

IMPERIAL
HEALTH PLAN
OF CALIFORNIA

2026

**ENROLLMENT
BOOK**

Imperial Senior Value (HMO C-SNP) 005

Imperial Dynamic Plan (HMO) 012

Imperial Courage Plan (HMO) 016



2026 Imperial Health Plan of California, Inc. (HMO) (HMO SNP) Pre-Enrollment Kit Table of Contents

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

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

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

For 2026, you will have access to many supplemental benefits such as comprehensive dental care, vision, hearing, transportation, health club membership, Over the Counter (OTC) drugs and supplies, routine foot care and more. Once you compare your benefits, we hope you will see the advantage of choosing Imperial Health Plan.

If you have questions regarding your enrollment, please contact our Member Services Department at 1-800-838-8271, TTY: 711.

We are open October 1 – March 31: Monday – Sunday from 8:00 am PST. – 8:00 pm PST
and April 1 – September 30: Monday – Friday from 8:00 am PST. – 8:00 pm PST, except holidays.

We look forward to serving you.

Sincerely,

Paveljit S. Bindra, M.D. CEO

For 2026, we are pleased to offer Imperial Health Plan benefits and services in these fifty California counties:

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

Important Contact Numbers: #s

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

Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

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



Scope of Appointment Confirmation (SOA)

The Centers for Medicare and Medicaid Services (CMS) requires licensed sales agents to document the scope of 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.

Medicare Advantage Plans (Part C)	
<input type="checkbox"/>	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 network (except in emergencies).
<input type="checkbox"/>	Medicare Special Needs Plan (C-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.

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.)	



**Scope of Appointment documentation is subject to CMS record retention requirements. Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). Imperial Health Plan of California (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).*



ELIGIBILITY

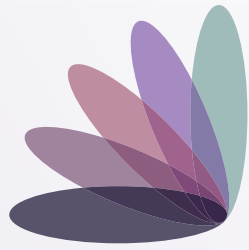
Understanding eligibility and enrollment guidelines are important when enrolling into a Medicare advantage plan. If you are eligible for Medicare Part A and enrolled in Medicare Part B, you may be eligible to enroll into a Medicare Advantage Plan like Imperial Health Plan of California, Inc. (HMO) (HMO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

The following are eligibility requirements for Imperial Health Plan:

Imperial Plan(s)	Medicare A&B	Reside in Service Area	Conditions
Imperial Dynamic Plan (HMO) - 012	Yes	Alameda, Amador, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, 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	N/A
Imperial Senior Value (HMO C-SNP) - 005	Yes		Cardiovascular Disorder, Chronicle Heart Failure and/or Diabetes. Must also complete SNP assessment
Imperial Courage Plan (HMO) - 016	Yes		Part C ONLY (No Part D)

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

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IMPERIAL
HEALTH PLAN
OF CALIFORNIA

2026

**BENEFIT
HIGHLIGHTS**

Imperial Senior Value (HMO C-SNP) 005

Imperial Dynamic Plan (HMO) 012

Imperial Courage Plan (HMO) 016

SERVICE AREA

Imperial Dynamic Plan (HMO)

Imperial Senior Value (HMO C-SNP)

Imperial Courage Plan (HMO)

Counties:

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

2026 Benefit Highlights

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	Imperial Dynamic Plan (HMO)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Part C Plan Premium	\$0	\$0	\$0
Medicare Part B Premium Reduction	\$35 Monthly	\$25 Monthly	\$75 Monthly
Part C Annual Deductible	\$0	\$0	\$0
Part D Drug Annual Deductible	\$0	\$0	No Part D Drug Coverage
Annual Maximum Out-of-Pocket Part A and Part B Expenses	\$296	\$296	\$2,999
Primary Care Physician Services	\$0	\$0	\$0
Physician Specialist Services	\$0	\$0	\$5
Psychiatric Services	\$0	\$0	\$0

H5496_432 Benefit Highlights_M ENG Accepted 09/07/25

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2027.

2026 Benefit Highlights

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	Imperial Dynamic Plan (HMO)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Physical Therapy and Speech-Language Pathology Services, Occupational Therapy Services	\$0	\$0	20% Physical & Speech \$10 Occupational Therapy
Podiatry Services	\$0 Up to 6 visits annually	\$0 Up to 6 visits annually	\$5 Up to 6 visits annually
Acupuncture & Chiropractor Treatment	\$0 Up to 35 visits annually combined	\$0 Up to 35 visits annually combined	\$0 Up to 20 visits annually for Acupuncture only
Lab Services	\$0	\$0	\$0
Outpatient Diagnostic Procedures X-Ray, MRI, CT Scan	\$0	\$0	\$0
Urgently Needed Services	\$0	\$0	\$0
Ambulance Services	20% Air \$150 Ground Waived if admitted to hospital in 48 hours	20% Air \$150 Ground Waived if admitted to hospital in 48 hours	20% Air \$150 Ground

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2027.

2026 Benefit Highlights

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	Imperial Dynamic Plan (HMO)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Emergency Services	\$125 Waived if admitted to hospital in 48 hours	\$125 Waived if admitted to hospital in 48 hours	\$125 Waived if admitted to hospital in 48 hours
Inpatient Hospital – Acute	\$0	\$0	\$150 for days 1–5 \$0 for days 6–90
Inpatient Hospital – Psychiatric	\$0	\$0	\$150 for days 1–5 \$0 for days 6–90
Meal Benefit	\$0 Up to 7 Home Delivered Meals Post Hospital Discharge, up to \$105 per year	\$0 Up to 7 Home Delivered Meals Post Hospital Discharge, up to \$105 per year	\$0 Up to 7 Home Delivered Meals Post Hospital Discharge, up to \$105 per year
In-Home Support Services	\$0 Up to 60 hours annually	\$0 Up to 60 hours annually	Not Covered
Outpatient Hospital Services	\$100 per visit	\$100 per visit	\$200 per visit
Skilled Nursing Facility	\$0 Per Day, Days 1–20 \$100 Per Day, Days 21–50 \$200 Per Day, Days 51–100		\$0 Per Day, Days 1–20 \$200 Per Day, Days 21–100

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2027.

