



2022 Imperial MAPD Training



IMPERIAL
HEALTH PLAN
OF CALIFORNIA



IMPERIAL INSURANCE COMPANIES



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Imperial dba information

Imperial Service Area county listings with maps

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formulary

2022 doing business as (dba):

Imperial Health Plan of California = CA

*Imperial Insurance Companies = AZ, NV, and TX

*All future Imperial expansion states will fall under
Imperial Insurance Companies



IMPERIAL
HEALTH PLAN
OF CALIFORNIA



IMPERIAL INSURANCE COMPANIES

2022 Imperial MAPD Training

2022 Imperial Service Area = Four (4) states and 44 total counties:

Arizona (5):	Coconino, Maricopa, Pima, Pinal and Yavapai
California (23):	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.
Nevada (1):	Clark
Texas (15):	Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays, Montgomery, Nueces, Tarrant, Travis, Williamson and Wise.

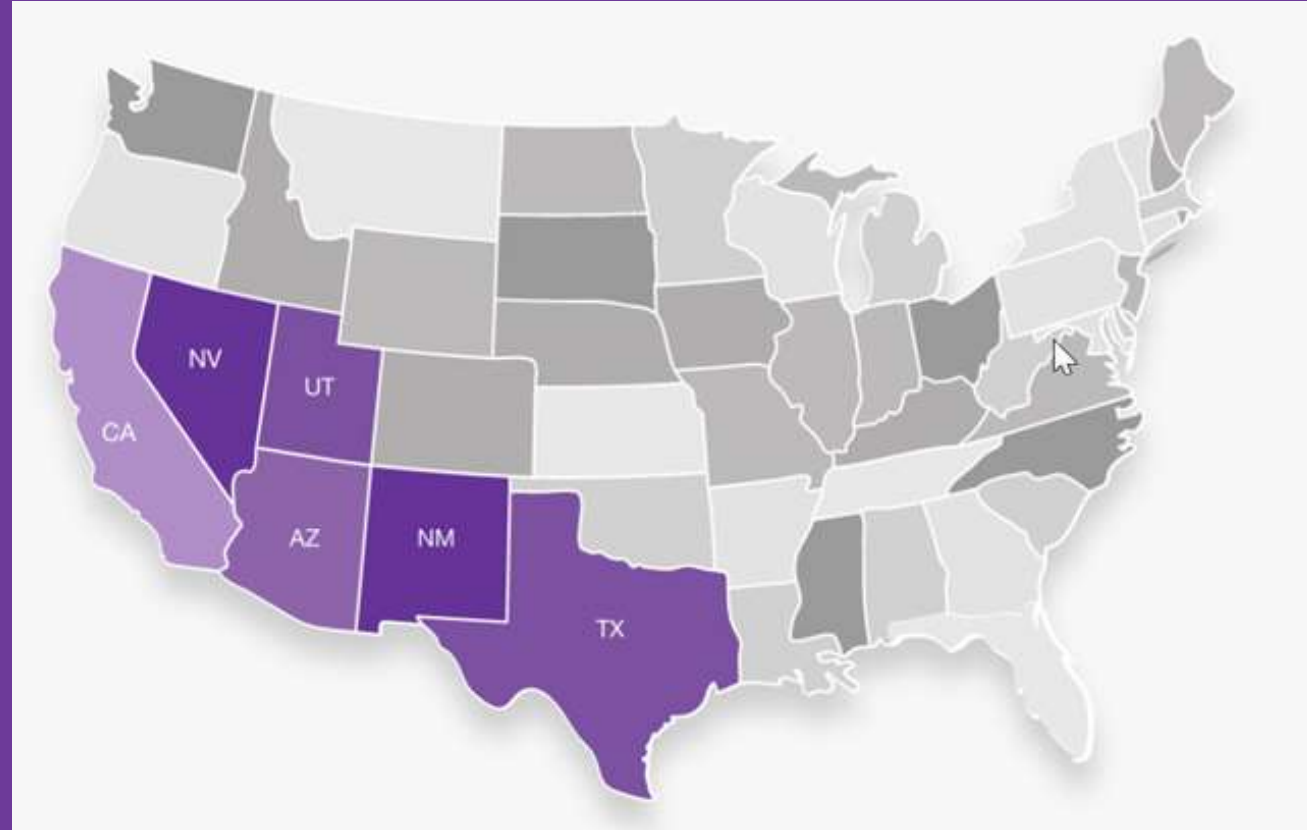


IMPERIAL
HEALTH PLAN
OF CALIFORNIA



IMPERIAL INSURANCE COMPANIES

2022 Imperial Service Area = Six (6) states and 46 counties:



IMPERIAL
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OF CALIFORNIA



IMPERIAL INSURANCE COMPANIES

2022 Imperial Service Area = Four (4) states and 44 counties

Imperial Health Plan of California - CA



IMPERIAL
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IMPERIAL INSURANCE COMPANIES

2022 Imperial Service Area = four (4) states and 44 counties

Imperial Insurance Companies - AZ



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IMPERIAL INSURANCE COMPANIES

2022 Imperial Service Area = four (4) states and 44 counties

Imperial Insurance Companies - NV



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IMPERIAL INSURANCE COMPANIES

2022 Imperial Service Area = four (4) states and 44 counties

Imperial Insurance Companies - TX



IMPERIAL INSURANCE COMPANIES

2022 Imperial MAPD Training

2022 Imperial Products

Arizona:	HMO (2), C SNP
California:	HMO(4), C SNP, D SNP – Varies by Service Area (counties in CA)
Nevada:	HMO (2) and C SNP
Texas :	HMO, C SNP and D SNP – Varies by Service Area (counties in TX)



IMPERIAL
HEALTH PLAN
OF CALIFORNIA



IMPERIAL INSURANCE COMPANIES

Quick Tips...

- We do not issue Agent writing numbers... Clearly print Agent and FMO names along with life/health license #.
 - Deliver applications within 24 hours of receipt.
 - PCP change requests administered 1st of the month and must be done by the member calling Member Services.
 - Out-of-network services (non-emergency) without referrals are not covered.
 - 41 total counties in FIVE (5) states with HMO, C SNP and D SNP products.
- www.imperialhealthplan.com is the one web page for all plans and will supply all information needed including provider and prescription look-up tools.

Check the state specific 2022 benefit highlight sheets.

Print the last section (BLEEDPEG) of this presentation for your MAPD sales road map.





Module 1

MEDICARE - Myths, History, CMS and Marketing Guidelines





MEDICARE Myths

Today's training will uncover some Medicare Myths...

