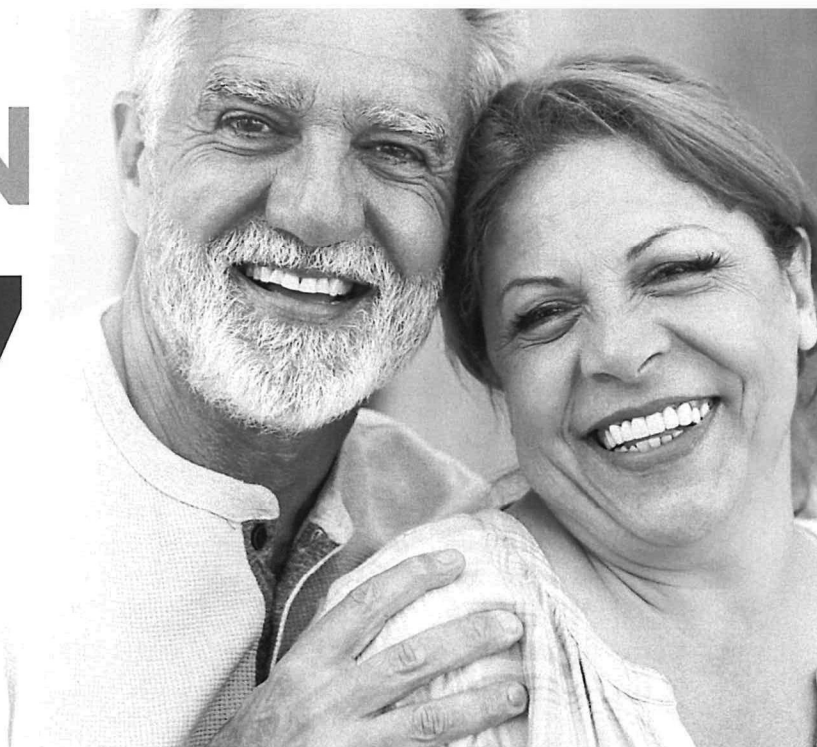


JOIN US IN 2027

Imperial Dynamic Plan (HMO) is a Medicare Advantage plan serving 51 California counties.⁴



\$15 Part B premium reduction paid back to your Social Security payment each month

\$0 Monthly plan premium¹

\$295 Maximum Out-of-Pocket protection against annual Part A & Part B costs

\$0 Part D Deductible

\$0 Inpatient Hospital – Acute²

\$0 MRI / CT-Scan

\$0 Primary Care & Specialist Office Visits

\$4,000 Annual maximum for comprehensive dental coverage³

\$500 Per year for eyewear frames, including prescription lenses

\$100,000 Worldwide Emergency Coverage

\$0 Transportation, Up to 45 One-Way Trips

\$0 Annual Fitness Membership

\$0 Tier 1 Preferred Generic formulary drugs

\$0 Formulary Insulins: (Toujeo®, Lantus®, Xultophy®, Humulin®, Novolog®, Novolin®, Soliqua® and More!)

\$40 Over the Counter (OTC) monthly allowance

\$0 Up to 30 Hours of Activities of Daily Living (ADL) and additional 30 Hours of Independent Activity Daily Living (IADL)

\$45 Grocery Allowance per Quarter for those who qualify⁵

\$0 Acupuncture & Chiropractor up to 35 Annual Combined Treatments

Call Kip Meredith
805-548-8672 (TTY 711)

8 am – 8 pm seven days a week from October 1 through March 31 and
8 am – 8 pm Monday through Friday from April 1 to September 30.



IMPERIAL HEALTH PLAN
OF CALIFORNIA

* www.ccpnhpn.com for San Luis Obispo County doctors

2027 Summary of Benefits

Section 2 Imperial Dynamic Plan (HMO)

