

2019

Summary of Benefits

Bexar, Dallas, El Paso, Harris, Tarrant, Travis

Imperial Insurance Company of Texas Traditional (HMO) PBP 003

Imperial Insurance Company of Texas Dual (HMO SNP) PBP 004

Imperial Insurance Company of Texas Value (HMO SNP) PBP 005



IMPERIAL INSURANCE COMPANY
OF TEXAS

Imperial Insurance Company of Texas (HMO) (HMO SNP)



Who can join?

To join any of our Plan Benefit Packages (PBP's), you must meet all of the following requirements:

- You live in our service area
- You have both Medicare Part A and Medicare Part B
- You are a United States Citizen
- You do not have End-Stage Renal Disease (ESRD), with limited exceptions

To join Imperial Insurance Company of Texas Value (HMO SNP) you must also have been diagnosed with Diabetes, Chronic Heart Failure (CHF), and/or Cardiovascular Disorder(s).

To join Imperial Insurance Company of Texas Dual (HMO SNP) you must have both Medicare and Medicaid.

Which doctors, hospitals, and pharmacies can I use?

Imperial Insurance Company of Texas (HMO) (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers who are available to provide you with medical and supplemental benefit care. When you join our health plan, you must select

a primary care physician (PCP). Your PCP will work with us to coordinate your medical and specialty care when you need to see other providers. If you use any provider that is not in our network, the plan may not pay for these services, except in emergency situations. You can view our directories on our website: www.IICTX.com.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at 1-800-838-8271 (TTY users should call 711), or visit us at www.IICTX.com.

How do I determine my Part D prescription drug costs?

The Part D drugs we cover are grouped into five and six different tiers, depending on the plan benefit package you enroll with. You will need a copy of our drug list or "formulary" to find out which tier your drug is on. The amount you pay depends on the drug's tier, the number of day supplies, the benefit stage you have reached, whether you are using a network pharmacy, and the type of pharmacy you use (e.g., retail, mail order, long term care, home infusion, etc).

Where can I find more information?

Our Member Services staff is available to answer your questions in regards to eligibility and benefits. Please call 1-800-838-8271, (TTY/TDD: 711), Monday through Sunday, 8:00 am to 8:00 pm except holidays during October 1 through March 31 and Monday through Friday 8:00 am to 8:00 p.m. April 1 through September 30 except holidays.

This Summary of Benefits is a summary of what we cover and what you pay. It does not list every service

that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the “Evidence of Coverage” or visit www.IICTX.com

If you want to know more about the coverage and costs of Original Medicare, please refer to the “Medicare & You” handbook. You can find this handbook at www.Medicare.gov or call 1-800-Medicare (1-800-633-4227), TTY users should call 1-877-486-2048.

Service Area



Counties:

Bexar, Dallas, El Paso, Harris, Tarrant and Travis

Bexar

78002; 78006; 78009; 78015; 78023; 78039; 78052; 78054; 78069; 78073; 78101; 78108; 78109; 78112; 78124; 78148; 78150; 78152; 78154; 78201; 78202; 78203; 78204; 78205; 78206; 78207; 78208; 78209; 78210; 78211; 78212; 78213; 78214; 78215; 78216; 78217; 78218; 78219; 78220; 78221; 78222; 78223; 78224; 78225; 78226; 78227; 78228; 78229; 78230; 78231; 78232; 78233; 78234; 78235; 78236; 78237; 78238; 78239; 78240; 78241; 78242; 78243; 78244; 78245; 78246; 78247; 78248; 78249; 78250; 78251; 78252; 78253; 78254; 78255; 78256; 78257; 78258; 78259; 78260; 78261; 78262; 78263; 78264; 78265; 78266; 78268; 78269; 78270; 78275; 78278; 78279; 78280; 78283; 78284; 78285; 78286; 78287; 78288; 78289; 78291; 78292; 78293; 78294; 78295; 78296; 78297; 78298; 78299;