TRUE or FALSE

- Medicare is free?
- Medicare benefits are equal to what was paid in?
- Medicare pays for and covers ALL medical conditions?
- Medicare covers ALL drugs under Part D?
- Medicare is an HMO?

History of MEDICARE

- 1945 First proposed by President Truman
- 1965 Signed into law by President Johnson
- 1997 Medicare + Choice plans available after the Balanced Budget Act of 1997.
- 2003 Medicare Modernization Act under President George W. Bush
 - Changed Medicare + Choice to Medicare Advantage
 - Added Prescription Drug Benefit
- 2006 Part D drugs rolled out



Who is CMS



The *Centers for Medicare & Medicaid Services* (CMS), governs the actions of Medicare, Medicaid, Medicare Advantage, Part D program, and Children's Health Insurance Program

- Marketing and informational materials about Medicare that are seen by the public must be approved by CMS
- The main focus is to protect those who are eligible for Medicare

Agent Rules



- CMS sets maximum commission amounts each year for Agents.
IMPERIAL PAYS THE HIGHEST CMS ALLOWABLE RATES AN
- Plans must notify CMS of their intent to use independent agents for the upcoming year and how much they intend to pay.
Imperial is a 100% Agent distribution model.
- Plans must terminate agents for serious marketing allegations and report to CMS and the department of insurance.

THIS IS NOT A COMPREHENSIVE LIST.



Marketing Material Prohibited Terminology/Statements

CMS prohibits the distribution of marketing materials that are materially inaccurate, misleading, or otherwise make material misrepresentations.

Plan sponsors **may not**:

- Claim that they are recommended or endorsed by CMS, Medicare, or the Department of Health & Human Services (DHHS).
- Use absolute superlatives, (e.g., “the best,” “highest ranked,” “rated number 1”), unless they are substantiated with supporting data provided to CMS as a part of the marketing review process. If the material is submitted via the file & use program, the supporting data must be included, along with the materials that use an absolute superlative.

Promotional Activities & Rewards and Incentives

PROSPECTIVE MEMBERS – PROMO

Must adhere to nominal value – individual item/service worth \$15 or less

CURRENT MEMBERS – Rewards & Incentives

May only be offered to current members for any Medicare covered preventive service that have \$0 dollar cost share SUCH AS: preventive screenings, immunizations, or Welcome to Medicare visit

\$50.00 CAP NO LONGER APPLIES

Imperial is providing a \$25 gift card to members who complete the annual Health Risk Assessment (HRA).



Marketing Events

Marketing Events (all types) must be communicated to the plan.

There is a 10-topic template for information which is required to be submitted including the following:

- Event Date and Time
 - Presentation Language and type
 - Facility Type
 - Agent National Producer #
 - Venue Name, Phone, Address and contact #
- Contact Imperial for template.



Module 2

MEDICARE – Eligibility, coverage and Parts of Medicare



Medicare Eligibility

Medicare is a health benefit program for U.S. citizens or permanent residents:

- Age 65 or older.
- Under age 65 with certain disabilities who have been deemed disabled by Social Security for 25 months.
- All ages with end stage renal disease (ESRD), Amyotrophic Lateral Sclerosis (ALS) commonly referred to as Lou Gehrig's Disease, or individuals that have been determined to have been exposed to environmental health hazards.

Medicare Coverage

- PART A Hospital Insurance
- PART B Medical Insurance
- PART C Medicare Advantage:
 - Plans must cover all Part A and Part B benefits.
 - May include supplemental benefits and services.
 - Some Part C plans may include Part D coverage and others may not.
 - Offered by Medicare approved private insurance companies.
- PART D Prescription Drug Coverage

Offered by Medicare approved private insurance companies.

Medicare Part A

Part A helps to cover inpatient care in hospitals that is medically necessary. For each benefit period the beneficiary pays:

- **\$1,408.00 deductible for a stay of up to 60 days.*
- **\$352.00 per day for days 61-90 of a hospital stay.*
- **\$704.00 per “lifetime reserve day” after day 90 for each benefit period.**
- *All cost for each inpatient day beyond day 150.*

**Benefit period begins the day the beneficiary is admitted as an inpatient in a hospital or skilled nursing facility and ends when the beneficiary has not received any inpatient care for 60 days in a row. After 60 days a new benefit period. There is no limit to the number of benefit periods.*

**Amounts may change annually*

Additional Medicare Part A Benefits

Part A also helps to cover:

- Blood
- Hospice care
- Home health care
- Skilled nursing and rehabilitative care after a 3-day hospital stay, up to 100 days in a benefit period. \$164.50 for days 21-90.
- Inpatient psychiatric care (up to 190 lifetime days).

PART A does not cover custodial or long-term care.

Medicare Part B

Part B covers medically necessary physician and other health care professional services, outpatient hospital, clinical lab and diagnostic test, therapies, mental health care, medical equipment, medications and supplies provided incident to a physician visit.

- Beneficiaries pay a monthly premium of *\$170.10.
- Beneficiaries pay a deductible each year *\$233.00.
- After the annual deductible is satisfied, a 20% coinsurance on most Part B services is required.

Most preventive service will not have any cost share to the beneficiary.

*Amounts may change annually

Medicare Part B coverage

A partial list of services covered under Part B:

- Ambulance
- Emergency room
- Diabetic supplies
- X-rays, MRI's, CT scans
- Outpatient surgery
- Durable medical equipment
- Prosthetic devices
- Therapy (physical, speech, language, respiratory etc...)
- Part B cover drugs

Services not covered by Medicare

A partial list of services not covered under Medicare parts A and B:

- Acupuncture
- Hearing aids
- Cosmetic surgery
- Health care while traveling outside of the U.S.A.
- Routine foot care
- Routine dental care
- Routine eye care
- Custodial care

Medicare Part D

The Medicare Part D prescription drug plan began on January 1, 2006. The prescription drug coverage is administered by private companies. Medicare beneficiaries can receive their Part D with a Stand-Alone Drug Plan (PDP) or through a Medicare Advantage-Prescription Drug Plan (MAPD).

1. Beneficiaries that are entitled to Part A and/or enrolled in Part B are eligible to enroll in a Part D plan.
2. Part D drug plans may or may not have a monthly premium.
3. The annual deductible for 2022 is \$480.00.
4. Part D drug plans have a coverage gap aka “Donut Hole.”

*Amounts may change annually

Part D Donut Hole

The coverage gap begins after the beneficiary and their drug plan have paid a certain amount for covered drugs.