2026 Benefit Highlights

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	Imperial Dynamic Plan (HMO)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Durable Medical Equipment (DME)	20%	20%	20%
Eye Exams	\$0	\$0	\$0
Eyewear – Prescription Lens	\$0	\$0	\$0
Eyewear Frames at VSP- Participating Providers	\$500 Annual allowance	\$500 Annual allowance	\$250 Annual allowance
Hearing Exams	\$0	\$0	\$0
Prescription Hearing Aids	\$500 Annual allowance	\$500 Annual allowance	\$500 Annual allowance
Worldwide Emergency /Urgent Coverage	\$0 Up to \$100,000 annually	\$0 Up to \$100,000 annually	\$20 Up to \$50,000 annually
Fitness Benefit Membership with Silver&Fit™	\$0 Annually	\$0 Annually	\$0 Annually

Silver&Fit™ is a registered trademark of American Specialty Health Incorporated (ASH). All rights reserved.

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2027.

2026 Benefit Highlights

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	Imperial Dynamic Plan (HMO)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Transportation Services	\$0 Up to 100 one-way trips annually	\$0 Up to 100 one-way trips annually	\$0 Up to 100 one-way trips annually
Comprehensive Dental Services	\$4,000 Annual allowance	\$3,000 Annual allowance	\$1,500 Annual allowance
Diagnostic and Preventive Dental Services	\$500 Annual allowance	\$500 Annual allowance	\$500 Annual allowance
Over-the-Counter (OTC) Items	\$140 Per quarter	\$130 Per quarter	\$75 Per quarter
Sildenafil Citrate (generic Viagra)	Tier 1 \$0 6 pills per month	Tier 1 \$0 6 pills per month	No Part D Drug Coverage
Diabetic Supplies and Services	\$0	\$0	\$0

For people with full Medicaid, this coinsurance may be paid in part or in full by Medicaid or a third party. Cost share may change in 2027.

2026 Benefit Highlights

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2026 Benefit Highlights page 7	Imperial Dynamic Plan (HMO)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Special Supplemental Benefits for the Chronically Ill Qualified Food and Produce/Grocery ¹	\$45 Per Quarter	\$20 Per Quarter	Not Covered
¹ You must qualify by having one or more of these chronic conditions: Chronic alcohol use disorder and other substance use disorders (SUDs); Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Overweight, obesity, and metabolic syndrome; Chronic gastrointestinal disease; Chronic kidney disease (CKD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Post-organ transplantation; Immunodeficiency and Immunosuppressive disorders; Conditions associated with cognitive impairment; Conditions with functional challenges; Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; Conditions that require continued therapy services in order for individuals to maintain or retain functioning			
Out-of-Pocket Cost Threshold for Part D Drugs	Your annual cost limit for Part D Drugs in this plan is \$2,100		No Part D Drug Coverage
Formulary Insulins	\$0	\$0	No Part D Drug Coverage
Tier 1 – Preferred Generic (30 Day Supply)	\$0	\$0	No Part D Drug Coverage
Tier 2 – Generic (30 Day Supply)	\$6	\$6	No Part D Drug Coverage
Tier 3 – Preferred Brand (30 Day Supply)	\$45	\$45	No Part D Drug Coverage

Some people receive extra help paying for drug copays. Copays may be lower. Cost share may change in 2027.

2026 Benefit Highlights

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Imperial Dynamic Plan (HMO)	Imperial Senior Value (HMO C-SNP)	Imperial Courage Plan (HMO)
Tier 4 – Non-Preferred Drug (30 Day Supply)	\$90	No Part D Drug Coverage
Tier 5 – Specialty Tier (30 Day Supply)	33%	No Part D Drug Coverage
Tier 6 – Select Care Drugs (30 Day Supply)	Not Applicable	No Part D Drug Coverage
Tier 1 – Preferred Generic (100 Day Supply)	\$0 Mail Order \$0 Retail	No Part D Drug Coverage
Tier 2 – Generic (100 Day Supply)	\$5 Mail Order \$5 Retail	No Part D Drug Coverage
Tier 3 – Preferred Brand (100 Day Supply)	\$90 Mail Order \$110 Retail	No Part D Drug Coverage
Tier 4 – Non-Preferred Drug (100 Day Supply)	\$180 Mail Order \$225 Retail	No Part D Drug Coverage
Tier 5 – Specialty Tier (100 Day Supply)	Not Applicable	No Part D Drug Coverage
Tier 6 – Select Care Drugs (100 Day Supply)	Not Applicable	No Part D Drug Coverage

Some people receive extra help paying for drug copays. Copays may be lower. Cost share may change in 2027.

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

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

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

Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Imperial does not exclude anyone or treat them unfairly because of race, color, national origin, age, disability, or sex.

Imperial Health Plan of California (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o género. Imperial no excluye a nadie ni lo trata injustamente por motivo de raza, color, origen nacional, edad, discapacidad o sexo.



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

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

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



IMPERIAL
HEALTH PLAN
OF CALIFORNIA

2026

SUMMARY OF BENEFITS

Imperial Senior Value (HMO C-SNP) 005

Imperial Dynamic Plan (HMO) 012

Imperial Courage Plan (HMO) 016

Imperial Health Plan of California, Inc.

(HMO) (HMO SNP)

This document is available for free in Spanish. This document is available in other formats such as braille, large print or audio. For more information, please call us at 1-800-838- 8271 (TTY 711) October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. or April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. except holidays, or visit us at www.imperialhealthplan.com.



Who can join?

To join Imperial Health Plan of California, Inc. (HMO) (HMO SNP), you must meet all of the following requirements:

- You live in our service area
- You have both Medicare Part A and Medicare Part B
- You are a United States Citizen

Some of our plans have additional requirements to join.

- To join Imperial Senior Value (HMO C-SNP) you must also have been diagnosed with a cardiovascular disorder, chronic heart failure and/or diabetes.

Which doctors, hospitals, and pharmacies can I use?

Imperial Health Plan has a network of doctors, hospitals, pharmacies, and other providers who are available to provide you with medical and supplemental benefit care. When you join our health plan, you must select a primary care physician

(PCP). Your PCP will work with us to coordinate your medical and specialty care when you need to see other providers. If you use any provider that is not in our network, the plan may not pay for these services, except in emergency situations. You can view our directories on our website:

www.imperialhealthplan.com.

How do I determine my Part D prescription drug costs?

The Part D drugs we cover are grouped into five and six different tiers, depending on the plan benefit package you enroll with. You will need a copy of our drug list or “formulary” to find out which tier your drug is on. The amount you pay depends on the drug’s tier, the number of day supplies, the benefit stage you have reached, whether you are using a network pharmacy, and the type of pharmacy you use (e.g., retail, mail order, long-term care, home infusion, etc).

Where can I find more information?

