































2022 Benefit Highlights










2022 Benefit	Imperial Senior Value (HMO C SNP) 005	Imperial Traditional (HMO) 007	Imperial Traditional Plus (HMO) 009	Imperial Strong (HMO) 014
 Service Area	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Merced, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Stanislaus, Tulare, Ventura and Yolo.			
 Premiums	Part C Premium: \$0	Part C Premium: \$0	Part C Premium: \$0	Part C Premium: \$0
	Part D Premium: \$0	Part D Premium: \$0	Part D Premium: \$33.20	Part D Premium: \$0
 Part B buy down	There is no Part B buy down for 005, 007 and or 009.			\$85.00 Part B buy down Paid to members monthly
 Physician Services	Doctor: \$0 Specialist ^{1,2} : 0	Doctor: \$5 Specialist ^{1,2} : \$10	Doctor: 20% co-insurance Specialist ^{1,2} : 20% co-insurance	
 Inpatient Hospital Care^{1,2}	\$0	\$150 per day for days 1 - 5 and \$0 for days 6 - 90	Original Medicare	
 Emergency Care	\$0	\$100 (waived if admitted within 48 hours)	20% co-insurance (waived if admitted within 3 days)	
 Urgent Care	\$0	\$20	20% co-insurance (waived if admitted within 3 days)	
 Worldwide Emergency Care	\$0 co-payment Max of \$50,000 for qualifying expenses			No Worldwide Emergency allowance for 014.
 Ambulance Services¹	\$125 Ground 20% Air	\$150 Ground 20% Air	20% co-insurance	
 Transportation^{1,2}	\$0 co-payment Round trip to plan approved health-related location			No Transportation allowance for 014.
 Durable Medical Equipment	20% co-insurance			
 Health and Wellness	\$0 for fitness center membership or up to 1 home fitness kit per calendar year			No Gym allowance for 014.

2022 Benefit	Imperial Senior Value (HMO C SNP) 005	Imperial Traditional (HMO) 007	Imperial Traditional Plus (HMO) 009	Imperial Strong (HMO) 014
 Vision Care	\$0 for annual routine eye exam, \$250 maximum for contacts, lenses and frames (every year)		\$0 for annual routine eye exam, \$255 maximum for contacts, lenses and frames (every year)	\$0 co-insurance for annual routine eye exam, \$240 maximum for contacts lenses and frames (every year)
 Dental Services	\$0 Preventive \$500 Max. \$0 Comprehensive dental services, \$2,000 Max.			
 Hearing Services^{1,2}	20% co-insurance for routine hearing exams fitting/evaluation \$250 Max. 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 \$120 maximum every three months			No OTC allowance for 014.
 Podiatry Services^{1,2}	\$0 for 6 routine foot care visits per year		20% co-insurance for 6 routine foot care visits per year	Original Medicare
 Meals	\$0 You have 7 meals post discharge up to \$105 per year.			No Meals allowance for 014.
 COVID Testing and vaccination	\$0 Up to two COVID tests per year for non-Medicare benefit.			
 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).

2022 Benefit Highlights

2022 Benefit	Imperial Dual Plan (HMO D-SNP) 011	Imperial Dynamic (HMO) 012
 Service Area	Alameda, Contra Costa, Fresno, Kern, Kings, Madera, Merced, Placer, Sacramento, San Francisco, San Joaquin, Santa Barbara, Stanislaus, Tulare, Ventura and Yolo	Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego and Ventura.
 Premiums	Part C Premium: \$0	Part C Premium: \$0
	Part D Premium: \$33.20	Part D Premium: \$0
 Physician Services	Doctor: 20% co-insurance Specialist ^{1,2} : 20% co-insurance	Doctor: \$0 Specialist ^{1,2} : 0
 Inpatient Hospital Care^{1,2}	Original Medicare	\$0
 Emergency Care	20% co-insurance (waived if admitted within 3 days)	\$100 (waived if admitted within 48 hours)
 Urgent Care	20% co-insurance (waived if admitted within 3 days)	\$0
 Worldwide Emergency Care	\$0 co-payment Max of \$50,000 for qualifying expenses	
 Ambulance Services¹	\$150 Ground \$0 Air	\$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	

2022 Benefit	Imperial Dual Plan (HMO D-SNP) 011	Imperial Dynamic (HMO) 012
 Health and Wellness	\$0 for fitness center membership or up to 1 home fitness kit per calendar year	
 Vision Care	\$0 for annual routine eye exam, \$260 maximum for contacts, lenses and frames (every year).	\$0 for annual routine eye exam, \$250 maximum for contacts, lenses and frames (every year)
 Dental Services	\$0 Preventive \$500 Max. \$0 Comprehensive dental services, \$2,000 Max.	
 Hearing Services	20% co-insurance for routine hearing exams fitting/evaluation 20% co-insurance for Hearing Aid \$2,500 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 \$120 maximum every three months	
 Podiatry Services^{1,2}	\$0 co-insurance for 6 routine foot care visits per year	\$0 for 6 routine foot care visits per year
 Meals	\$0 You have 7 meals post discharge up to \$105 per year.	
 COVID Testing and vaccination	\$0 Up to two COVID tests per year for non-Medicare benefit.	
 Part D Drugs	Covered. Refer to your Evidence of Coverage for detailed information.	

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