The plan premium and the amounts the beneficiary pays for non Part D covered drugs do not count towards the coverage gap and will not counts towards getting out of the coverage gap.

The yearly deductible, coinsurance and co payments, discounts on covered drugs the beneficiary pays will count toward the amount required to get out of the coverage gap.

For 2022 the coverage gap begins at \$4,430.00 and ends when the amount of \$7,050.00 had been reached.

**Amounts may change annually*

Part D Rx Benefit



A \$0 copay on generics – name brands will remain at current LIS level

Between \$4,430.00 - \$7,050.00 (also known as the donut hole) they will pay their LIS level for generics.

Once they reach the \$7,050.00 (catastrophic limit) there is reduced co-pay

Name brands remain at the level as determined by LIS until after the catastrophic limit.

***Amounts may change annually**

Non Part D Covered Drugs

Not all drugs will be covered under the Part D drug benefit. Some drugs will be covered under Part B. Injections that are typically performed in an office setting such:

- Oral Cancer/Oral Anti-Nausea drugs
- Immunizations such as Hepatitis B shots
- Inhalation and Infusion drugs
- Immunosuppressive drugs
- Antigens
- Osteoporosis

Part D Excluded Drugs

By law, certain categories of drugs can not be covered under ANY Medicare Part D drug plan such as:

- Non-prescription over the counter drugs
- Drugs to promote fertility
- Drugs for cosmetic purposes
- Drugs to promote hair growth
- Drugs for weight loss or weight gain
- Drugs for treatment of sexual or erectile dysfunction like Viagra or Cialis



Module 3

MEDICARE ADVANTAGE PLANS (MAPD) - Plan types and Eligibility



Medicare Advantage (MAPD)

- Plans offered by private companies with Medicare contracts.
- Plan may or may not offer Part D prescription drug benefits.
- Plan may or may not have a monthly premium.
- Plan must cover all Medicare Part A and B benefits.
- Plan may offer additional benefits not covered by Medicare.
- Plan may lower/eliminate beneficiary deductible or cost share amounts.
- Plan must offer a maximum out of pocket amount.

MAPD Plan Types

- Health Maintenance Organization (HMO). Has a network of providers. Primary care provider initiates referrals.
 - Preferred Provider Organization (PPO). Member pays less if they utilize network providers, but not restricted and can see out of network providers.
 - Private Fee for Service (PFFS).* Can go to any provider that agrees to accept the plan in order to treat the member.
 - Special Needs Plan (SNP). Specialized plans for individuals with certain conditions.
 - Medical Savings Account (MSA). High deductible health plan with a bank account.
- * PFFS plans work like Medicare, except the plan determines how much to pay providers.



MAPD Eligibility

Beneficiary must meet certain eligibility requirements in order to join a MAPD Plan.

- Must be entitled to Part A and enrolled in Part B.
- Must reside in the Plan's service area.
- Must not be excluded from the plan eligibility requirements.
- Must continue to pay the Part B premium.
- Must pay any applicable MAPD monthly plan premium.



Module 4

MEDICAID – Eligibility, Coverage and Groups





Medicaid

Medicaid is a Federal-State entitlement program for low income citizens of the United states. The Medicaid program is part of the Title XIX of the Social Security Act amendment that became law in 1965.

Medicaid offers matching funds to states for cost incurred in paying health care providers for serving covered individuals.

State participation is voluntary, and states determine what benefits they will cover.

Since 1982, all 50 states have chosen to participate in Medicaid.

Dual Eligible Medicare Beneficiary Groups

Qualified Medicare Beneficiary (QMB Only)

1. Entitled to Medicare Part A.
2. Income <100% of Federal Poverty Level (FPL).
3. Resources < twice the Supplemental Security Income (SSI).

Eligible for Medicaid payment of Medicare premiums, deductible, coinsurance and copayments.

Qualified Medicare Beneficiary Plus(QMB PLUS)

1. Meets all standards of eligibility as a QMB Only.
2. Entitled to all benefits under State Medicaid to full Medicaid recipient.
3. Qualifies for full Medicaid by meeting the Medically Needy standards.

Dual Eligible Medicare Beneficiary Groups

Specified Low-Income Medicare Beneficiary (SLMB)

1. Entitled to Part A.
2. Income >100% but <120% of FPL.
3. Resources < twice the SSI limit.
4. Only Medical payment eligible for is the Payment of Medicare Part B premium.

Specified Low-Income Medicare Beneficiary Plus (SLMB PLUS)

1. Meets all standards of eligibility as a SLMB.
2. Entitled to payment of Medicare Part B premium and benefits available under the state Medicaid plan to fully eligible Medicaid recipients.
3. Qualifies for full Medicaid by meeting the Medically Needy standards.

Dual Eligible Medicare Beneficiary Groups

Qualified Individual (QI)

1. Entitled to Part A.
2. Income >100% but <135% of FPL.
3. Resources < twice the SSI limit.
4. Entitled to Medicaid payment of the Medicare Part B premium, otherwise not eligible for Medicaid.

Full Benefit Dual Eligible (FBDE)

1. Eligible for Medicaid either categorically or through optional coverage such as Medically needy or special income levels for institutionalized individuals or home and community based waivers.
2. Does not meet the income or resource criteria for QMB or SLMB.

Medicare vs Medicaid

Medicare = Care

Healthcare program administered by the federal government.

Medicaid = Aid

Financial AID with healthcare administered by the states with monetary support from the federal government

Each program has it's own rules and guidelines in order to qualify for the programs benefits. Some beneficiaries will qualify for one or both programs.



Module 5

MEDICARE ADVANTAGE PLANS (MAPD HMO, C and D SNP) - Eligibility and Coverage



Medicare Advantage - C, D and I SNP HMO

Medicare Special Needs Plans (SNP) are a type of Medicare Advantage Plan that generally limits membership to beneficiaries with specific diseases or conditions. SNP's tailor benefits, choose their providers and create a drug formulary to best meet the specific needs of the members.

Individuals must meet one of the following criteria:

1. INSTITUTIONAL SNP - Must live in an institution such as a nursing home, long term care facility this also includes individuals living in the community who meet the states criteria for nursing home level of care.
2. DUAL ELGIBLE SNP - Must have both Medicare and Medicaid.
3. CHRONIC ILLNESS SNP - Must have a chronic illness such as diabetes, COPD, congestive heart failure.

For Imperial. the conditions for C SNP are: Chronic heart failure, cardiovascular disorder and diabetes.

