

Imperial Courage Plan (HMO) *offered by* IMPERIAL HEALTH PLAN OF CALIFORNIA, INC.

Annual Notice of Change for 2026

You're enrolled as a member of Imperial Courage Plan (HMO).

This material describes changes to your plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Imperial Courage Plan (HMO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. You can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

More Resources

- This material is available for free in Spanish.
- 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).
- Call Member Services at 1-800-838-8271 (TTY users call 711) for additional information. Hours are October 1 – March 31: Monday – Sunday, from 8:00 am – 8:00 pm; April 1 – September 30: Monday – Friday, from 8:00 am – 8:00 pm. This call is free.
- Please contact Imperial Health Plan at 1-800-838-8271 if you need information in an accessible format such as Braille, Large print, Audio CD, Data CD. 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.

About Imperial Courage Plan (HMO)

- Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means IMPERIAL HEALTH PLAN OF CALIFORNIA, INC. When it says “plan” or “our plan,” it means Imperial Courage Plan (HMO).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Imperial Courage Plan (HMO).** Starting January 1, 2026, you’ll get your medical coverage through Imperial Courage Plan (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn’t include Medicare Part D drug coverage, and you can’t be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don’t have Medicare drug coverage, or creditable drug coverage (as good as Medicare’s) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

H5496_425 ANOC 016_M ENG Accepted 09/03/25

Table of Contents

Summary of Important Costs for 2026	4
SECTION 1 Changes to Benefits & Costs for Next Year	6
Section 1.1 Changes to the Monthly Plan Premium	6
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount.....	6
Section 1.3 Changes to the Provider Network	6
Section 1.4 Changes to Benefits & Costs for Medical Services	7
SECTION 2 Administrative Changes	9
SECTION 3 How to Change Plans.....	9
Section 3.1 Deadlines for Changing Plans	10
Section 3.2 Are there other times of the year to make a change?	10
SECTION 4 Get Help Paying for Prescription Drugs	10
SECTION 5 Questions?	11
Get Help from Imperial Courage Plan (HMO)	11
Get Free Counseling about Medicare	12
Get Help from Medicare.....	12

Summary of Important Costs for 2026

These are 2025 cost-sharing amounts and can change for 2026. Imperial Courage Plan (HMO) will provide updated rates as soon as they're released.

	2025 (this year)	2026 (next year)
Monthly plan premium* *Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	\$2,999.00	\$2,999.00
Primary care office visits	\$0 per visit	\$0 per visit
Specialist office visits	\$5 per visit	\$5 per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	Medicare covers the first 2 days of your hospital stay. If you stay in the hospital longer than 2 days, you pay a \$150 copayment per day for days 1-5 and \$0 copayment for days 6 through 90. Our plan provides a maximum of 60 Lifetime Reserve days. You pay a	Medicare covers the first 2 days of your hospital stay. If you stay in the hospital longer than 2 days, you pay a \$150 copayment per day for days 1-5 and \$0 copayment for days 6 through 90. You pay a \$0 copay for each Lifetime Reserve day.

	2025 (this year)	2026 (next year)
	\$670 copay per day for days 1 – 60.	

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.) There is no change for the upcoming benefit year.	\$0	\$0

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount. There is no change for the upcoming benefit year.	\$2,999.00 Once you've paid \$2,999.00 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.	\$2,999.00 Once you've paid \$2,999.00 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our current *Provider Directory* is included in the envelope with this material.

Our network of providers has changed for next year. Review the 2026 *Provider Directory* imperialhealthplan.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at imperialhealthplan.com.
- Call Member Services at 1-800-838-8271 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-838-8271 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

These are 2025 cost-sharing amounts and can change for 2026. Imperial Courage Plan (HMO) will provide updated rates as soon as they're released.