Our Member Services staff is available to answer any questions on eligibility and benefits. Please call 1-800-838-8271, (TTY: 711), October 1 through March 31, Monday – Sunday, 8:00 am to 8:00 pm or April 1 through September 30 Monday – Friday 8:00 am to 8:00 pm except holidays.

This Summary of Benefits is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To

get a complete list of services we cover, please refer to the "Evidence of Coverage". You can find this book on our website at www.Imperialhealthplan.com listed under member benefits.

If you want to know more about the coverage and costs of Original Medicare, please refer to the “Medicare & You” handbook. You can find this handbook at www.Medicare.gov or call 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048.

Imperial Health Plan Service Area

Plan	Counties Served
Imperial Senior Value (HMO C-SNP) 005	Alameda, Amador, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Monterey, Mono, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, Santa Barbara, San Bernardino, San Benito, Santa Clara, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Tulare, Tuolumne, Ventura, Yolo, and Yuba
Imperial Dynamic Plan (HMO) 012	
Imperial Courage Plan (HMO) 016	

Imperial Dynamic Plan (HMO) 012

Premiums and Benefits	Imperial Dynamic Plan (HMO)
Premiums How much do I need to pay monthly?	<ul style="list-style-type: none"> Part C Premium: You pay \$0 per month Part D Premium: You pay \$0 per month Imperial Dynamic Plan pays \$35 of your Part B Premium. You must continue to pay your Medicare Part B premium
Deductible How much do I need to pay before the plan pays?	<ul style="list-style-type: none"> This plan does not have a deductible for Part C or D benefits
Maximum Out-of-Pocket costs What's the limit on how much I will pay?	<ul style="list-style-type: none"> The most you will pay each year for Part C services in this plan is \$296
Inpatient Hospital – Acute ^{1,2} How long will my plan cover? How much do I pay?	<ul style="list-style-type: none"> You pay \$0 per day for days 1 – 90 You pay a \$0 copay for each Lifetime Reserve Day.
Outpatient Hospital Services ^{1,2}	<ul style="list-style-type: none"> You pay \$100 per visit
Ambulatory Surgery Center ^{1,2}	<ul style="list-style-type: none"> You pay \$100 for each Medicare-covered ambulatory surgical center visit
Doctor visits How much do I pay to visit a primary care physician or specialist?	<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
Preventive Service How much do I pay for Preventive Care?	<ul style="list-style-type: none"> You pay \$0 for glaucoma screening¹, diabetes self-management training¹, digital rectal exams and EKGs following a welcome visit

Premiums and Benefits	Imperial Dynamic Plan (HMO)
Emergency Services How much do I pay for Emergency Care?	<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
Urgently Needed Services How much do I pay for Urgently Needed Services?	<ul style="list-style-type: none"> You pay \$0
Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?	<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
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
	<ul style="list-style-type: none"> You pay \$0 for each home health visit
Mental Health Specialty Services^{1,2} How much do I pay for inpatient or outpatient services?	<ul style="list-style-type: none"> Inpatient stays: <ul style="list-style-type: none"> You pay \$0 per day for days 1 – 90 You pay a \$0 copay for each Lifetime Reserve Day. Outpatient services: You pay \$0 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

Premiums and Benefits	Imperial Dynamic Plan (HMO)
Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?	We cover up to 100 days in a SNF per benefit period: <ul style="list-style-type: none"> You pay \$0 per day for days 1 – 20 You pay \$100 per day for days 21 – 50 You pay \$200 per day for days 51 – 100
Cardiac Rehabilitation Services / Occupational / Physical/Speech / Language Therapy² How much do I pay for Outpatient Rehab and therapy?	<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
Ambulance Services¹ How much do I pay for Ambulance services?	<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 If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Durable Medical Equipment (DME) / Prosthetics / Diabetic 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
Medicare Part B Rx Drugs and Home Infusion Drugs¹ How much do I pay for Part B Drugs?	<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

Part D Prescription Drugs		Imperial Dynamic Plan (HMO)	
Part D Premium		You pay \$0 per month	
Out-of-Pocket Cost Threshold What's the limit on how much I will pay?		Your yearly limit for Part D in this plan is \$2,100	
Deductible Stage		No deductible (Your coverage begins on the effective date of your enrollment)	
Initial Coverage Stage		You pay the following costs until your yearly out-of-pocket drug costs reach \$2,100	
		Retail 30 Day Supply	Mail Order 100 Day Supply
Tier 1 – Preferred Generic		\$0.00	\$0.00
Tier 2 – Generic		\$6.00	\$5.00
Tier 3 – Preferred Brand		\$45.00/ Select Insulins: \$0	\$90.00/ Select Insulins: \$0
Tier 4 – Non-Preferred		\$90.00/ Select Insulins: \$0	\$180.00/ Select Insulins: \$0
Tier 5 – Specialty Tier		33%	Mail order supply not available for Tier 5
Catastrophic Coverage Stage		Once your yearly out-of-pocket drug costs reach \$2,100. You pay \$0 for covered prescription drugs for the remainder of the plan year.	

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.

Supplemental Benefits	Imperial Dynamic Plan (HMO)
Dental Services How much do I pay for dental services?	<ul style="list-style-type: none"> • Medicare-covered Dental services: You pay \$0 • Preventive dental services: You pay \$0 for routine office visits. Office visits include exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year • You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$4000 every year
Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?	<ul style="list-style-type: none"> • You pay \$0 for Medicare-covered vision services • You pay \$0 for routine eye exams • You pay \$0 every year for either: <ul style="list-style-type: none"> • One pair of eyeglasses (lenses and frames) • One pair of contact lenses • The plan covers up to \$500 every year for eyewear
Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?	<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
Transportation Services^{1,2} How much do I pay for Transportation services?	<ul style="list-style-type: none"> • You pay \$0 for 100 one-way trips to plan approved locations
Meal Benefit¹	<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.
SSBCI Qualified Food and Produce/Grocery *You must qualify by having one or more of the chronic conditions listed on the last page of this document.	<ul style="list-style-type: none"> • \$45 Per Quarter

2026 Summary of Benefits

Section 2 Imperial Dynamic Plan (HMO)

In-home Support Services	<ul style="list-style-type: none">• You pay \$0 for up to 60 hours of in-home support services including help with transportation, grocery shopping, medication pickup, care reminders, light house help, and light exercise.
Chiropractic and Acupuncture Treatments	<ul style="list-style-type: none">• You pay a \$0 copay for 35 visits (combined with Acupuncture Treatments) every year.
Over-the-Counter (OTC)	<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
Podiatry Services²	<ul style="list-style-type: none">• You pay \$0 for 6 routine foot care visits per calendar year
Fitness Benefit	<ul style="list-style-type: none">• You pay \$0 for up to one home fitness kit per year through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).
Worldwide Emergency/Urgent Coverage	<ul style="list-style-type: none">• Reimbursement up to \$100,000 for qualifying expenses with \$0 copay• Urgently needed or Emergency services only

