



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

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

Premiums and Benefits	Imperial Dynamic Plan (HMO)
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

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

Premiums and Benefits	Imperial Dynamic Plan (HMO)
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

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

Part D Prescription Drugs		Imperial Dynamic Plan (HMO)	
Part D Premium		You pay \$0 per month	
Out-of-Pocket Cost Threshold What's the limit on how much I will pay?		Your yearly limit for Part D in this plan is \$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

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

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

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

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

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

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
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

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

Premiums and Benefits	Imperial Senior Value (HMO C-SNP)
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 catalogCash, checks, credit cards or money orders are not accepted under this OTC benefitNo 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 copayUrgently 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

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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

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

Supplemental Benefits	Imperial Courage Plan (HMO)
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.

2026 Summary of Benefits

Section 6 Imperial Courage Plan (HMO)

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 careUrgently needed or Emergency services only

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

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).*



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

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

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