Imperial Dynamic Plan (HMO) 012

Premiums and Benefits	Imperial Dynamic Plan (HMO)
Monthly Plan Premium How much do I need to pay monthly?	- Part C Plan Premium: You pay \$0 per month - Part D Plan Premium: You pay \$0 per month
Part B premium buy-down	Imperial Dynamic Plan pays \$15 of your Part B Premium. You must continue to pay your Medicare Part B premium
Deductible How much do I need to pay before the plan pays?	This plan does not have a deductible for Part C or D benefits
Maximum Out-of-Pocket (does not include Part D Prescription Drugs) What's the limit on how much I will pay?	The most you will pay each year for in-network Part C services in this plan is \$295
Inpatient Hospital – Acute^{1,2} and Psychiatric^{1,2} How long will my plan cover? How much do I pay?	- Inpatient Hospital: - You pay \$0 per day for days 1 – 90 - You pay a \$0 copay for each Lifetime Reserve Day. - Inpatient Psychiatric stays: - You pay \$0 per day for days 1 – 90 - You pay a \$0 copay for each Lifetime Reserve Day.
Outpatient Hospital Services^{1,2}	You pay \$100 per visit
Ambulatory Surgical Center (ASC) Services^{1,2}	You pay \$100 for each Medicare-covered ambulatory surgical center visit
Doctor Visits How much do I pay to visit a primary care physician and specialist?	- Primary Care Physician Services visit: You pay \$0 - Physician Specialist Services^{1,2}: You pay \$0 - You have the option of getting certain services by telehealth using phone or video

DYNAMIC

Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

Premiums and Benefits	Imperial Dynamic Plan (HMO)
Preventive Services How much do I pay for Preventive Care?	You pay \$0 for glaucoma screening¹, diabetes self-management training¹, digital rectal exams and EKGs following a welcome visit
Emergency Services How much do I pay for Emergency Care?	- You pay \$125 per visit - If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Urgently Needed Services How much do I pay for Urgently Needed Services?	You pay \$0
Diagnostic Procedures / Tests and Lab Services / Imaging^{1,2} How much do I pay for Diagnostic Services?	- You pay \$0 for: - Lab services - Diagnostic tests - Diagnostic radiology services (e.g., MRI) - X-rays - You pay 20% of the total cost for therapeutic radiology services
Hearing Services (Medicare-covered)	You pay \$0 This plan covers additional Hearing supplemental benefits, as outlined in the Supplemental Benefits section below.
Dental Services (Medicare-covered)	You pay \$0 This plan covers additional Dental supplemental benefits, as outlined in the Supplemental Benefits section below.
Vision Services (Medicare-covered)	You pay \$0 This plan covers additional Vision supplemental benefits, as outlined in the Supplemental Benefits section below.
Mental Health Specialty Services^{1,2} How much do I pay for outpatient services?	- You pay \$0 for each Medicare-covered individual or group therapy outpatient mental health visit (non-physician) - You pay \$0 for each Medicare-covered psychiatric individual or group therapy session

Premiums and Benefits	Imperial Dynamic Plan (HMO)
Skilled Nursing Facility (SNF)^{1,2} How much do I pay for Skilled Nursing Facility stay?	- You are covered for up to 100 days of SNF care per benefit period without the need for a prior hospital stay. - You pay \$0 per day for days 1 – 20 - You pay \$100 per day for days 21 – 50 - You pay \$200 per day for days 51 – 100
Cardiac and Pulmonary Rehabilitation Services / Occupational Therapy / Physical Therapy / Speech-Language Pathology Services^{1,2} How much do I pay for Outpatient Rehab and therapy?	- You pay \$0 for: - Cardiac (heart) rehab services - Occupational therapy - Physical therapy - Speech and language therapy
Ambulance Services¹ How much do I pay for Ambulance services?	- You pay \$150 per one-way trip by ground - You pay 20% of the total cost per trip by air - Prior authorization required for non-emergency trips - If you are admitted to the hospital within 48 hours, you don't have to pay your share of the cost for emergency care
Medicare Part B Rx Drugs and Home Infusion Drugs¹ How much do I pay for Part B Drugs?	- You pay \$0 for Part B insulins - You pay 20% of the total cost for all other Part B drugs including chemotherapy drugs
Outpatient Substance Abuse Services^{1,2}	You pay 20% of the total cost for each Outpatient Substance Abuse visit in an individual or group setting
Home Health Services^{1,2}	You pay \$0 for each home health visit
Durable Medical Equipment (DME) / Prosthetics / Diabetic Supplies¹	- You pay 20% of the total cost per item for Durable Medical Equipment (DME)¹, such as oxygen or a wheelchair - You pay 20% of the total cost per item on prosthetics¹ such as braces, artificial limbs - You pay \$0 for diabetic monitoring supplies¹