Imperial Senior Value (HMO C-SNP) 005

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
Premiums How much do I need to pay monthly?	<ul style="list-style-type: none"> Part C and D Premiums: You pay \$0 per month Imperial Senior Value (HMO C-SNP) pays \$25 of your Part B Premium. You must continue to pay your Medicare Part B premium
Deductible How much do I need to pay before the plan pays?	<ul style="list-style-type: none"> This plan does not have a deductible for Part C or D benefits
Maximum Out-of-Pocket costs What's the limit on how much I will pay?	<ul style="list-style-type: none"> The most you will pay each year for Part C services in this plan is \$296
Inpatient Hospital – Acute ^{1,2} How long will my plan cover? How much do I pay?	<ul style="list-style-type: none"> You pay \$0 per day for days 1 – 90 You pay a \$0 copay for each Lifetime Reserve Day.
Outpatient Hospital Services ^{1,2}	<ul style="list-style-type: none"> You pay \$100 for outpatient hospital services
Ambulatory Surgery Center ^{1,2}	<ul style="list-style-type: none"> You pay \$100 for each Medicare-covered ambulatory surgical center visit
Doctor visits How much do I pay to visit a primary care physician or specialist?	<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
Preventive Service How much do I pay for Preventive Care?	<ul style="list-style-type: none"> You pay \$0 for glaucoma screening¹, diabetes self-management training¹, digital rectal exams and EKGs following a welcome visit

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
Emergency Services How much do I pay for Emergency Care?	<ul style="list-style-type: none"> You pay \$125 for each emergency visit If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Urgently Needed Services How much do I pay for Urgently Needed Services?	<ul style="list-style-type: none"> You pay \$0
Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?	<ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> Diagnostic radiology services (e.g., MRI, CT) Outpatient x-rays Lab services Diagnostic tests Therapeutic radiology services: You pay 20%
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
Home Health Services^{1,2}	<ul style="list-style-type: none"> You pay \$0 for each home health visit
Mental Health Specialty Services^{1,2} How much do I pay for inpatient or outpatient services?	<ul style="list-style-type: none"> Inpatient Visit: <ul style="list-style-type: none"> You pay \$0 for days 1 – 90 Outpatient services: You pay \$0 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
Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?	We cover up to 100 days in a SNF per benefit period: <ul style="list-style-type: none"> You pay \$0 per day for days 1 – 20 You pay \$100 per day for days 21 – 50 You pay \$200 per day for days 51 – 100

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
Cardiac Rehabilitation Services / Occupational / Physical/Speech / Language Therapy² How much do I pay for Outpatient Rehab and therapy?	<ul style="list-style-type: none"> • Cardiac (heart) rehab services: You pay \$0 • Occupational therapy visit: You pay \$0 • Physical therapy and speech and language therapy visit: You pay \$0
Ambulance Services¹ How much do I pay for Ambulance services?	<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 • If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Durable Medical Equipment (DME) / Prosthetics / Diabetic 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
Medicare Part B Rx Drugs and Home Infusion Drugs¹ How much do I pay for Part B Drugs?	<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

Part D Prescription Drugs		Imperial Senior Value (HMO C-SNP)	
Part D Premium		You pay \$0 per month	
Out-of-Pocket Cost Threshold What's the limit on how much I will pay?		Your yearly limit for Part D drugs in this plan is \$2,100	
Deductible Stage		No deductible (Your coverage begins on the effective date of your enrollment)	
Initial Coverage Stage		You pay the following costs until your yearly out-of-pocket drug costs reach \$2,100	
		Retail 30 Day Supply	Mail Order 100 Day Supply
Tier 1 – Preferred Generic		\$0.00	\$0.00
Tier 2 – Generic Drugs		\$6.00	\$5.00
Tier 3 – Preferred Brand		\$45.00/ Select Insulins: \$0	\$90.00/ Select Insulins: \$0
Tier 4 – Non-Preferred		\$90.00/ Select Insulins: \$0	\$180.00/ Select Insulins: \$0
Tier 5 – Specialty Tier		33%	Mail order supply not available for Tier 5
Tier 6 – Select Care Drugs		\$3.00	\$0
Catastrophic Coverage Stage		Once your yearly out-of-pocket drug costs reach \$2,100. You pay \$0 for covered prescription drugs for the remainder of the plan year.	

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.

Supplemental Benefits	Imperial Senior Value (HMO C-SNP)
Dental Services How much do I pay for dental services?	<ul style="list-style-type: none"> • Medicare-covered dental services: You pay \$0 • Preventive dental services: You pay \$0 for routine office visits. Office visits include exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year • You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$3,000 per year
Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?	<ul style="list-style-type: none"> • You pay \$0 for Medicare-covered vision services • You pay \$0 for routine eye exams • You pay \$0 every year for either: <ul style="list-style-type: none"> • One pair of eyeglasses (lenses and frames) • One pair of contact lenses • The plan covers up to \$500 per year for eyewear
Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?	<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 allowance: You pay \$0. The plan covers up to \$500 per calendar year
Transportation^{1,2} How much do I pay for Transportation services?	<ul style="list-style-type: none"> • You pay \$0 for 100 one-way trips to plan approved locations
Meal Benefit¹	<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.
SSBCI Qualified Food and Produce/Grocery *You must qualify by having one or more of the chronic conditions listed on the last page of this document.	<ul style="list-style-type: none"> • \$20 Per Quarter

Supplemental Benefits	Imperial Senior Value (HMO C-SNP)
In-home Support Services	<ul style="list-style-type: none"> You pay \$0 for up to 60 hours of in-home support services including help with transportation, grocery shopping, medication pickup, care reminders, light house help, and light exercise.
Chiropractic and Acupuncture Treatments	<ul style="list-style-type: none"> You pay a \$0 copay for 35 visits (combined with Acupuncture Treatments) every year.
Over-the-Counter (OTC)	<ul style="list-style-type: none"> \$130 allowance every three months through our OTC mail order catalog Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over
Podiatry Services^{1,2}	<ul style="list-style-type: none"> You pay \$0 for 6 Podiatry Services visits per calendar year
Fitness Benefit	<ul style="list-style-type: none"> You pay \$0 for up to one home fitness kit per year through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).
Worldwide Emergency/Urgent Coverage	<ul style="list-style-type: none"> Reimbursement up to \$100,000 for qualifying expenses with \$0 copay Urgently needed or Emergency services only

