IMPERIAL HEALTH PLAN OF CALIFORNIA

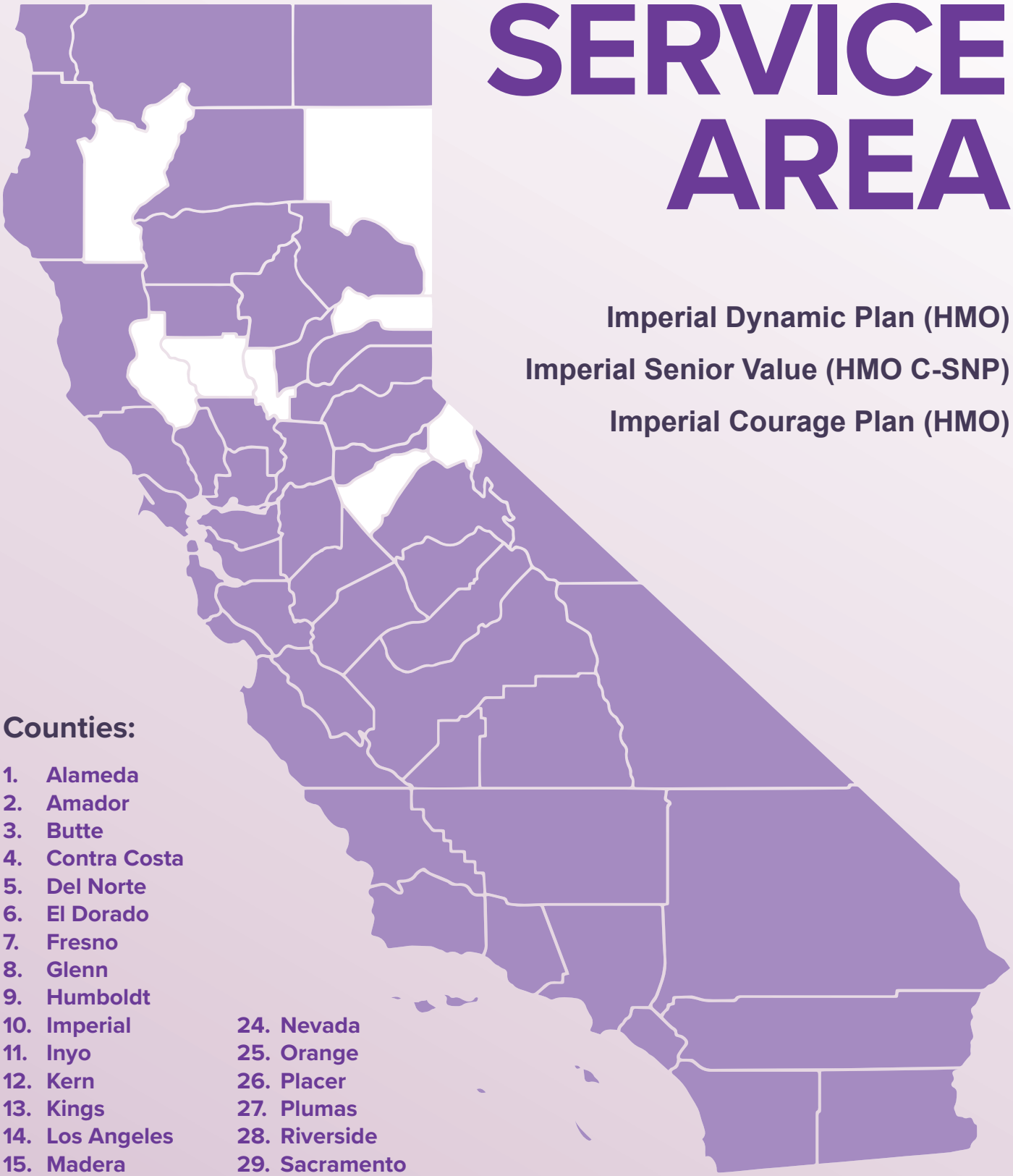
2026 BENEFIT HIGHLIGHTS

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 page 2	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**
nnual 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**

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 page 3	**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
cupuncture & 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**

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2026 Benefit Highlights page 4	**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 page 5	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 page 6	**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
Sildentafil 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 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 page 8	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

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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
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.