Part D Prescription Drugs		Imperial Dynamic Plan (HMO)	
Part D Plan Premium		You pay \$0 per month	
Out-of-Pocket Cost Threshold What's the limit on how much I will pay?		Your yearly limit for Part D in this plan is \$2,400	
Deductible Stage		No deductible (Your coverage begins on the effective date of your enrollment)	
Initial Coverage Phase		You pay the following costs until your yearly out-of-pocket drug costs reach \$2,400	
		Retail 30-Day Supply	Mail Order 100-Day Supply
Tier 1 – Preferred Generic		\$0.00	\$0.00
Tier 2 – Generic		\$6.00 / Select Insulins: \$0	\$5.00 / Select Insulins: \$0
Tier 3 – Preferred Brand		\$45.00 / Select Insulins: \$0	\$90.00 / Select Insulins: \$0
Tier 4 – Non-Preferred Drug		\$90.00 / Select Insulins: \$0	\$180.00 / Select Insulins: \$0
Tier 5 – Specialty Tier		33% / Select Insulins: \$0	Mail order supply not available for Tier 5
Tier 6 – Select Care Drugs		\$0	\$0
Catastrophic Coverage Stage		Once your yearly out-of-pocket drug costs reach \$2,400. You pay \$0 for covered prescription drugs for the remainder of the plan year.	

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Supplemental Benefits	Imperial Dynamic Plan (HMO)
 Dental Services How much do I pay for dental services?	• Diagnostic and Preventive Dental Services: You pay \$0 for routine office visits. Office visits include exam, cleaning, fluoride treatment and dental X-ray. Your plan covers up to \$500 in routine dental services per year • You pay \$0 for Comprehensive Dental Services including restorative services, prosthodontics, other oral / maxillofacial surgery, other services. Your plan covers up to \$4,000 every year
 Vision Services How much do I pay for Vision Services? What's my Eyewear Allowance per year?	• You pay \$0 for routine eye exams • You pay \$0 every year for either: • One pair of eyeglasses (lenses and frames) • One pair of contact lenses • The plan covers up to \$500 every year for eyewear
 Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?	• You pay \$0 for: • Covered diagnostic and routine exams • The plan covers up to \$250 • Hearing aid allowance: You pay \$0. The plan covers up to \$500 per calendar year
Transportation Services^{1,2} How much do I pay for Transportation services?	• You pay \$0 for 45 one-way trips to plan approved locations
Meal Benefit¹	• There is \$0 copayment for up to 21 delivered meals immediately following discharge from surgery or inpatient hospitalization. • The plan covers up to \$315 per year.

Supplemental Benefits	Imperial Dynamic Plan (HMO)
In-Home Support Services for Independent Activities of Daily Living (IADL)	You pay \$0 for up to 30 hours per year for independent activities of daily living (IADL), including assisting members with transportation, grocery shopping, medication pickup, technical guidance, care gap reminders, light house help, light exercise and activity.
In-Home Support Services for Activities of Daily Living (ADL)	You pay \$0 for up to 30 hours per year for activities of daily living (ADL) services including bathing, dressing, eating, transferring and toileting and incontinence issues.
Chiropractic Services^{1,2} and Acupuncture Treatments	You pay a \$0 copay for 35 combined visits for Acupuncture and/or Chiropractic every year.
Over-the-Counter (OTC) Items	\$40 allowance every month through our OTC catalogue purchase and/or debit card purchase at participating retail stores - Cash, checks, credit cards or money orders are not accepted under this OTC benefit - No roll over
Podiatry Services^{1,2}	You pay \$0 for 6 routine foot care visits per calendar year
Fitness Benefit <i>www.silversneakers.com</i>	You pay \$0 for monthly gym membership and one home fitness kit
Worldwide Emergency / Urgent Coverage	- Cover up to \$100,000 for qualifying expenses with \$0 copay - Urgently needed or Emergency services only
Special Supplemental Benefits for Chronically Ill (SSBCI): Food and Produce / Grocery *You must qualify by having one or more of the chronic conditions listed on the last page of this document.	\$45 Per Quarter

Section 1 - All fields in this section are required (unless marked optional)

Select the plan you want to join:

- ☐ Imperial Senior Value (HMO C-SNP) 005 - \$0 Part C/D
- ☒ Imperial Dynamic Plan (HMO) 012 - \$0 Part C/D
- ☐ Imperial Courage Plan (HMO MA-only) 016 - \$0 Part C Only
- ☐ Imperial Flex (HMO C-SNP) 017 - \$0 Part C \$2.70 Part D

First name:	Last name:	Middle initial: (optional)
Birth date (MM/DD/YYYY):	Sex: ☐ Male ☐ Female	Phone number:
Email Address (optional):		Cell Phone (optional):

Permanent residence street address (Don't enter a P.O. Box. Note: For individuals experiencing homelessness, a P.O. Box may be considered your permanent residence address.):

City:	County: (optional)	State:	ZIP code:
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Mailing address, if different from your permanent address (P.O. Box allowed):

Street address:	City:	State:	ZIP code:
Emergency Contact (optional):	Relationship:	Phone Number:	

Your Medicare information:

Medicare number:

Part A _____
Part B _____

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Imperial Health Plan?