IHP = 005 Senior Value (HMO C SNP)

IIC = 005 Imperial Insurance Value (HMO C SNP)



Medicare D SNP

Medicare D SNP Plans must include a prescription Part D drug plan and cover all Medicare Part A and B benefits.

Most D SNP Plans require beneficiaries to select a network Primary Care Physician (PCP) who will make referrals when there is the need to see a specialist.

D SNP Plans offer additional benefits not offered by Medicare such as routine dental, hearing, vision and transportation benefits.

Beneficiaries are not locked into the D SNP Medicare Plan and are allowed to enroll and disenroll quarterly.

For Imperial, the conditions for C SNP are: Chronic heart failure, cardiovascular disorder and diabetes.

IHP = 011 Imperial DUAL Plan (HMO D SNP)

IIC = 004 Imperial Insurance Company DUAL (HMO D SNP)



Module 6

PLAN SPECIFIC INFORMATION -

Enrollment, Summary of Benefits, Provider Directory, Rx formulary and Value Adds

Agent On-boarding Cycle

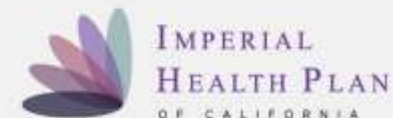
1. Obtain State Life and Health License.
2. Obtain current year Errors and Omissions.
3. Obtain current year AHIP. (expires Nov. 30 of each year so 2022 AHIP expires 11/30/2022)
4. Request to contract and certify with MAPD plan – Imperial.
5. Imperial to check Office of Inspector General (OIG) list and confirm “OK” to contract.
6. Imperial to send Agent e mail with link.... Agent opens e mail and clicks link to proceed with Imperial’s current year training.
7. Agent completes registration and general information along with uploading the three documents (license, E&O and AHIP).
8. Agent launches on-line training (each slide must be reviewed prior to launching test) and completes each state test exam (where licensed) by passing with a score of 86% or better. Note - Three test attempts per state and can be reset.
9. All documents and tests are reviewed, approved or rejected by Imperial.
10. Once passed, and all documents approved, Agent receives ready to sell notification from Imperial for state and year.

Enrollment Cycle (face-to-face, telephonic and on-line)

1. Ensure you are 100% ready to sell with Imperial and have received your e mail and letter detailing status.
2. Find and qualify the lead (Confirm eligibility) – potential enrollee.
3. Set Appointment.
4. Obtain Scope of Appointment (SOA) – Please use the Imperial SOA
 1. Complete SOA 48 hours prior to appointment
 2. If same day as application provide a note on the SOA
Note - For telephonic – It is an electronic (scripted scope).
For on-line – The scope can be uploaded.
5. Conduct Sales Presentation discussing details on Imperial plan and enroll member.
6. Deliver Scope and all required application documents (SOA, enrollment checklist, enrollment attestation and application) to Imperial via fax or e mail:
Delivered to Imperial within 24 hours of signature date and 100% complete
See “How to enroll” document in pre-enrollment kit to review submission options.

Welcome kit sent within 10 days of enrollment approval includes:

ID Card, Provider Directory, Formulary AND Evidence of Coverage.



Enrollment Cycle (face-to-face, telephonic and on-line)

If Telephonic –

1. Agent will be logged into Ring central and In-contact and follow Imperial and CMS approved sales and enrollment scripts.
2. SOA is included.
3. Enrollee will verbally respond for each section to proceed with enrollment.
4. Once complete an authorization confirmation number is produced for processing.

If On-line -

1. Agent will be logged into Agent portal.
2. SOA is uploaded or electronic version produced.
3. Agent and enrollee will conduct all entries into the portal for enrollment and submit application for processing.



Enrollment Kit Requirements

- ✓ Scope of Appointment Form
- ✓ Enrollment Application
- ✓ Plan Rating information (If applicable)
- ✓ Summary of Benefits
- ✓ Provider directory
- ✓ Rx formulary
- ✓ LIS rider

Materials Required for Enrollees-Members



- ANOC – Delivered Sept. 30 of each year.
- EOC
- Comprehensive Formulary
- Provider/Pharmacy Directory
- Member ID Card

Cancellation vs Disenrollment

If an enrollee wishes to cancel before they are effective with the plan, they just need to let the MAPD plan know, no paperwork to complete

If an enrollee becomes a member and wishes to disenroll (after effective date) they can do any of the following*:

- Call their previous carrier and request to be re-enrolled
- Complete a disenrollment form
- Call Medicare direct
- Complete application from another MAPD

*Enrollment and eligibility requirements apply

Supplemental Benefits

Logo	Service	Name	Phone	Web page
	Dental	Liberty Dental Plan	888-703-6999	www.libertydentalplan.com
	Vision	March Vision Care	844-308-2724 (AZ) 844-336-2724 (CA) 844-646-2724 (NV) 844-976-2724 (TX)	www.marchvisioncare.com
	Hearing	Hearing Care Solutions	866-344-7756	www.hearingcaresolutions.com
	Rx	Elixir	866-909-5170	elixirsolutions.com
	Over the Counter Drugs (OTC) and supplies	Drug Source	877-777-9470	www.shopping.drugsourcesinc.com/imperial
	Gym/Fitness membership	Silver & Fit	877-427-4788	www.silverandfit.com
	Telehealth	Teladoc	800-teladoc (800- 835-2362)	www.teladoc.com
	Rides to approved locations	Contracted Transportation vendors	800-838-8271	www.imperialhealthplan.com



LIBERTY DENTAL PLAN (ALL STATES)



What to know before you call:

- The LIBERTY Dental Plan you are enrolled in
- The reason for your appointment (let your office know if you are having an emergency)

What to take to your appointment:

- Plan benefit schedule
- Medical ID card (not required but helpful)
- List of questions or concerns
- List of medications you may be taking
- Information in order to complete new patient forms



Member Benefits:



Check plan coverage or eligibility Verificar su Cobertura/Eligibilidad



Search for dentists in your network Buscar Dentistas en su Red



Questions about your dental plan? Sobre su Plan Dental? Llámenos Gratis: Call us toll free: 888.703.6999



Or visit us online at: www.libertydentalplan.com



Schedule regular dentist visits

By seeing your dentist at least twice a year, you can help prevent many dental health problems. Regular visits will help reduce discomfort and costly treatment plans. Regular visits allow your dentist to monitor your oral health and recommend a dental health routine to address areas of concern.



Ask for advice

Take advantage of your dental visit. Ask questions about your dental habits at home and what they would recommend to improve them. Let your dentist know if you are having any sensitivity, pain or other concerns. Talk to your dentist even if you don't think what you are experiencing affects your dental health.