Imperial Courage Plan (HMO) 016

Premiums and Benefits	Imperial Courage Plan (HMO)
Premiums How much do I need to pay monthly?	<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
Deductible How much do I need to pay before the plan pays?	<ul style="list-style-type: none"> This plan does not have a deductible
Maximum Out-of-Pocket costs What's the limit on how much I will pay?	<ul style="list-style-type: none"> The most you will pay each year for Part C services in this plan is \$2,999
Inpatient Hospital – Acute ^{1,2} How long will my plan cover? How much do I pay?	<ul style="list-style-type: none"> You pay \$150 per day for days 1 – 5 You pay \$0 per day for days 6 – 90 You pay a \$0 copay for each Lifetime Reserve Day.
Outpatient Hospital Services ^{1,2}	<ul style="list-style-type: none"> You pay \$200 per stay
Ambulatory Surgery Center ^{1,2}	<ul style="list-style-type: none"> You pay \$200 for each Medicare-covered visit
Doctor visits How much do I pay to visit a primary care physician or specialist?	<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
Preventive Service How much do I pay for Preventive Care?	<ul style="list-style-type: none"> You pay \$0 for glaucoma screening¹, diabetes self-management training¹, digital rectal exams and EKGs following a welcome visit
Emergency Services How much do I pay for Emergency Care?	<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

Premiums and Benefits	Imperial Courage Plan (HMO)
Urgently Needed Services How much do I pay for Urgently Needed Services?	<ul style="list-style-type: none"> You pay \$0 per visit
Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?	<ul style="list-style-type: none"> You pay \$0 for: <ul style="list-style-type: none"> Diagnostic radiology services (e.g., MRI, CT) Outpatient x-rays Lab services Diagnostic tests Therapeutic radiology services: You pay 20%
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
Home Health Services^{1,2}	<ul style="list-style-type: none"> You pay \$10 for each home health visit
Mental Health Specialty Services^{1,2} How much do I pay for inpatient or outpatient services?	<ul style="list-style-type: none"> Inpatient Visit: <ul style="list-style-type: none"> You pay \$150 per day for days 1 – 5 You pay \$0 per day for days 6 – 90 You pay a \$0 copay for each Lifetime Reserve Day. 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

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)
Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?	We cover up to 100 days in a SNF per benefit period: <ul style="list-style-type: none"> You pay \$0 per day for days 1 – 20 You pay \$200 per day for days 21 – 50 You pay \$200 per day for days 51 – 100
Cardiac Rehabilitation Services / Occupational / Physical/Speech / Language Therapy² How much do I pay for Outpatient Rehab and therapy?	<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
Ambulance¹ How much do I pay for Ambulance services?	<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
Durable Medical Equipment (DME) / Prosthetics / Diabetic 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
Medicare Part B Rx Drugs and Home Infusion Drugs¹ How much do I pay for Part B Drugs?	<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

Supplemental Benefits	Imperial Courage Plan (HMO)
Dental Services How much do I pay for dental services?	<ul style="list-style-type: none"> • Medicare-covered Dental services: You pay \$0 • Preventive dental services: You pay \$0 for routine office visits. Office visits include exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year • You pay \$0 for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services. Your plan covers up to \$1500 every year
Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?	<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
Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?	<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
Transportation^{1,2} How much do I pay for Transportation services?	<ul style="list-style-type: none"> • You pay \$0 for 100 one-way trips to plan approved locations
Meal Benefit¹	<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.
Chiropractic and Acupuncture Treatments	<ul style="list-style-type: none"> • You pay a \$0 copay for 20 visits (combined with Acupuncture Treatments) every year.
Over-the-Counter (OTC)	<ul style="list-style-type: none"> • \$75 allowance every three months through our OTC mail order catalog • Cash, checks, credit cards or money orders are not accepted under this OTC benefit • No roll over

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

Podiatry Services^{1,2}	<ul style="list-style-type: none"> You pay \$5 for 6 Podiatry Services visits per calendar year
Fitness Benefit	<ul style="list-style-type: none"> You pay \$0 for up to one home fitness kit per year through the Silver&Fit[®] Program. The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).
Worldwide Emergency/Urgent 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 \$20 copay for emergency care Urgently needed or Emergency services only

2026 Summary of Benefits

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

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

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).*



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.
5. **Mail** Complete the enrollment application and mail it:
Imperial Health Plan of California
Attention: Membership Department
PO Box 60874
Pasadena, CA 91106

What Happens After Enrollment Application Is Completed?

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

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

Imperial Health Plan 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, Inc. (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

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. 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.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ 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, 2026.
- ☐ 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.

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.

<input type="checkbox"/>	I am new to Medicare.	
<input type="checkbox"/>	I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).	
<input type="checkbox"/>	I recently moved outside of the service area for my current plan or I recently moved and have new options available to me. I moved on (insert date)	Date
<input type="checkbox"/>	I recently was released from incarceration. I was released on (insert date)	Date
<input type="checkbox"/>	I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)	Date
<input type="checkbox"/>	I recently obtained lawful presence status in the United States. I got this status on (insert date)	Date
<input type="checkbox"/>	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)	Date
<input type="checkbox"/>	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)	Date
<input type="checkbox"/>	I have Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).	
<input type="checkbox"/>	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	Date

	into/out of the facility on (insert date)	
<input type="checkbox"/>	I recently left a PACE program on (insert date)	Date
<input type="checkbox"/>	I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)	Date
<input type="checkbox"/>	I am leaving employer or union coverage on (insert date)	Date
<input type="checkbox"/>	I'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.	
<input type="checkbox"/>	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.	
<input type="checkbox"/>	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)	Date
<input type="checkbox"/>	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)	Date
<input type="checkbox"/>	I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.	
<input type="checkbox"/>	I am enrolling during the Annual Enrollment Period (AEP) from October 15 through December 7.	
<input type="checkbox"/>	(C-SNP Only) I have a qualifying chronic condition that makes me eligible for enrollment in a Chronic Condition Special Needs Plan.	
<p>If none of these statements applies to you or you're not sure, please contact Imperial Health Plan of California, Inc. (HMO) (HMO SNP) at 1-800-838-5914, TTY:711, to see if you are eligible to enroll. We are open October 1 - March 31: Monday - Sunday from 8:00 am PST. - 8:00 pm PST and April 1 - September 30: Monday - Friday from 8:00 am PST. - 8:00 pm PST. except holidays.</p>		



2026

Individual 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)

Important: To join a Medicare Prescription Drug Plan, you must also have either, or 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** 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.