☐ Yes ☐ No

Name of other coverage:	Member number for this coverage:	Group number for this coverage:
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Do you have cardiovascular disorder, chronic heart failure, and/or diabetes? ☐ Yes ☐ No

Are you enrolled in your state Medi-Cal (Medicaid) program? ☐ Yes ☐ No

If "yes," please provide your Medi-Cal (Medicaid) number: _____

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Imperial Health Plan.
- By joining this Medicare Advantage or Medicare Prescription Drug Plan, I acknowledge that Imperial Health Plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA or Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Imperial Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Imperial Health Plan. Benefits and services provided by Imperial Health Plan and contained in my Imperial Health Plan "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Imperial Health Plan will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's date:

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

Section 2 – All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ Spanish ☐ Chinese ☐ Korean ☐ Vietnamese ☐ Other _____

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD

Please contact Imperial Health Plan at 1-800-838-8271 if you need information in an accessible format other than what's listed above. Our office hours are October 1 through March 31, Monday through Sunday from 8:00 am to 8:00 pm and April 1 through September 30, Monday through Friday from 8:00 am to 8:00 pm except holidays. TTY users can call 711.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

PCP Name: _____ PCP ID Number: _____

Medical Group or IPA: Coastal Communities Physicians Network

Are you an existing patient of this PCP? ☐ Yes ☐ No

I want to get the following materials via email. Select one or more.

☐ Yes, I would like to receive my new member Enrollment Kit – EOC, Comprehensive Drug Formulary, and Provider/Pharmacy Directory.

Email address: _____

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. Please select a premium payment option. If you don't make a selection, you will receive a bill.**

☒ Get a bill.

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. *The Social Security/RRB deduction may take at least two months to begin after approval by Social Security or the Railroad Retirement Board (RRB). Until Social Security approves the deduction, you will continue to receive paper statements.*

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Imperial Health Plan the Part D-IRMAA.

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: Alan Kip Meredith

Relationship to Enrollee: Agent

Signature: K. Meredith

National producer number (NPN): 2594225

Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. 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). 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. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).



IMPERIAL HEALTH PLAN
OF CALIFORNIA

Scope of Appointment Confirmation (SOA)

The Centers for Medicare and Medicaid Services (CMS) requires licensed sales agents to document the scope a marketing appointment (SOA)* between the agent and the Medicare beneficiary (or their authorized representative) prior to any individual face-to-face or telephonic sales meeting. All information provided on this form is confidential. A separate form should be completed for each Medicare eligible beneficiary or his/her authorized representative. A new SOA is required if the beneficiary (or their authorized representative) requests information regarding a different plan type than previously agreed upon.

Please initial below beside the type of product(s) you want the agent to discuss.

X

Medicare Advantage Plans (Part C)	
☐	Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan network (except in emergencies).
☐	Medicare Special Needs Plan (C-SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or automatically enroll you in the plan(s) discussed.

X

Beneficiary or Authorized Representative Signature and Signature Date	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below	
Representative's Name:	Your Relationship to the Beneficiary:

To be completed by Agent	
Agent Name: <i>Alan Kip Meredith</i>	Agent Phone: <i>805 548-8612</i>
Agent Signature: <i>[Signature]</i>	FMO:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	Beneficiary MBI:
Initial Method of Contact:	
Plan(s) the agent represented during this meeting: <i>MAPD</i>	Date Appointment Completed:
If applicable, provide the explanation why the SOA was not signed prior to meeting: (walk-in, unplanned attendee etc.)	

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Imperial Health Plan of California, Inc. - H5496

For 2027, Imperial Health Plan of California, Inc. - H5496 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	★★★★☆
Drug Services Rating:	★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Imperial Health Plan of California, Inc. 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 800-838-5914 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 800-838-8271 (toll-free) or 711 (TTY).