Know what to expect

Sometimes the greatest fear is of the unknown. During a routine checkup, you should expect your dentist to screen for oral cancer, check for tooth and gum disease and inspect your fillings, crowns or dentures. Dental x-rays will help the dentist detect problems that may not be caught during other examinations. Feel free to ask questions or express your concerns. Chances are your dentist has dealt with the issue before and can offer support.



After your appointment

If you still have questions or need help understanding your treatment options, contact LIBERTY Dental Plan toll free at 888.703.6999 and a knowledgeable representative will be ready to assist.



Keeping an eye on your health®

Vision – March Vision



Vision coverage can be an important part of overall health.

A flexible plan option.

Vision benefits from MARCH® Vision Care give you:

- Access to a strong provider network.
- Eye exams to check for serious medical conditions.
- Freedom to choose your doctor and eyewear.

Easier access to providers.

Our network includes plenty of options, with more than 39,000 providers¹ across the country. You can visit marchvisioncare.com to locate a provider or refer a provider.

Your vision benefits.

- **Exam Coverage**—Routine eye exam covered every year
- **Eyewear Allowance**—Your allowance gives you the option to purchase frames, lenses or contact lenses of your choice.
- **Additional services**—You can receive additional services when covered by our plan for post-cataract eyewear, glaucoma screenings, and more. Check with your provider or your health plan at the member services number on the back of your ID card, to confirm coverage.



Vision care is tied to your overall health.

Diabetes, high blood pressure, autoimmune diseases and cancers may be detected during an eye exam.²

Learn More.

Contact your plan's member services department.

¹MARCH Vision Care point-of-service data report, August 2020
²www.eyes-healthy.com/prevention/diagnosing-systemic-diseases-eye-exams. Accessed June 2018.
 Vision coverage provided by or through Imperial Insurance Companies, Inc. and Imperial Health Plan of California. Administrative services provided by MARCH® Vision Care Group, Incorporated, March Vision Care, Inc., or their affiliates. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverages, contact your plan's member services department.
 Imperial Health Plan & Imperial Insurance Companies are an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan of California & Imperial Insurance Companies depends on contract renewal. Imperial Health Plan of California & Imperial Insurance Companies (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).
 All trademarks are the property of their respective owners.

MARCH®
Vision Care





Hearing Care Solutions (HCS) Program for Imperial Insurance Companies (HMO) (HMO SNP) and Imperial Health Plan of California (HMO) (HMO SNP) Members



Hearing – Hearing Care Solutions

\$

All Imperial Insurance Companies and Imperial Health Plan of California members will receive:

- Choice of over 4,500 providers nationwide
- Comprehensive hearing exam
- A wide selection of fully digital hearing aids
- Choice of up to 9 major manufacturers
- Hearing aid fitting
- Access to HCS Dr. of Audiology & Product Specialists on staff to respond to your questions or make recommendations

All instruments purchased through HCS include:

- 1-year supply of batteries (up to 64 cells per ear)
- 1 year of follow-up care at no charge, with the original provider
- 3-year manufacturer's warranty including loss, damage & repair
- 60-day evaluation period
- 12-month interest-free financing available to qualified applicants

Call to schedule your hearing exam!

(866) 344-7756 6AM to 6PM Mountain Time, Monday-Friday

Imperial Insurance Companies, Inc. and Imperial Health Plan of California are (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Companies, Inc. and Imperial Health Plan of California depends on contract renewal.

Imperial Insurance Companies, Inc. (HMO) (HMO SNP) and Imperial Health Plan of California (HMO) (HMO SNP) comply 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).

Material ID





Prescription Home Delivery Registration


Elixir Pharmacy provides convenient home delivery for traditional maintenance medications and specialty drugs. Our pharmacy care model focuses on the individual needs of our patients, better coordinating care and improving outcomes. For more information visit elixirsolutions.com.

1. REGISTRATION INFORMATION

To help make your experience easier, register with Elixir Pharmacy using one of the three available options below. Please note, you will need your Member ID number from your prescription card to complete registration using any of these methods.


 **To register via the online portal:**
Visit elixirsolutions.com


 **To register by mail:**
Send this form to Elixir Pharmacy
7835 Freedom Ave. NW,
North Canton, OH 44720


 **To register by phone:**
Call Elixir Pharmacy
at 866-909-5170 (TTY:711)

2. FILLING PRESCRIPTIONS

It's easy to fill a prescription with Elixir Pharmacy. Ask your physician for a 90-day prescription of your medication. Your doctor can send the new prescription to Elixir Pharmacy using any of the following secure and easy methods:

 **Electronic:** Have your doctor send the prescription to Elixir Pharmacy using NCPDP 36-77361.

 **Fax:** Have your doctor fax the prescription to Elixir Pharmacy at 866-909-5171.

 **Mail:** If you have a written prescription, you or your doctor can include it with this completed form or, if you've already registered online or via the phone, mail it to: Elixir Pharmacy, 7835 Freedom Ave., NW, North Canton, OH 44720.

You can also transfer any current prescriptions that are with another pharmacy to Elixir Pharmacy by going to elixirsolutions.com.

If you need any assistance with this process or help contacting your doctor, call Elixir Pharmacy at 866-909-5170 (TTY: 711) for maintenance medications or 877-437-9012 (TTY: 711) for specialty medications. Please have your prescription bottle handy.

3. MEMBER INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Email: _____

Member Identification Number: _____ Date of Birth: _____ Sex: M F

4. HEALTH INFORMATION

Drug Allergies: None Aspirin Codeine Erythromycin Penicillin Sulfa Other: _____

Medical Conditions: Arthritis Asthma Cancer Diabetes Glaucoma Heart Condition

High Blood Pressure High Cholesterol Migraine Thyroid Disease Other: _____

Current Over-the-Counter or Herbal Medications Taken Regularly: _____

Part D drugs – Elixir

Your Over-the-Counter Benefits administered by

DRUGSOURCE, INC.

Your Health Plan utilizes DrugSource, Inc. as its Over-the-Counter (OTC) Benefits Manager.

What is an OTC Benefit?

This benefit allows for the purchase of Over-the-Counter items at NO COST TO YOU!

As an active member, you will receive a catalog containing over 600 items to choose from! Products include but are not limited to: Cold & Cough, Digestive Health, First Aid, Pain Relievers, Vitamins, etc.

Upon placing an order with DrugSource, we will pick, package and ship your order to be delivered right to your home!