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.

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.

- 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

P.O. Box 60874

Pasadena, CA 91116

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

How do I get help with this form?

Call Imperial Health Plan at 1-800-838-5197. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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

Individuals experiencing homelessness

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

Section 1 – All fields in this section are required (unless marked optional)

Select the plan you want to join:

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

First name:	Last name:	Middle initial: (optional)
Birth date (MM/DD/YYYY):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number:
Email Address (optional):		Cell Phone (optional):

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

City:	County: (optional)	State:	ZIP code:
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Mailing address, if different from your permanent address (P.O. Box allowed):

Street address:	City:	State:	ZIP code:
Emergency Contact (optional):	Relationship:	Phone Number:	

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:
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Do you have cardiovascular disorder, chronic heart failure, and/or diabetes? ☐ Yes ☐ No

Are you enrolled in your state Medi-Cal (Medicaid) program? ☐ Yes ☐ No

If "yes," please provide your Medi-Cal (Medicaid) number: _____

IMPORTANT: Read and sign below:

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

Signature:

Today's date:

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

Section 2 – All fields in this section are optional

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

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

☐ Spanish ☐ Chinese ☐ Korean ☐ Vietnamese ☐ Other _____

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

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

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

PCP Name: _____

PCP ID Number: _____

Medical Group or IPA: _____

Are you an existing patient of this PCP?

☐ Yes ☐ No

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.

Email 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. Please select a premium payment option. If you don't make a selection, you will receive a bill.**

☐ Get a bill.

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. *The Social Security/RRB deduction may take at least two months to begin after approval by Social Security or the Railroad Retirement Board (RRB). Until Social Security approves the deduction, you will continue to receive paper statements.*

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

For individuals helping enrollee with completing this form only

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

Name: _____

Relationship to Enrollee: _____

Signature: _____

National producer number (NPN): _____

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 and 1860D-1 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.

Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). Imperial Health Plan of California (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o género. **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

Imperial Senior Value (HMO C-SNP) offers a Special Need Plan (SNP) for people with chronic conditions. You may be eligible to join Imperial Senior Value (HMO C-SNP)'s special needs plan for chronic conditions if you can answer "Yes" to any of the questions below.

Please complete this form and return it to us with your enrollment application. Imperial will validate your chronic condition with your doctor within 30 days of the enrollment effective date. If we are unable to verify your chronic condition, we need to disenroll you from this plan.

BENEFICIARY INFORMATION		
Last Name	Name	Initial
	Phone Number #1	Phone Number #2
CLINICAL QUESTIONS TO QUALIFY CHRONIC CONDITION (S)		
DIABETES MELLITUS		
Have you been diagnosed by your doctor or other licensed healthcare professional with Diabetes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you presented increased thirst, frequent urination, extreme hunger, unexplained weight loss, slow healing sores or frequent infections?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had problems with high blood sugar?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you take medications and/or have been put on a special diet to control your blood sugar?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CHRONIC HEART FAILURE		
Have you been diagnosed by your doctor or other licensed healthcare professional with chronic or congestive heart failure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had problems with fluid retention in your lungs or swelling in your legs due to heart problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you take medications to prevent legs or hand swelling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you feel fatigue when walking or doing physical activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
When you walk, do you need to stop and rest?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CARDIOVASCULAR DISORDERS		
Have you ever been diagnosed by a doctor or licensed healthcare professional with a cardiovascular condition, such as cardiac arrhythmia, coronary artery disease (including angina), blood clots, or vascular disease affecting your legs (e.g., peripheral artery disease or deep vein thrombosis)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you experience palpitations, chest pain or tightness, or shortness of breath—particularly during physical activity or at rest?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had a stroke, heart attack (cardiac infarction), or been advised that you have elevated cholesterol levels (LDL over 100 or total cholesterol over 200)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been diagnosed with any metabolic conditions—such as high blood pressure, diabetes, or excess abdominal fat—that are associated with increased risk of cardiovascular disease?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Pre Enrollment SNP Qualification Assessment

HEALTH CARE PROVIDER(S) WHO CAN VERIFY YOUR CONDITION(S)		
Physician Name	Specialty	City
Physician Phone Number	Physician Fax Number	Does he/she work at any Hospital that you are aware of?
Physician Name	Specialty	City
Physician Phone Number	Physician Fax Number	Does he/she work at any Hospital that you are aware of?

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION TO VERIFY CHRONIC CONDITION (S)
I hereby authorize the providers listed above to disclosure my protected health information to Imperial Health Plan to verify that I have been diagnosed with a chronic condition which qualifies me for enrollment in Imperial Senior Value (HMO C-SNP)'s chronic special needs plan. This authorization applies to all health information maintained by the provider concerning my medical history for the chronic condition(s) indicated above.
Beneficiary Signature:
Date:

PROVIDER ATTESTATION	
I hereby attest that my patient listed above has one or more of the following conditions:	
Chronic Heart Failure	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cardiovascular Disorders (CVD)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes Mellitus	<input type="checkbox"/> YES <input type="checkbox"/> NO
Provider Name	Provider Signature
Today's Date:	Provider Address

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. ,except holidays. Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-708-5976 (TTY: 711).



Health Risk Assessment (HRA)

Date:		Member ID:		Plan Start Date:	
First Name:		Last Name:		Date of Birth:	
Gender:		Phone Number:		Email:	

Section 1: About You (Personal Characteristics)

- 1 What is your race and/or ethnicity? *Select all that apply and enter details in the space provided.*
- ☐ **American Indian/Alaskan Native** (for example, Navajo Nation, Nome Eskimo Community, etc.)
- ☐ **Asian** (for example, Chinese, Filipino, Indian, Vietnamese, etc.)
- ☐ **Black/African American** (for example, African American, Haitian, Ethiopian, etc.)
- ☐ **Hispanic or Latino** (for example, Mexican, Salvadoran, Puerto Rican, Cuban, etc.)
- ☐ **Middle Eastern or North African** (for example, Lebanese, Iranian, Egyptian, Syrian, etc.)
- ☐ **Native Hawaiian/ Pacific Islander** (for example, Native Hawaiian, Samoan, Fijian, etc.)
- ☐ **White** (for example, English, German, Irish, Italian, Polish, etc.)
- ☐ **Other Group**, please write in:

Section 2: Health Conditions

- 2 Have you ever had any of these health problems? (Check all that apply)
- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke (incl. Brain Bleed) |
| <input type="checkbox"/> Depression, Bi-polar, or Schizophrenia | <input type="checkbox"/> Bladder or Bowel Problems | <input type="checkbox"/> Vision or Eye Problems |
| <input type="checkbox"/> Cancer (including Leukemia) | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> COPD or lung disease | <input type="checkbox"/> Severe Obesity | <input type="checkbox"/> Blood Vessel Disease |
| <input type="checkbox"/> Pneumonia or other lung infections | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Drug or Alcohol Problems |
| <input type="checkbox"/> Dementia or Memory Loss | <input type="checkbox"/> Foot Problems | <input type="checkbox"/> Past Organ Transplant(s): |
| <input type="checkbox"/> Liver Disease (End-Stage) | <input type="checkbox"/> Kidney Disease (Stage 5) | Which organ? _____ |
| <input type="checkbox"/> Rheumatoid Arthritis, Joint Problems | <input type="checkbox"/> HIV or AIDS | Transplant Date: _____ |
| <input type="checkbox"/> Paralysis (Quadriplegia) | <input type="checkbox"/> Heart Disease, Heart Failure | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Trouble moving one side of the body | <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> None |

Section 3: Your Health & Doctor Visits (Preventive Care)

3 How would you rate your current health?	4 Do you use tobacco products?
<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Very Good <input type="checkbox"/> Poor <input type="checkbox"/> Good	<input type="checkbox"/> Yes, cigarettes or cigars <input type="checkbox"/> Yes, vape pens <input type="checkbox"/> None
5 When was your last check-up?	6 When was your last mammogram?
7 When was your last blood test?	8 When was your last colon cancer screening?
9 Do you regularly do any kind of physical activity or exercise?	10 Have you been offered a palliative care visit to help manage chronic conditions?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Overall, how comfortable are you with performing these activities of daily living?	



	<p>Eating <input type="checkbox"/> Can do independently <input type="checkbox"/> Need Assistance</p> <p>Dressing and Undressing <input type="checkbox"/> Can do independently <input type="checkbox"/> Need Assistance</p> <p>Using the toilet <input type="checkbox"/> Can do independently <input type="checkbox"/> Need Assistance</p>		<p>Brushing hair, brushing teeth, shaving, clipping nails, etc.? <input type="checkbox"/> Can do independently <input type="checkbox"/> Need Assistance</p> <p>Getting in and out of bed and moving around freely? <input type="checkbox"/> Can do independently <input type="checkbox"/> Need Assistance</p> <p>Bathing or showering completely <input type="checkbox"/> Can do independently <input type="checkbox"/> Need Assistance</p>												
12	<p>If you have diabetes or a heart condition, are you taking a statin (cholesterol medicine)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	13	<p>When was your last dilated retinal (eye) exam? Exam Date: _____ Location: _____</p> <p>Was retinopathy found? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
14	<p>What was the A1c level from your last blood test? Test Date: _____ Level: _____</p>	15	<p>When was your last kidney (urine or eGFR) test? Test Date: _____ Results (if known): _____</p>												
16	<p>When was your last blood pressure reading? Reading Date: _____ BP levels: ____/____ Location of Reading: <input type="checkbox"/> Home <input type="checkbox"/> Doctor's Office</p>	17	<p>Have you received any of the following vaccines this year?</p> <table border="1"> <thead> <tr> <th>Flu</th> <th>Pneumonia</th> <th>COVID</th> <th>Others</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No</td> </tr> </tbody> </table>	Flu	Pneumonia	COVID	Others	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Flu	Pneumonia	COVID	Others												
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes												
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No												
18	<p>If you do not get vaccinated regularly, why?</p>	19	<p>If you received other vaccine(s) this year, which did you receive?</p>												
20	<p>How would you describe your eating habits?</p> <p><input type="checkbox"/> Healthy and balanced <input type="checkbox"/> Somewhat healthy <input type="checkbox"/> Unhealthy or not regular meals</p>	21	<p>Do you currently drink alcohol or use recreational drugs or substances?</p> <p><input type="checkbox"/> Yes, regularly <input type="checkbox"/> Yes, occasionally <input type="checkbox"/> No or prefer not to say</p>												
22	<p>How many times have you been admitted to a hospital in the past 12 months? <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> More than 5 times</p>	23	<p>How many times have you gone to the emergency room (ER) in the past 12 months? <input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> More than 7 times</p>												
24	<p>Have you had any stays at a Skilled Nursing Facility (SNF) or Acute Rehab Facility in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
Section 4: Moving and Balance (Risk of Falling)															
25	<p>Have you fallen in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	26	<p>Do you feel unsteady while walking or standing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
27	<p>Do you need help walking or standing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	28	<p>Has your doctor conducted a timed walk test that lasted 12 seconds or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
29	<p>Do you have trouble seeing clearly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	30	<p>Have you had a vision test in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
Section 5: Medicines, Allergies, & Pain															
31	<p>Do you take prescription medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____ List all known medications: _____</p>														
32	<p>Do any medicines make you dizzy, sleepy, or confused? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	33	<p>Do you currently have pain or discomfort? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, where? _____ What is the level of pain on a scale from 0 – 10? _____ (0 = No Pain, 10 = Worst Ever)</p>												