Dallas

75001; 75006; 75007; 75011; 75014; 75015; 75016; 75017; 75019; 75030; 75037; 75038; 75039; 75040; 75041; 75042; 75043; 75044; 75045; 75046; 75047; 75048; 75049; 75050; 75051; 75052; 75053; 75054; 75060; 75061; 75062; 75063; 75064; 75067; 75080; 75081; 75082; 75083; 75084; 75085; 75088; 75089; 75098; 75099; 75104; 75106; 75115; 75116; 75123; 75125; 75134; 75137; 75138; 75141; 75146; 75149; 75150; 75154; 75159; 75172; 75180; 75181; 75182; 75185; 75187; 75201; 75202; 75203; 75204; 75205; 75206; 75207; 75208; 75209; 75210; 75211; 75212; 75214; 75215; 75216; 75217; 75218; 75219; 75220; 75221; 75222; 75223; 75224; 75225; 75226; 75227; 75228; 75229; 75230; 75231; 75232; 75233; 75234; 75235; 75236; 75237; 75238; 75239; 75240; 75241; 75242; 75243; 75244; 75245; 75246; 75247; 75248; 75249; 75250; 75251; 75252; 75253; 75254; 75258; 75260; 75261; 75262; 75263; 75264; 75265; 75266; 75267; 75270; 75275; 75277; 75283; 75284; 75285; 75286; 75287; 75294; 75295; 75301; 75303; 75310; 75312; 75313; 75315; 75320; 75323; 75326; 75334; 75336; 75339; 75340; 75342; 75343; 75344; 75346; 75350; 75353; 75354; 75355; 75356; 75357; 75358; 75359; 75360; 75363; 75364; 75367; 75368; 75369; 75370; 75371; 75372; 75373; 75374; 75376; 75378; 75379; 75380; 75381; 75382; 75386; 75387; 75388; 75389; 75390; 75391; 75392; 75393; 75394; 75395; 75396; 75397; 75398; 76051; 76065

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Imperial Insurance Company of Texas Traditional (HMO) (003)

Premiums and Benefits	Imperial Insurance Company of Texas Traditional (HMO) (003)
<p>Premium How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> You pay \$0 per month You must continue to pay your Medicare Part B premium
<p>Deductible How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> This plan does not have a deductible
<p>Maximum Out-of-Pocket costs What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> Your yearly limit(s) in this plan is \$4000
<p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> You pay \$100 for days 1 through 5 You pay \$0 for days 6 through 90 Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 copayment per day, Days 1 – 60.
<p>Outpatient Hospital Coverage^{1,2}</p>	<ul style="list-style-type: none"> You pay \$0
<p>Doctor visits How much do I pay to visit primary care physician or specialist?</p>	<ul style="list-style-type: none"> Primary care physician visit: You pay \$0 Specialist visit^{1,2}: You pay \$0
<p>Preventive Care How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> You pay \$0 for covered services
<p>Emergency Care How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> You pay \$90 copayment If you are admitted to the hospital within 48 hours, you don’t have to pay your share of the cost for emergency care
<p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> You pay \$0

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

<p>Premiums and Benefits</p>	<p>Imperial Insurance Company of Texas Traditional (HMO) (003)</p>
<p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> • Diagnostic radiology services (e.g., MRI): You pay \$0 • Lab services: You pay \$0 • Diagnostic tests (such as MRI): You pay \$0 • Therapeutic radiology services: You pay \$0 • Outpatient x-rays: You pay \$0
<p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> • Medicare-covered Diagnostic exams: You pay 20% coinsurance • Routine hearing exam: You pay 20% coinsurance. Benefit maximum limited to \$250 every year • Hearing aid fitting evaluation exam: You pay 20% coinsurance • Hearing aid allowance: Up to \$1,250 per calendar year
<p>Dental Services^{1,2} How much do I pay for dental services?</p>	<ul style="list-style-type: none"> • Medicare-covered Dental services: You pay \$0 • Preventive dental services: You pay 10% coinsurance for office visit. Office visit includes exam, cleaning, fluoride treatment and dental X-ray • You Pay 10% coinsurance for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services <p>Dental care brought to you by Liberty Dental Plan</p>
<p>Vision Services^{1,2} How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> • Medicare-covered Vision services: You pay \$0 • You pay \$15 for routine eye exam • You pay \$15 for contact lenses or eyeglasses (frames and lenses) • Eyewear allowance: Up to \$255.00 every two years <p>Vision care brought to you by March Vision</p>