How Do I Place an Order?



Contact our DrugSource Customer Service representatives via our toll free phone number.



Log online to <https://shopping.drugsourceinc.com/imperial>
Your account can be accessed with your member ID number and your Date of Birth.



Complete the order form located in your catalog and mail in the form to our headquarters.



Complete the order form located in your catalog and fax it to 847-258-1913.

25 + YEARS
Customer Service Experience

25 + YEARS
Pharmacy Experience

10 + YEARS
Administering OTC Benefits

Address: PO Box 1366 — Elk Grove Village, IL 60009-1366

Toll Free: 877-777-9470

Website: <https://shopping.drugsourceinc.com/imperial>

Over the Counter - DrugSource





Over the Counter - DrugSource

\$ Amounts vary per PBP for commonly used over the counter items

- Review plan summary of benefits for details.
- There is a catalog of common OTC items that members can choose from.
- Ordering is easy! Members just call or complete the order form to place an order.

Note – If the \$ amount, is not used, it **does not** roll over to the next month...

Use it or lose it. Also, must allocate for sales tax.



SOMETHING FOR EVERYONE®



Welcome to the Silver&Fit® Healthy Aging and Exercise program where you can get fit in the best way for you!

Enjoy one, some, or all of the following at no cost to you:



1,500+ Digital Workout Videos

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Join daily workout classes on Facebook Live and the Silver&Fit YouTube channel.



www.facebook.com/SilverandFit
www.youtube.com/SilverandFit



Stay Fit Kits

Pick one (1) of the following per benefit year:

- Garmin® or Fitbit® Wearable Fitness Tracker Kit*
- Yoga Kit with a mat
- Beginner, Intermediate, or Advanced Strength Kit with exercise bands and dumbbells



Home Fitness Kits

Pick up to 2 kits per benefit year from our 34 unique options, including Aqua, Tai Chi, Chair-Based Exercise, and more.**



Access to 15,000+ Participating Fitness Centers

Work out at fitness centers including:



Go to www.SilverandFit.com to get started today! For questions, call us toll-free at 1.877.427.4788 (TTY/TDD: 711), Monday through Friday, 5 a.m. to 6 p.m. Pacific time.

Fitness – Silver&Fit

Members will receive membership to Silver and Fit fitness program upon enrollment.

Simply visit website for locations in your city and state.

www.silverandfit.com



IMPERIAL INSURANCE COMPANIES



IMPERIAL HEALTH PLAN OF CALIFORNIA



TeleHealth – TelaDoc

Quality health care when and where you need it.

Teladoc® gives you access to a national network of U.S. board-certified doctors by phone or video who are available anywhere, 24/7/365 to treat many of your medical issues.

YOU CAN USE TELADOC

It is a convenient and affordable option for quality care.

- **When you need care now**
- **If you're considering the ER or urgent care center for a non-emergency issue**
- **On vacation, or away from home**
- **For short-term prescription refills**

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Sore throat
- Respiratory infection
- Skin problems
- And more!

Teladoc doctors can diagnose and treat many non-emergency medical conditions

Talk to a doctor anytime for free!

Teladoc is just a click or call away!

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 1-800-TELADOC (835-2362)





IMPERIAL HEALTH PLAN
OF CALIFORNIA



IMPERIAL INSURANCE COMPANIES

Transportation

Did you know your membership with Imperial will include unlimited transportation for zero copay (\$0) to plan approved locations such [as](#):

- -Dr. Visit (Primary Care and Specialists)
 - -Therapy visits
 - -X-Rays
 - -Pharmacy
- -Gyms/Fitness centers
 - -Dental
 - -Vision
 - -Hearing

To arrange transportation call Member Services at 1-800-838-8271 at least one day prior to the scheduled appointment date to ensure availability. TYY users call 711.

Member Services hours: October 1 – March 31: Monday – Sunday, from *6:00 a.m. – 8:00 p.m. PST or April 1 – September 30: Monday – Friday, from *6:00 a.m. – 8:00 p.m. PST except holidays.

- We will set the appointment for the ride for you... To the plan approved location requested.
- We will set the appointment for the return ride home as well.

*California hours of operation start at 8:00 am PST

Transportation



IMPERIAL INSURANCE COMPANIES



IMPERIAL
HEALTH PLAN
OF CALIFORNIA



Plan Specific Benefits

Service Areas and plan benefits by state and county
Benefit highlight sheets
Summary of Benefits including Supplemental benefits
Rx Formulary
Provider Directory
OTC benefit












Arizona, Nevada, and Texas

Service Area – 003, 005 and 007 Note - 004 is available in Texas only

		Imperial Insurance Companies			
		HMO	CSNP	HMO Part B buy down	D SNP
State	County	Imperial Insurance Company Traditional (HMO) 003	Imperial Insurance Value (HMO C-SNP) 005	Imperial Insurance Traditional Plus (HMO) 007	Imperial Insurance Company DUAL (HMO D-SNP) 004
AZ	Coconino	yes	yes	yes	
	Maricopa	yes	yes	yes	
	Pima	yes	yes	yes	
	Pinal	yes	yes	yes	
	Yavapai	yes	yes	yes	
NV	Clark	yes	yes	yes	
TX	Bexar	yes	yes	yes	yes
	Collin	yes	yes	yes	yes
	Comal	yes	yes	yes	yes
	Dallas	yes	yes	yes	yes
	Denton	yes	yes	yes	yes
	El Paso	yes	yes	yes	yes
	Fort Bend	yes	yes	yes	yes
	Harris	yes	yes	yes	yes
	Hays	yes	yes	yes	yes
	Montgomery	yes	yes	yes	yes
	Nueces	yes	yes	yes	yes
	Tarrant	yes	yes	yes	yes
	Travis	yes	yes	yes	yes
	Williamson	yes	yes	yes	yes
Wise	yes	yes	yes	yes	
	New for 2022				