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

<p>34 Do you have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the allergens: _____</p>	<p>35 Do you get extra help from Medicare to pay for your medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																				
Section 6: Support & Social Life																					
<p>36 Do you feel safe at home? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>37 Do you have a caregiver helping you now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many days each week? _____</p>																				
<p>38 Do you have family members or others who are willing and able to help you when you need it? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																					
<p>39 Do you ever think your caregiver has a hard time giving you all the help you need? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																					
<p>40 How often do you speak with or see close friends/family? <input type="checkbox"/> Less than once a week <input type="checkbox"/> 1–2 times a week <input type="checkbox"/> 3–5 times a week <input type="checkbox"/> More than 5 times a week</p>																					
Section 7: Housing & Transportation																					
<p>41 What is your housing situation today? <input type="checkbox"/> I have a steady place to live <input type="checkbox"/> I have a place to live today, but I am worried about losing it in the future <input type="checkbox"/> I do not have a steady place to live (<i>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</i>)</p>																					
<p>42 In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (<i>check all that apply</i>) <input type="checkbox"/> Yes, it has kept me from medical appointments or getting medications <input type="checkbox"/> Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need <input type="checkbox"/> No</p>																					
Section 8: Food & Utilities																					
<p>43 Within the past 12 months, you worried that your food would run out before you got money to buy more. <input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Never true</p>																					
<p>44 In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already shut off</p>																					
Section 9: Mood and Emotional Health																					
<p>45 In the past two weeks, how often have you been bothered by any of the following problems?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black; padding: 5px;"><i>Check one box for each statement:</i></th> <th style="text-align: center; border-bottom: 1px solid black; padding: 5px;">Not at all</th> <th style="text-align: center; border-bottom: 1px solid black; padding: 5px;">Several days</th> <th style="text-align: center; border-bottom: 1px solid black; padding: 5px;">More than half the days</th> <th style="text-align: center; border-bottom: 1px solid black; padding: 5px;">Nearly every day</th> </tr> <tr> <th style="border-bottom: 1px solid black; padding: 5px;"></th> <th style="text-align: center; border-bottom: 1px solid black; padding: 5px;">0</th> <th style="text-align: center; border-bottom: 1px solid black; padding: 5px;">1</th> <th style="text-align: center; border-bottom: 1px solid black; padding: 5px;">2</th> <th style="text-align: center; border-bottom: 1px solid black; padding: 5px;">3</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Lost interest or joy in things:</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Feeling down, depressed, or hopeless:</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table>		<i>Check one box for each statement:</i>	Not at all	Several days	More than half the days	Nearly every day		0	1	2	3	Lost interest or joy in things:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling down, depressed, or hopeless:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check one box for each statement:</i>	Not at all	Several days	More than half the days	Nearly every day																	
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Feeling down, depressed, or hopeless:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	

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



IMPERIAL HEALTH PLAN
OF CALIFORNIA

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

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

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

Your level of extra help	Monthly Premium for Imperial Senior Value (HMO C-SNP) PBP 005	Monthly Premium for Imperial Dynamic Plan (HMO) PBP 012
100%	\$0	\$0
75%	\$0	\$0
50%	\$0	\$0
25%	\$0	\$0

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 8 a.m. and 7 p.m., Monday through Friday.

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

Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711). Imperial Health Plan of California (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o género. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Imperial Health Plan of California, Inc. - H5496

For 2025, Imperial Health Plan of California, Inc. - H5496 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Imperial Health Plan of California, Inc. 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 800-838-5914 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 800-838-8271 (toll-free) or 711 (TTY).

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

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

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

台語

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-838-8271 (TTY : 711) 或與您的提供者討論。」

Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-838-8271 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-838-8271 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오."

العربية

كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تنبيه: (أو تحدث إلى مقدم الخدمة" 711 (1-800-838-8271 اتصل على الرقم بتنسيقات يمكن الوصول إليها مجانًا.

ՀԱՅԵՐԵՆ

ՈՒՇԱԴԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Չանգահարեք 1-xxx-xxx-xxxx հեռախոսահամարով (711՝ 1-800-838-8271) կամ խոսեք Ձեր մատակարարի հետ:

বাংলা

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-800-838-8271 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।"

فارسي

همچنین کمک‌ها و خدمات پشتیبانی اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. توجه: تماس (1-800-838-8271 (تله‌تایپ: 711 با شماره مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. بگیرد یا با ارائه‌دهنده خود صحبت کنید.

हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी

प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-838-8271 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।”

日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-838-8271（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

ភាសាខ្មែរ

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ

ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-800-838-8271 (TTY: 711)

ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។”

ਪੰਜਾਬੀ

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-838-8271 (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।”

РУССКИЙ

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-838-8271 (TTY: 711) или обратитесь к своему поставщику услуг.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-838-8271 (TTY: 711) o makipag-usap sa iyong provider.”

ไทย

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้

ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-838-8271 (TTY: 711)

หรือปรึกษาผู้ให้บริการของคุณ”

українська мова

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-800-838-8271 (TTY: 711) або зверніться до свого постачальника».

اردو

قابل رسائی فارمیٹس میں معلومات فراہم کرنے اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ توجہ دیں: (پر کال کریں یا اپنے فراہم کنندہ سے بات 1-800-838-8271 (TTY: 711) کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ کریں۔”

Notice of Non-Discrimination

Unlawful Discrimination

Imperial Health Plan of California, Inc. (HMO) (HMO SNP) complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)) (or sex, gender identity, including transgender expressions; pregnancy or related conditions; sexual orientation; gender identity, and gender stereotypes). Imperial Health Plan does not exclude anyone or treat them unfairly because of race, color, national origin, age, disability, or sex

Imperial Health Plan:

Allows people with disabilities to make reasonable accommodations, free of charge, to communicate effectively with us, such as:

- Quality sign language interpretation
 - Providing information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose first language is not English, which may include:
- Quality interpretation
 - Information written in other languages.

If you need reasonable accommodations, basic service assistance, or language assistance, please contact Erica Ruiz.

If you believe that Imperial Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can raise your concern with: Erica Ruiz Compliance Officer, Compliance FWA, PO Box 60874 Pasadena, CA 91116, 1-888-708-5377, 711, 1-626-380-9054, complianceFWA@imperialhealthplan.com. You can raise your concern in person or by mail, fax, or email. If you need assistance raising your concern, Erica Ruiz Compliance Officer is available to help you.

You may also file a human rights complaint with the U.S. Department of Health and Human Services, Office of Human Rights, electronically through the Human Rights Complaint Portal <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (Disabled)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Important Contact Numbers

Plan Website	Imperial Health Plan	www.ImperialHealthPlan.com
Member Services	Imperial Health Plan	1-800-838-8271
Transportation	Imperial Health Plan	1-800-838-8271
Meals	Imperial Health Plan	1-800-838-8271
Vision / Eyewear	VSP Vision Care	1-855-492-9028 www.vsp.com/advantageonly
Gym/ Fitness Membership	Silver & Fit	1-877-427-4788 www.SilverandFit.com
Hearing	TruHearing	1-866-335-9267
In-Home Support	Papa Pals	1-833-200-6924 www.Papa.com
Over-the-Counter (OTC)	AndMore	1-855-263-6673 www.AndMoreHealth.com
Pharmacy Benefit	MedImpact	1-877-391-1105 www.Medimpact.com
Telehealth	Teladoc	1-800-835-2362 www.Teladoc.com
Behavior Health	Lucet	1-816-237-2362
Chiropractic and Acupuncture	American Specialty Health	1-800-678-9133 www.ASHLink.com/ash/IHPM
Dental Service	Delta Dental	1-888-643-3239 Find a Dentist online https://www1.deltadentalins.com/medicare/imperialhealthplan.html



IMPERIAL HEALTH PLAN
OF CALIFORNIA

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

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