \$0 for each Medicare-covered psychiatric individual or group therapy session</li> </ul> </li> </ul>
<p><b>Skilled Nursing Facility<sup>1,2</sup></b> 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"> <li>• You pay \$0 per day for days 1 – 20</li> <li>• You pay \$164.50 per day for days 21 - 100</li> </ul>
<p><b>Physical Therapy<sup>1,2</sup></b> How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services: You pay 20% of the total cost</li> <li>• You pay \$15 per visit for:                             <ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech and language therapy</li> </ul> </li> </ul>
<p><b>Ambulance<sup>1</sup></b> How much do I pay for Ambulance services?</p>	<ul style="list-style-type: none"> <li>• You pay a \$125 copay per one-way trip by ground</li> <li>• You pay 20% of the total cost for trips by air</li> <li>• Prior authorization required for non-emergency trips</li> </ul>
<p><b>Transportation<sup>1,2</sup></b> How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> <li>• You pay \$0 for unlimited round-trip transportation to plan approved locations</li> </ul>
<p><b>Medicare Part B Drugs<sup>1</sup></b> How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> <li>• You pay \$0 for Part B drugs including chemotherapy drugs</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.



Part D Prescription Drugs		Imperial Insurance Value (HMO C-SNP)	
<b>Part D Premium</b>	You pay \$0		
<b>Out-of-Pocket Cost Threshold</b> What's the limit on how much I will pay?	Your yearly limit for Part D drugs in this plan is \$7,400		
<b>Deductible Stage</b>	No deductible (Your coverage begins on the effective date of your enrollment)		
<b>Initial Coverage Stage</b>	<b>You pay the following costs until your total yearly drug costs reach \$4,660</b>		
	<b>Retail 30 Day Supply</b>	<b>Mail Order 100 Day Supply</b>	
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	
<b>Coverage Gap Stage</b>	<b>You pay the following costs until your yearly out-of-pocket drug costs reach \$7,400</b>		
	<b>Retail 30 Day Supply</b>	<b>Mail Order 100 Day Supply</b>	
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	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		
<b>Catastrophic Coverage Stage</b>	<b>Once your yearly out-of-pocket drug costs reach \$7,660, you pay</b>		
	The greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%		

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

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Supplemental Benefits	Imperial Insurance Value (HMO C-SNP)
<b>Home-delivered Meals</b>	<ul style="list-style-type: none"> <li>• There is \$0 copayment for up to 7 delivered meals following a surgery or hospital stay.</li> <li>• The plan covers up to \$105 per benefit period.</li> </ul>
<b>Home Health Services<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay \$0 for Home Health Services</li> </ul>
<b>In-home Support Services</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Medical Equipment / Supplies<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost per item for Durable Medical Equipment (DME)<sup>1</sup>, such as oxygen or a wheelchair.</li> <li>• You pay 20% of the total cost per item on prosthetics<sup>1</sup> such as braces, artificial limbs</li> <li>• You pay \$0 for diabetic monitoring supplies<sup>1</sup></li> </ul>
<b>Outpatient Substance Abuse<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting.</li> </ul>
<b>Over-the-Counter (OTC) Drugs and Supplies</b>	<ul style="list-style-type: none"> <li>• \$115 allowance every three months through our OTC mail order catalog</li> <li>• Cash, checks, credit cards or money orders are not accepted under this OTC benefit</li> <li>• No roll over</li> </ul>
<b>Routine Foot Care<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay \$0 for 6 routine foot care visits per calendar year</li> </ul>
<b>Wellness Programs</b>	<ul style="list-style-type: none"> <li>• You pay \$0 for fitness center membership or one home fitness kit through the Silver&amp;Fit<sup>®</sup> Program. The Silver&amp;Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).</li> </ul>
<b>Worldwide Coverage</b>	<ul style="list-style-type: none"> <li>• Reimbursement up to \$50,000 for qualifying expenses with \$0 copay</li> <li>• Urgently needed or Emergency services only</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