	2025 (this year)	2026 (next year)
Inpatient Hospital – Acute & Psychiatric	<p>Medicare covers the first 2 days of your hospital stay.</p> <p>If you stay in the hospital longer than 2 days, you pay a \$150 copayment per day for days 1-5 and \$0 copayment for days 6 through 90.</p> <p>Our plan provides a maximum of 60 Lifetime Reserve days. You pay a \$670 copay per day for days 1 – 60.</p>	<p>Medicare covers the first 2 days of your hospital stay.</p> <p>If you stay in the hospital longer than 2 days, you pay a \$150 copayment per day for days 1-5 and \$0 copayment for days 6 through 90.</p> <p>You pay a \$0 copay for each Lifetime Reserve day.</p>
Skilled Nursing Facility	<p>Skilled Nursing Facility Services are <u>not</u> covered as a supplemental benefit under Part C.</p>	<p>Skilled Nursing Facility Services are covered as a supplemental benefit under Part C.</p>

	2025 (this year)	2026 (next year)
Intensive Outpatient Program Services	There is a \$200.00 copayment per visit for Medicare-covered Outpatient Hospital and Observation Services. Authorizations and referrals are required for these services.	There is a 20% coinsurance per visit. No authorization or referral is required.
Acupuncture Treatments	Not Covered	You pay \$0 copay for 20 visits every year.
Fitness Benefit	Through Silver & Fit® you are eligible to receive one of the following Home Fitness Kits per year: (1) Fitbit® or Garmin® Wearable Fitness Tracker Kit, (2) Dumbbells & Exercise Bands, (3) Pilates ball & Towel, (4) Yoga Mat & Towel, (5) Yoga Strap & Yoga Blocks, (6) Swim Goggles & Kickboard, (7) Aquatic Resistance Gloves & Pull Float, or (8) Stability Walking Poles.	Through Silver & Fit® you are eligible to receive one of the following Home Fitness Kits per year: (1) Resistance Band (2) Balance Ball (3) Yoga Mat (4) Foam Roller (5) Pedometer

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Change of Customer Service Contact Local Phone Number for Current Medicare Beneficiaries	Call (800) 838-5100 for assistance.	Call (800) 838-8271 for assistance
Change of Customer Service Contact Local Phone Number for Prospective Medicare Beneficiaries	Call (800) 838-5100 for assistance.	Call (800) 838-5914 for assistance.
Change of In-Network service categories that require prior authorization	Partial Hospitalization; Barium Enemas	Partial Hospitalization Program
Change of In-Network service categories that require a referral	Partial Hospitalization	Partial Hospitalization Program

SECTION 3 How to Change Plans

To stay in Imperial Courage Plan (HMO), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Imperial Courage Plan (HMO).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Imperial Courage Plan (HMO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Imperial Courage Plan (HMO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-800-838-8271 (TTY users call 711) for

more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to the Introduction).

- To learn more about Original Medicare and the different types of Medicare plans, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, IMPERIAL HEALTH PLAN OF CALIFORNIA, INC. offers other *Medicare* health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778 or
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the California AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call (844) 421-7050 (TTY users call 711) between 8:00 am to 5:00pm Monday-Friday, excluding holidays. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 5 Questions?

Get Help from Imperial Courage Plan (HMO)

- **Call Member Services at 1-800-838-8271 (TTY users call 711).**

We're available for phone calls October 1 – March 31: Monday – Sunday, from 8:00 am – 8:00 pm; April 1 – September 30: Monday – Friday, from 8:00 am – 8:00 pm. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for Imperial Courage Plan (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered

services and prescription drugs. Get the *Evidence of Coverage* on our website at imperialhealthplan.com or call Member Services at 1-800-838-8271 (TTY users call 711) to ask us to mail you a copy. You can also review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

- **Visit imperialhealthplan.com**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called California Health Insurance Counseling and Advocacy Program (HICAP).

Call California Health Insurance Counseling and Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 (TTY users call (800) 434-0222) between 8:00 am to 5:00 pm Monday-Friday, excluding holidays. Learn more about California Health Insurance Counseling and Advocacy Program (HICAP) by visiting www.aging.ca.gov/hicap.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.