Arizona, Nevada and Texas

Benefit Information – 003, 005 and 007 Note- 004 is available in Texas only

2022 Benefit	Imperial Insurance Company Traditional – (HMO) 003	Imperial Insurance Value – (HMO C-SNP) 005	Imperial Insurance Traditional Plus – (HMO) 007	Imperial Insurance Company Dual – (HMO SNP) 004
 Service Area	Arizona – Coconino, Maricopa, Pima, Pinal and Yavapai Nevada – Clark New Mexico – Bernalillo Texas – Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays Montgomery, Nueces, Tarrant, Travis, Williamson and Wise Utah – Salt Lake			Texas – Bexar, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Harris, Hays Montgomery, Nueces, Tarrant, Travis, Williamson and Wise
 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: \$0	Part D Premium: \$25.10
 Part B buy down	There is no Part B buy down for 003 and 005.		\$110.00 Part B buy down Paid to members monthly	There is no Part B buy down for 004.
 Physician Services	Doctor: \$0 Specialist ^{1,2} : \$0		Doctor: 20% co-insurance Specialist ^{1,2} 20% co-insurance	
 Inpatient Hospital Care^{1,2}	\$125 per day for days 1 through 5 and \$0 for days 6 through 90		Original Medicare	
 Emergency Care	\$100 (waived if admitted within 48 hours)		20% co-insurance (waived if admitted within 3 days)	
 Urgent Care	\$0		20% co-insurance (waived if admitted within 3 days)	
 Worldwide Emergency Care	\$0 co-payment Maximum of \$50,000 for qualifying expenses		No Worldwide Emergency allowance for 007.	\$0 co-payment Maximum of \$50,000 for qualifying expenses
 Ambulance Services¹	\$125 Ground 20% Air		20% co-insurance	
 Transportation^{1,2}	\$0 co-payment Unlimited Round trips to plan approved locations		No Transportation allowance for 007.	\$0 co-payment Unlimited Round trips to plan approved locations
 Durable Medical Equipment¹	20% co-insurance			

Arizona, Nevada and Texas

Benefit Information – 003, 005 and 007 Note- 004 is available in Texas only

2022 Benefit	Imperial Insurance Company Traditional – (HMO) 003	Imperial Insurance Value – (HMO C-SNP) 005	Imperial Insurance Traditional Plus – (HMO) 007	Imperial Insurance Company Dual – (HMO SNP) 004
 Health and Wellness	\$0 for fitness center membership or one home fitness kit per year		No Gym allowance for 007.	\$0 for fitness center membership or one home fitness kit per year
 Vision Care	\$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)	\$0 for annual routine eye exam, \$250 maximum for contacts, lenses and frames (every year)
 Dental Services	\$0 Preventive \$500 Max and \$0 Comprehensive \$2,000 Max. dental services annually			
 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 20% co-insurance for Hearing Aid \$2,500 maximum for both ears per year
 Over-the-Counter (OTC)	\$0 You have a \$115 Max every three months		No OTC allowance for 007.	\$0 You have a \$120 Max every three months
 Podiatry Services^{1,2}	\$0 for 6 routine foot care visits per calendar year		20% co-insurance	\$0 for 6 routine foot care visits per year
 Meals¹	\$0 You have 7 meals post discharge up to \$105 per year.		No Meal allowance for 007.	\$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.			













California

Service Area – 005, 007, 009, 011, 012 and 014









		Imperial Health Plan of California					
		CSNP	HMO	Share of cost	D SNP	HMO	HMO Part B buy down
State	County	Imperial Senior Value (HMO C-SNP) 005	Imperial Traditional (HMO) 007	Imperial Traditional Plus (HMO) 009	Imperial DUAL Plan (HMO D-SNP) 011	Imperial Dynamic Plan (HMO) 012	Imperial Strong Plan (HMO) 014
	Alameda	yes	yes	yes	yes		yes
	Contra Costa	yes	yes	yes	yes		yes
	Fresno	yes	yes	yes	yes		yes
	Kern	yes	yes	yes	yes	yes	yes
	Kings	yes	yes	yes	yes		yes
	Los Angeles	yes	yes	yes		yes	yes
	Madera	yes	yes	yes	yes		yes
	Merced	yes	yes	yes	yes		yes
	Orange	yes	yes	yes		yes	yes
	Placer	yes	yes	yes	yes		yes
	Riverside	yes	yes	yes		yes	yes
CA	Sacramento	yes	yes	yes	yes	yes	yes
	San Bernardino	yes	yes	yes		yes	yes
	San Diego	yes	yes	yes		yes	yes
	San Francisco	yes	yes	yes	yes		yes
	San Joaquin	yes	yes	yes	yes		yes
	San Mateo	yes	yes	yes			yes
	Santa Barbara	yes	yes	yes	yes		yes
	Santa Clara	yes	yes	yes			yes
	Stanislaus	yes	yes	yes	yes		yes
	Tulare	yes	yes	yes	yes		yes
	Ventura	yes	yes	yes	yes	yes	yes
	Yolo	yes	yes	yes	yes		yes
	New for 2022						













California Benefit Information – 005, 007, 009 and 014

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.










California Benefit Information – 005, 007, 009 and 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.			

California Benefit Information – 011 and 012

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	

California Benefit Information – 011 and 012

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.	

General Information

Member Services

800-838-8271 TTY 771
6 a.m. to 8 p.m. PST 7 days a week

Sales

Agent Support, 800-838-5197
Sales Line 800-838-5914
agents@imperialhealthplan.com
Vincent Stubbs – Vincent.stubbs@imperialhealthplan.com

General Inbox
Sales Manager

Imperial Health Plan website:

<https://www.imperialhealthplan.com/>

Find a Doctor:

<https://providers.imperialhealthplan.com/>

Find a Prescription:

<https://client.formularynavigator.com/Search.aspx?siteCode=3027858015>

Find a dental provider:

<https://www.libertydentalplan.com/>

Find a vision provider:

<https://www.marchvisioncare.com/>

Find a hearing provider:

<https://hearingcaresolutions.com/>

Medicare 800-633-4227

<https://www.medicare.gov>

CMS Main Page

<https://www.cms.gov/>

Medicare Marketing Guidelines

https://www.cms.gov/ManagedCareMarketing/01_Overview.asp#TopOfPage



BLEEDPEG

8 required topics for all MAPD presentations

- 1. B Benefits
- 2. L Lock-in
- *3. E Eligibility
- 4. E Enrollment
- 5. D Disenrollment
- 6. P Premium
- 7. E Emergency
- 8. G Grievance

Time (enrollment)

Network

Part A&B

Live in the Service area

Check Medicaid

POA and Check friends and family

***Start with Eligibility then go top down.**

The D's for enrollment:

Dr.

Does the plan offer the requested Dr.s?

Drugs

Does the plan have the drugs on their formulary?

Dental plan

Does the plan have a dental plan?

Dollars

What are the premiums and copays?

DUAL

Does the plan offer a DUAL MAPD?

Deductible

What are the plan deductibles (if any)?



IMPERIAL INSURANCE COMPANIES



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8 required topics for all MAPD presentations

1. Eligibility

Start with eligibility to confirm they are eligible for enrollment into a MAPD plan.