<b>Imperial Insurance Traditional Plus (HMO) 007</b>	
<b>Premiums and Benefits</b>	<b>Imperial Insurance Traditional Plus (HMO)</b>
<p><b>Premiums</b> How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> <li>• Part C Premium: You pay \$0 per month</li> <li>• Part D Premium: You pay \$0 per month</li> <li>• We pay \$110 of your Part B Premium. You must continue to pay your share of the Medicare Part B premium</li> </ul>
<p><b>Deductible</b> How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> <li>• In 2022, the Part C deductible for this plan is \$233. This amount may change for 2023. Imperial Insurance Traditional Plus will notify you when Medicare releases the 2023 amount</li> <li>• Part D Deductible: You pay \$505</li> </ul>
<p><b>Maximum Out-of-Pocket costs</b> What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> <li>• The most you will pay each year for Part C services in this plan is \$8,300</li> </ul>
<p><b>Inpatient Hospital Coverage<sup>1,2</sup></b> How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> <li>• \$0 per day for days 1 through 60</li> <li>• \$400 per day for days 61 through 90</li> <li>• \$800 per day for lifetime reserve days</li> </ul>
<p><b>Outpatient Hospital Coverage<sup>1,2</sup></b></p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost</li> </ul>
<p><b>Ambulatory Surgery Center<sup>1,2</sup></b></p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for each Medicare-covered ambulatory surgical center visit</li> </ul>
<p><b>Doctor visits</b> How much do I pay to visit a primary care physician or specialist<sup>1,2</sup>?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for each primary care or specialist<sup>1,2</sup> visit.</li> <li>• You have the option of getting certain services by telehealth using phone or video</li> </ul>
<p><b>Preventive Care<sup>1</sup></b> How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for glaucoma screening, diabetes self-management training, barium enemas, digital rectal exams and EKJs following a Welcome visit</li> <li>• You pay \$0 for other covered preventive services</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

<p><b>Premiums and Benefits</b></p>	<p><b>Imperial Insurance Traditional Plus (HMO)</b></p>
<p><b>Emergency Care</b> How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> <li>You pay 20% of the total cost up to \$95</li> <li>If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for emergency care</li> </ul>
<p><b>Urgently Needed Services</b> How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> <li>You pay 20% of the total cost up to \$60</li> <li>If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for urgent care</li> </ul>
<p><b>Diagnostic Services / Labs / Imaging<sup>1,2</sup></b> How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for:                             <ul style="list-style-type: none"> <li>Diagnostic tests</li> <li>Diagnostic radiology services (e.g., MRI)</li> <li>Lab services</li> <li>Therapeutic radiology services</li> <li>X-rays</li> </ul> </li> </ul>
<p><b>Hearing Services<sup>1,2</sup></b> How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for:                             <ul style="list-style-type: none"> <li>Covered diagnostic and routine exams</li> <li>The plan covers up to \$250</li> </ul> </li> <li>Hearing aid allowance: You pay 20%. The plan covers up to \$1,250 per calendar year</li> </ul>
<p><b>Dental Services</b> How much do I pay for dental services?</p>	<ul style="list-style-type: none"> <li>Medicare-covered Dental services: You pay \$0</li> <li>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</li> <li>You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$2000 every year</li> </ul>
<p><b>Vision Services</b> How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for Medicare-covered vision services</li> <li>You pay \$0 for routine eye exams</li> <li>You pay \$0 per year for either:                             <ul style="list-style-type: none"> <li>One pair of eyeglasses (lenses and frames)</li> <li>One pair of contact lenses</li> <li>The plan covers up to \$240 per year for eyewear</li> </ul> </li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Premiums and Benefits	Imperial Insurance Traditional Plus (HMO)
<p><b>Mental Health Services<sup>1,2</sup></b>                      How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> <li>• Inpatient Visit:</li> <li>• \$0 per day for days 1 through 60</li> <li>• \$400 per day for days 61 through 90</li> <li>• \$800 per day for lifetime reserve days</li> <li>• Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit</li> </ul>
<p><b>Skilled Nursing Facility<sup>1,2</sup></b>                      How much do I pay for Skilled Nursing Facility stay?</p>	<ul style="list-style-type: none"> <li>• \$0 per day fro days 0 - 20</li> <li>• \$200 per day for days 21 through 100</li> <li>• you pay all costs for each day after 100 in a benefit period</li> </ul>
<p><b>Physical Therapy<sup>1,2</sup></b>                      How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for:                             <ul style="list-style-type: none"> <li>• Cardiac (heart) rehab services</li> <li>• Occupational therapy visit</li> <li>• Physical therapy</li> <li>• Speech and language therapy</li> </ul> </li> </ul>
<p><b>Ambulance<sup>1</sup></b>                      How much do I pay for Ambulance services?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost per trip by ground or air</li> <li>• Prior authorization required for non-emergency trips</li> </ul>
<p><b>Medicare Part B Drugs<sup>1</sup></b>                      How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for Part B drugs including chemotherapy drugs</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Part D Prescription Drugs		Imperial Insurance Traditional Plus (HMO)	
<b>Part D Premium</b>	You pay \$0		
<b>Out-of-Pocket Cost Threshold</b> What's the limit on how much I will pay?	Your yearly limit for Part D drugs in this plan is \$7,400		
<b>Deductible Stage</b>	You pay \$505 for your drugs before the plan begins to pay its share		
<b>Initial Coverage Stage</b>	<b>You pay the following costs until your total yearly drug costs reach \$4,660</b>		
	<b>Retail 30 Day Supply</b>	<b>Mail Order 100 Day Supply</b>	
All Generic, Brand and Specialty Drugs	25%	25%	
<b>Coverage Gap Stage</b>	<b>You pay the following costs until your yearly out-of-pocket drug costs reach \$7,400</b>		
	<b>Retail 30 Day Supply</b>	<b>Mail Order 100 Day Supply</b>	
All Generic, Brand and Specialty Drugs	You pay 25% of the cost for all other drugs and a portion of the dispensing fee		
<b>Catastrophic Coverage Stage</b>	<b>Once your yearly out-of-pocket drug costs reach \$7,400, you pay</b>		
	The greater of \$4.15 for generic or a preferred multi-source drug and \$10.35 for all other drugs, or 5%		

