





















## 2023 Benefit Highlights

2023 Benefit	Imperial Senior Value (HMO C SNP) 005	Imperial Traditional (HMO) 007	Courage Plan (HMO) 016	Imperial Strong (HMO) 014
 <b>Service Area</b>	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, Yolo Amador, Butte, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Marin, Mariposa, Mendocino, Modoc, Monterey, Mono, Napa, Nevada, Plumas, San Benito, San Luis Obispo, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Tehama, Tuolumne, Yuba			
 <b>Premiums</b>	Part C Premium: \$0	Part C Premium: \$0	Part C Premium: \$0	Part C Premium: \$0
	Part D Premium: \$0	Part D Premium: \$0	This plan does not have Part D	Part D Premium: \$0
 <b>Part B buy down</b>	There is no Part B buy down for 005 or 007		\$75.00 Part B buy down Paid to members monthly	\$85.00 Part B buy down Paid to members monthly
 <b>Physician Services</b>	Doctor: \$0 Specialist <sup>1,2</sup> : 0	Doctor: \$0 Specialist <sup>1,2</sup> : \$10	Doctor: \$5 Specialist <sup>1,2</sup> : \$10	Doctor: 20% co-insurance Specialist <sup>1,2</sup> : 20% co-insurance
 <b>Inpatient Hospital Care<sup>1,2</sup></b>	Original Medicare	\$150 per day for days 1 - 5 and \$0 for days 6 - 90		Original Medicare
 <b>Emergency Care</b>	\$0	\$100 (waived if admitted within 48 hours)		20% co-insurance (waived if admitted within 3 days)
 <b>Urgent Care</b>	\$0	\$20		20% co-insurance (waived if admitted within 3 days)

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 <b>Worldwide Emergency Care</b>	\$0 co-payment Max of \$50,000 for qualifying expenses			No Worldwide Emergency allowance for 014
 <b>Ambulance Services<sup>1</sup></b>	\$125 Ground 20% Air		\$150 Ground 20% Air	20% co-insurance
 <b>Transportation<sup>1,2</sup></b>	\$0 co-payment Round trip to plan approved health-related location			No Transportation allowance for 014
 <b>Durable Medical Equipment<sup>1</sup></b>	20% co-insurance			
 <b>Health and Wellness</b>	\$0 for fitness center membership or up to 1 home fitness kit per calendar year			No Gym allowance for 014
 <b>Vision Care</b>	\$0 for annual routine eye exam, \$250 maximum for contacts, lenses and frames (every year)			\$0 for annual routine eye exam, \$240 maximum for contacts lenses and frames (every year)
 <b>Dental Services</b>	\$0 Preventive \$500 Max. \$0 Comprehensive dental services, \$2,000 Max.			
 <b>Hearing Services<sup>1,2</sup></b>	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
 <b>Over-the-Counter (OTC)</b>	\$0 You have a \$120 maximum every three months			No OTC allowance for 014

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 <b>Podiatry Services<sup>1,2</sup></b>	\$0 for 6 routine foot care visits per year			Original Medicare
 <b>Meals<sup>1</sup></b>	\$0 You have 7 meals post discharge up to \$105 per year			No Meals allowance for 014
 <b>Part D Drugs</b>	Covered. Refer to your Evidence of Coverage for detailed information		This plan does not have Part D	Covered. Refer to your Evidence of Coverage for detailed information
 <b>In-Home Supportive services</b>	48 hours per year		No In-Home Supportive services for 016	48 hours per year

Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> 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).