- Must have Parts A and B

- Must live in the service area (see next pages for IHP and IIC PBPs and Service area)

- Must have enrollment eligibility (see lock-in page 72 for details)

Confirm additional eligibility issues such as:

- Medicaid = D SNP Products

- Chronic conditions = C SNP Products

- Power of attorney (POA) – If applicable

Once eligibility is confirmed circle back to the top and go top down for the remaining topics.

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8 required topics for all MAPD presentations

2022 PBPs and Service Area for IHP = California

		Imperial Health Plan of California						
		CSNP	HMO	Share of cost	D SNP	HMO	HMO Part B buy down	
State	County	Imperial Senior Value (HMO C-SNP) 005	Imperial Traditional (HMO) 007	Imperial Traditional Plus (HMO) 009	Imperial DUAL Plan (HMO D-SNP) 011	Imperial Dynamic Plan (HMO) 012	Imperial Strong Plan (HMO) 014	
CA	Alameda	yes	yes	yes	yes		yes	
	Contra Costa	yes	yes	yes	yes		yes	
	Fresno	yes	yes	yes	yes		yes	
	Kern	yes	yes	yes	yes	yes	yes	
	Kings	yes	yes	yes	yes		yes	
	Los Angeles	yes	yes	yes		yes	yes	
	Madera	yes	yes	yes	yes		yes	
	Merced	yes	yes	yes	yes		yes	
	Orange	yes	yes	yes		yes	yes	
	Placer	yes	yes	yes	yes		yes	
	Riverside	yes	yes	yes		yes	yes	
	Sacramento	yes	yes	yes	yes	yes	yes	
	San Bernardino	yes	yes	yes	yes		yes	
	San Diego	yes	yes	yes	yes		yes	
	San Francisco	yes	yes	yes	yes	yes	yes	
	San Joaquin	yes	yes	yes	yes	yes	yes	
	San Mateo	yes	yes	yes	yes		yes	
	Santa Barbara	yes	yes	yes	yes	yes	yes	
	Santa Clara	yes	yes	yes	yes		yes	
	Stanislaus	yes	yes	yes	yes	yes	yes	
	Tulare	yes	yes	yes	yes	yes	yes	
	Ventura	yes	yes	yes	yes	yes	yes	
	Yolo	yes	yes	yes	yes	yes	yes	
		New for 2022						

BLEEDPEG

8 required topics for all MAPD presentations

2022 PBPs and Service Area for IIC = NV, TX and AZ

		Imperial Insurance Companies			
		HMO	CSNP	HMO Part B buy down	D SNP
State	County	Imperial Insurance Company Traditional (HMO) 003	Imperial Insurance Value (HMO C-SNP) 005	Imperial Insurance Traditional Plus (HMO) 007	Imperial Insurance Company DUAL (HMO D-SNP) 004
AZ	Coconino	yes	yes	yes	
	Maricopa	yes	yes	yes	
	Pima	yes	yes	yes	
	Pinal	yes	yes	yes	
	Yavapai	yes	yes	yes	
NV	Clark	yes	yes	yes	
TX	Bexar	yes	yes	yes	yes
	Collin	yes	yes	yes	yes
	Comal	yes	yes	yes	yes
	Dallas	yes	yes	yes	yes
	Denton	yes	yes	yes	yes
	El Paso	yes	yes	yes	yes
	Fort Bend	yes	yes	yes	yes
	Harris	yes	yes	yes	yes
	Hays	yes	yes	yes	yes
	Montgomery	yes	yes	yes	yes
	Nueces	yes	yes	yes	yes
	Tarrant	yes	yes	yes	yes
	Travis	yes	yes	yes	yes
	Williamson	yes	yes	yes	yes
Wise	yes	yes	yes	yes	
	New for 2022				

BLEEDPEG

8 required topics for all MAPD presentations

2. Benefits

Use the benefit highlight sheets and or SOBs to review all benefits based on eligibility.



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8 required topics for all MAPD presentations

3. Lock-in

Two (2) definitions for MAPD Lock-in:

1 Time – Must use the correct enrollment timelines for MAPD enrollment

ICEP = 3 months before, month of and three months after 65th birth month.

AEP = Oct. 15 - Dec. 7

MAPD OEP = Jan. 1 – Mar. 31 = One time change MAPD to MAPD

Lock-in = April 1 – Sept. 30... DUALs can change each quarter.

SEP = Moving or other as defined by CMS i.e.: COVID - 19

2 Network – Members must use network providers for all non-emergency/routine care or plan will not cover services.

BLEEDPEG

8 required topics for all MAPD presentations

4. Enrollment

Start with confirming the application signature date and define effective date = usually the first of the month following the signature date but could be as much as three (3) months out. For sales and successful enrollment = D's:

The D's of enrollment:

		IMPERIAL
Dr.	Does the plan offer the requested Dr.s?	Check provider directory
Drugs	Does the plan have the drugs on their formulary? 98% of all drugs prescribed	
Dental	Does the plan have a dental plan?	Yes, Liberty/Healthplex
Dental		
Dollars	What are the premiums and copays?	\$0 premium all Imperial plans
DUAL	Does the plan offer a DUAL MAPD?	Yes.
Deductible	What are the plan deductibles (if any)?	\$0

5. Disenrollment

Define how member would disenroll if they are not happy with the plan.

- Enroll with another plan (Must have eligibility to do so).
- Send current plan signed disenrollment request letter.
- Call CMS.



BLEEDPEG

8 required topics for all MAPD presentations

6. Premium

For this topic is important for the enrollee to know, if there is a premium, how to pay it?

-Get a bill from the plan

-Automatic deduction from SS check or bank account

7. Emergency

This is important and how to tell an enrollee if there is an emergency what to do. Dial 911. If an ambulance shows up, show your Imperial ID card for covered emergency services. There will be a copay for the ambulance and ER - if you are admitted to the hospital your ER copay will be applied towards your hospital stay.

IF MEMBER DOES NOT SHOW ID CARD, THE AMBULANCE SERVICE WILL ATTEMPT TO BILL MEMBER DIRECT 100%.

8. Grievance

Member has a right to file a Grievance which can be filed for many reasons and they didn't have to enroll with you.

Marketing misrepresentation = Agent Grievance

Rude staff at Provider office = Provider Grievance

Unclean Provider facility = Provider Grievance

Long provider wait times = Provider Grievance

Claims not being paid = Carrier/Plan Grievance





This concludes the
Imperial 2022 Training.

Thank you for your support to Imperial



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