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

Supplemental Benefits	Imperial Insurance Traditional Plus (HMO)
<b>Home Health Services<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>You pay \$0 for Home Health Services</li> </ul>
<b>In-home Support Services</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Medical Equipment / Supplies<sup>1</sup></b>	<ul style="list-style-type: none"> <li>You pay 20% of the total cost per item for:                             <ul style="list-style-type: none"> <li>Durable Medical Equipment (DME)<sup>1</sup>, such as oxygen or a wheelchair</li> <li>Prosthetics<sup>1</sup> such as braces, artificial limbs</li> </ul> </li> <li>You pay 20% of the total cost for diabetic monitoring supplies<sup>1</sup></li> </ul>
<b>Outpatient Substance Abuse<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

<b>Imperial Courage Plan (HMO) 008</b>	
<b>Premiums and Benefits</b>	<b>Imperial Courage Plan (HMO)</b>
<p><b>Premiums</b> How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> <li>• Part C Premium: You pay \$0 per month</li> <li>• We pay \$75 of your Part B Premium. You must continue to pay your share of the Medicare Part B premium</li> </ul>
<p><b>Deductible</b> How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> <li>• This plan does not have a Part C deductible</li> </ul>
<p><b>Maximum Out-of-Pocket costs</b> What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> <li>• The most you will pay each year for Part C services in this plan is \$2,999</li> </ul>
<p><b>Inpatient Hospital Coverage<sup>1,2</sup></b> How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> <li>• After the Medicare-covered stay, you pay \$125 for days 1-5</li> <li>• You pay \$0 per day for days 6 - 90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$0 per day for days 1 – 60</li> </ul>
<p><b>Outpatient Hospital Coverage<sup>1,2</sup></b></p>	<ul style="list-style-type: none"> <li>• You pay \$0 for outpatient hospital services</li> </ul>
<p><b>Ambulatory Surgery Center<sup>1,2</sup></b></p>	<ul style="list-style-type: none"> <li>• You pay \$0 for each Medicare-covered ambulatory surgical center visit</li> </ul>
<p><b>Doctor visits</b> How much do I pay to visit a primary care physician or specialist<sup>1,2</sup>?</p>	<ul style="list-style-type: none"> <li>• You pay \$0 for each primary care or specialist<sup>1,2</sup> visit.</li> <li>• You have the option of getting certain services by telehealth using phone or video</li> </ul>
<p><b>Preventive Care</b> How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> <li>• You pay \$0 for glaucoma screening<sup>1</sup>, diabetes self-management training<sup>1</sup>, barium enemas<sup>1</sup>, digital rectal exams and EKJs following a Welcome visit</li> <li>• You pay \$0 for other covered preventive services</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.



