







Benefit Highlights Chart

2021 Benefit	Imperial Traditional (HMO) 007	Imperial Traditional Plus (HMO) 009	Imperial Senior Value (HMO C-SNP) 005	Imperial DUAL (HMO D-SNP) 011	Imperial Dynamic (HMO) 012
Premium Part C	\$0				
Physician Services	Doctor: \$0 Specialist ^{1,2} : \$0	Doctor: 20% co-insurance Specialist ^{1,2} : 20% co- insurance	Doctor: \$0 Specialist ^{1,2} : \$0	Doctor: 20% co-insurance Specialist ^{1,2} : 20% co- insurance	Doctor: \$0 Specialist ^{1,2} : \$0
Inpatient Hospital Care ^{1,2}	\$100 per day for days 1 through 5 and \$0 for days 6 through 90	Original Medicare	\$0	Original Medicare	\$0
Emergency Care	\$90 (waived if admitted within 48 hours)	20% co-insurance (waived if admitted within 3 days)	\$0	20% co-insurance (waived if admitted within 3 days)	\$120 (waived if admitted within 48 hours)
Urgent Care	\$0	20% co-insurance (waived if admitted within 3 days)	\$0	20% co-insurance (waived if admitted within 3 days)	\$0
Worldwide Emergency Care	\$0 co-payment Max of \$50,000 for qualifying expenses				
Ambulance Services ¹	\$125 Ground 20% Air	20% co-insurance	\$125 Ground 20% Air	20% co-insurance	\$125 Ground 20% Air
Transportation ^{1,2}	\$0 co-payment Round trip to plan approved health-related location				
Durable Medical Equipment^{1,2}	20% co-insurance				
Health and Wellness	\$0 for fitness center membership or up to two home fitness kits per calendar year				

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 Vision Care	\$15 for annual routine eye exam, \$175 maximum for contacts, lenses and frames (every two years)	20% co-insurance for annual routine eye exam, \$250 maximum for contacts (every six months), lenses and frames (every two years)	\$15 for annual routine eye exam, \$175 maximum for contacts lenses and frames (every two years)	20% co-insurance for annual routine eye exam, \$250 maximum for contacts (every six months), lenses and frames (every two years)	\$0 for annual routine eye exam, \$250 maximum for contacts, lenses and frames (every two years)
 Dental Services	\$0 Preventive \$500 Max and \$0 Comprehensive \$500 Max dental services				
 Hearing Services	20% co-insurance for routine hearing exams fitting/evaluation \$250 Max. 20% co-insurance for Hearing Aid \$1,000 maximum for both ears per year.	20% co-insurance for routine hearing exams fitting/evaluation 20% co-insurance for Hearing Aid \$1,250 maximum for both ears per year.	20% co-insurance for routine hearing exams fitting/evaluation \$250 Max. 20% co-insurance for Hearing Aid \$1,000 maximum for both ears per year.	20% co-insurance for routine hearing exams fitting/evaluation 20% co-insurance for Hearing Aid \$1,250 maximum for both ears per year.	20% co-insurance for routine hearing exams fitting/evaluation \$250 Max. 20% co-insurance for Hearing Aid \$1,000 maximum for both ears per year.
 Over-the-Counter (OTC)	\$0 You have a \$75 maximum every three months			\$0 You have a \$125 maximum every three months	
 Podiatry Services^{1,2}	\$0 for 6 routine foot care visits per year	20% co-insurance for 6 routine foot care visits per year	\$0 for 6 routine foot care visits per year	20% co-insurance for 6 routine foot care visits per year	\$0 for 6 routine foot care visits per year
 Part D Drugs	Covered. Refer to your Evidence of Coverage for detailed information.				

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor. Allowance will vary based on plan. Co-insurance and co-payments vary by plan. 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. Contact 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).