



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

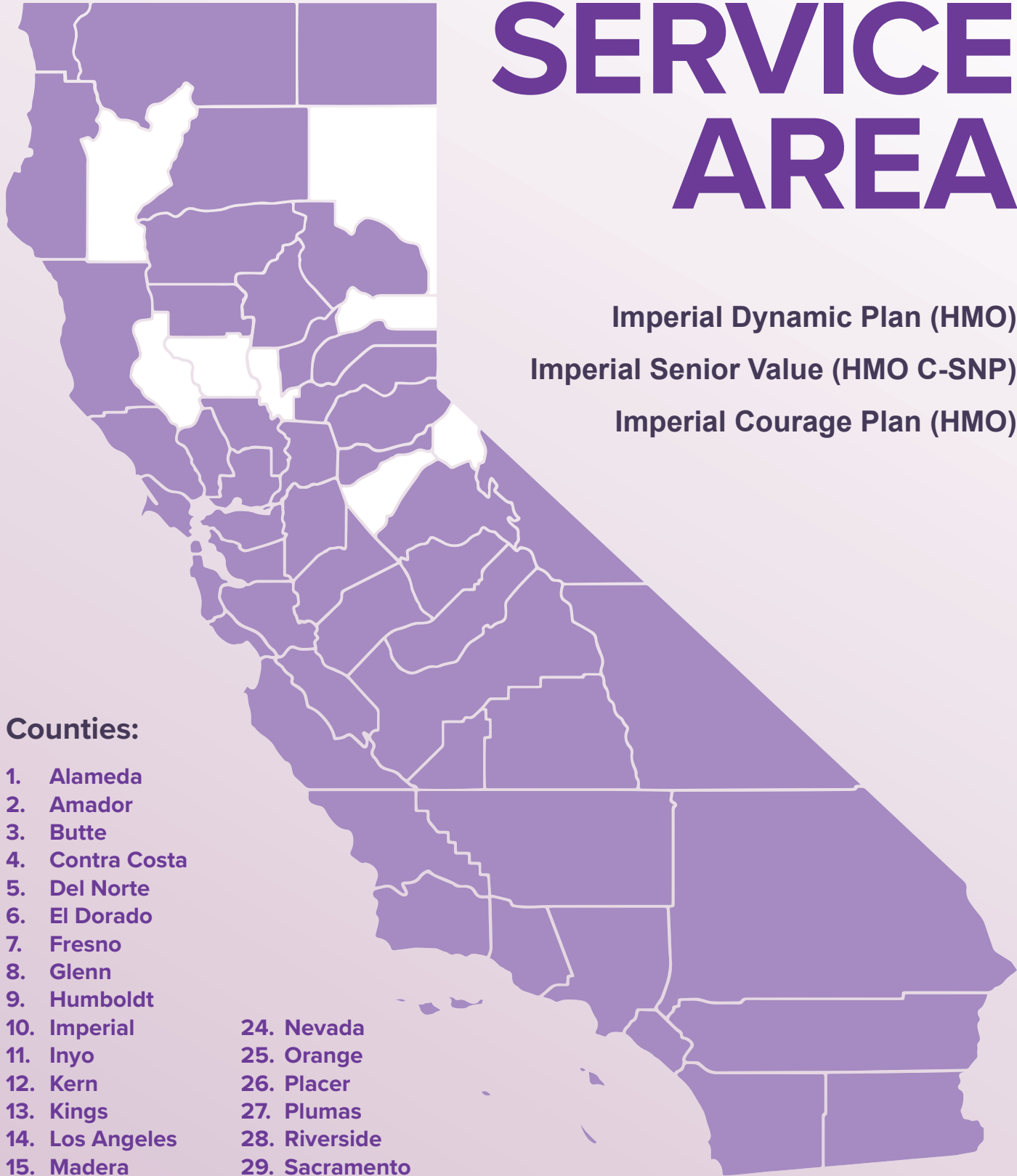
SERVICE AREA

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
Emergency 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

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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

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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

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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

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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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2026 Benefit Highlights	Imperial Dynamic Plan (HMO)	Imperial Senior Value (HMO C SNP)	Imperial Courage Plan (HMO)
Tier 4 – Non Preferred Drug (30 Day Supply)	\$90	\$90	No Part D Drug Coverage
Tier 5 – Specialty Tier (30 Day Supply)	33%	33%	No Part D Drug Coverage
Tier 6 – Select Care Drugs (30 Day Supply)	Not Applicable	\$3	No Part D Drug Coverage
Tier 1 – Preferred Generic (100 Day Supply)	\$0 Mail Order \$0 Retail	\$0 Mail Order \$0 Retail	No Part D Drug Coverage
Tier 2 – Generic (100 Day Supply)	\$5 Mail Order \$5 Retail	\$5 Mail Order \$5 Retail	No Part D Drug Coverage
Tier 3 – Preferred Brand (100 Day Supply)	\$90 Mail Order \$110 Retail	\$90 Mail Order \$110 Retail	No Part D Drug Coverage
Tier 4 – Non Preferred Drug (100 Day Supply)	\$180 Mail Order \$225 Retail	\$180 Mail Order \$225 Retail	No Part D Drug Coverage
Tier 5 – Specialty Tier (100 Day Supply)	Not Applicable	Not Applicable	No Part D Drug Coverage
Tier 6 – Select Care Drugs (100 Day Supply)	Not Applicable	\$0 Mail Order \$0 Retail	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.