Premiums and Benefits	Imperial Courage Plan (HMO)
<p><b>Emergency Care</b> How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> <li>You pay \$100 per visit</li> <li>If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for emergency care</li> </ul>
<p><b>Urgently Needed Services</b> How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> <li>You pay \$0</li> <li>If you are admitted to the hospital within 3 days, you don't have to pay your share of the cost for urgent care</li> </ul>
<p><b>Diagnostic Services / Labs / Imaging<sup>1,2</sup></b> How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> <li>You pay \$0 for:                             <ul style="list-style-type: none"> <li>Diagnostic tests</li> <li>Diagnostic radiology services (e.g., MRI)</li> <li>Lab services</li> <li>Therapeutic radiology services</li> <li>X-rays</li> </ul> </li> </ul>
<p><b>Hearing Services<sup>1,2</sup></b> How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> <li>You pay 20% of the total cost for:                             <ul style="list-style-type: none"> <li>Covered diagnostic and routine exams</li> <li>The plan covers up to \$250</li> </ul> </li> <li>Hearing aid allowance: You pay 20%. The plan covers up to \$1,250 per calendar year</li> </ul>
<p><b>Dental Services</b> How much do I pay for dental services?</p>	<ul style="list-style-type: none"> <li>Medicare-covered Dental services: You pay \$0</li> <li>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</li> <li>You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$2000 every year</li> </ul>
<p><b>Vision Services</b> How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> <li>You pay \$0 for Medicare-covered vision services</li> <li>You pay \$0 for routine eye exams</li> <li>You pay \$0 per year for either:                             <ul style="list-style-type: none"> <li>One pair of eyeglasses (lenses and frames)</li> <li>One pair of contact lenses</li> <li>The plan covers up to \$250 per year for eyewear</li> </ul> </li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Premiums and Benefits	Imperial Courage Plan (HMO)
<p><b>Mental Health Services<sup>1,2</sup></b> How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> <li>• Inpatient Visit:                             <ul style="list-style-type: none"> <li>• After the Medicare-covered stay, you pay \$200 per day for days 1-7</li> <li>• You pay \$0 per day for days 8-90</li> <li>• Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 per day for days 1 – 60</li> </ul> </li> <li>• Outpatient services: You pay 20% of the total cost for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician)</li> <li>• You pay \$0 for each Medicare-covered psychiatric individual or group therapy session</li> </ul>
<p><b>Skilled Nursing Facility<sup>1,2</sup></b> 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"> <li>• You pay \$0 per day for days 1 – 20</li> <li>• You pay \$164.50 per day for days 21 – 100</li> <li>• You pay 100% of the cost for days 101 and beyond</li> </ul>
<p><b>Physical Therapy<sup>1,2</sup></b> How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for cardiac (heart) rehab services</li> <li>• You pay \$15 for each:                             <ul style="list-style-type: none"> <li>• Occupational therapy visit</li> <li>• Physical therapy</li> <li>• Speech and language therapy</li> </ul> </li> </ul>
<p><b>Ambulance<sup>1</sup></b> How much do I pay for Ambulance services?</p>	<ul style="list-style-type: none"> <li>• You pay \$125 for each trip by ground</li> <li>• You pay 20% of the total cost per trip air</li> <li>• Prior authorization required for non-emergency trips</li> </ul>
<p><b>Medicare Part B Drugs<sup>1</sup></b> How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for Part B drugs including chemotherapy drugs</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

Supplemental Benefits	Imperial Courage Plan (HMO)
<b>Home-delivered Meals<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• There is \$0 copayment for up to 7 delivered meals following a surgery or hospital stay.</li> <li>• The plan covers up to \$105 per benefit period.</li> </ul>
<b>Home Health Services<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay \$0 for Home Health Services</li> </ul>
<b>Medical Equipment / Supplies<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost per item for Durable Medical Equipment (DME)<sup>1</sup>, such as a wheelchair</li> <li>• You pay 20% of the total cost per item on prosthetics<sup>1</sup> such as braces, artificial limbs</li> <li>• You pay \$0 for diabetic monitoring supplies<sup>1</sup></li> </ul>
<b>Outpatient Substance Abuse<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting</li> </ul>
<b>Over-the-Counter (OTC) Drugs and Supplies</b>	<ul style="list-style-type: none"> <li>• \$115 allowance every three months through our OTC mail order catalog</li> <li>• Cash, checks, credit cards or money orders are not accepted under this OTC benefit</li> <li>• No roll over</li> </ul>
<b>Routine Foot Care<sup>1,2</sup></b>	<ul style="list-style-type: none"> <li>• You pay \$0 for 6 routine foot care visits per calendar year</li> </ul>
<b>Wellness Programs</b>	<ul style="list-style-type: none"> <li>• You pay \$0 for fitness center membership or one home fitness kit through the Silver&amp;Fit<sup>®</sup> Program. The Silver&amp;Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).</li> </ul>
<b>Worldwide Coverage</b> How much is my Worldwide Coverage reimbursement?	<ul style="list-style-type: none"> <li>• Reimbursement up to \$50,000 for qualifying expenses with \$0 copay</li> <li>• Urgently needed or Emergency services only</li> </ul>

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.

## 2023 Summary of Benefits

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Imperial Health is constantly reviewing how technology in new devices and services can enhance health improvements to our members. For a list of what is available to you please call 1-800-838-8271, (TTY: 711), October 1 through March 31, Monday - Sunday, 6:00 a.m. to 8:00 p.m. PST or April 1 through September 30 Monday - Friday 6:00 a.m. to 8:00 p.m. PST except holidays.

Imperial Insurance Companies, Inc. is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies (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 Insurance Companies, Inc. (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).*