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

<p>Premiums and Benefits</p>	<p>Imperial Insurance Company of Texas Traditional (HMO) (003)</p>
<p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> • Inpatient Visit: You pay \$200 for days 1 through 7 • You pay \$0 for days 8 through 90 • Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 copayment per day, Days 1 – 60. • Outpatient services: You pay \$0 for outpatient group therapy visit with a psychiatrist • You pay \$0 for outpatient individual therapy visit with a psychiatrist • You pay 20% coinsurance for outpatient group or individual therapy visit
<p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p>	<p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • You pay \$0 for days 1 – 20 • You pay \$164.50 copayment per day for days 21 – 100
<p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> • Cardiac (heart) rehab services: You pay 20% coinsurance • Occupational therapy visit: You pay \$10 copayment • Physical therapy and speech and language therapy visit: You pay 20% coinsurance
<p>Ambulance¹ How much do I pay for Ambulance?</p>	<ul style="list-style-type: none"> • You pay \$85 copayment per one-way trip
<p>Transportation^{1,2} How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> • You pay \$0 for unlimited one-way transportation to plan approved locations
<p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> • You pay \$0 for Part B drugs such as chemotherapy drugs • You pay \$0 for all other Part B drugs

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Part D Prescription Drugs		Imperial Insurance Company of Texas Traditional (HMO) (003)	
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$3,820		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$5.00	\$10.00	
Tier 3 - Preferred Brand Drugs	\$45.00	\$90.00	
Tier 4 – Non-Preferred Drugs	\$90.00	\$180.00	
Tier 5 – Specialty Tier Drugs	33%	Long term supply not available for Tier 5	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$5,100		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$0.00	\$0.00	
Tier 3 - Preferred Brand Drugs	Generic: You pay 37% of the cost Brand: You pay 25% of the cost and a portion of the dispensing fee		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	Long term supply not available for Tier 5		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$5,100, you pay		
	The greater of: 5% of the cost or 3.40 for generic (including brand drugs treated as generic) and \$8.50 for all other drugs		

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<p>Premiums and Benefits</p>	<p>Imperial Insurance Company of Texas Traditional (HMO) (003)</p>
<p>Medical Equipment / Supplies^{1,2} How much do I pay for Medical Equipment/Supplies?</p>	<ul style="list-style-type: none"> You pay 20% coinsurance per item for Durable Medical Equipment (DME), such as oxygen or a wheelchair. You pay 20% coinsurance per item on prosthetics such as braces, artificial limbs You pay \$0 for diabetic monitoring supplies
<p>Home Health Services^{1,2} How much do I pay for Home Health Services?</p>	<ul style="list-style-type: none"> You pay \$0 for Home Health Services.
<p>Outpatient Substance Abuse^{1,2} How much do I pay for Outpatient Substance Abuse?</p>	<ul style="list-style-type: none"> You pay 20% coinsurance for each Outpatient Substance Abuse visit.
<p>Supplemental Benefits</p>	<p>Imperial Traditional (HMO) (007)</p>
<p>Routine Foot Care^{1,2} How much do I pay for Foot Care services?</p>	<ul style="list-style-type: none"> You pay \$0 for Medicare-covered foot care. You pay \$0 for 6 routine foot care visits per calendar year
<p>Over-the-Counter (OTC) What is my OTC monthly benefit?</p>	<ul style="list-style-type: none"> \$50.00 monthly allowance every month through our OTC mail order catalog. Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over
<p>Worldwide Coverage How much is my Worldwide Coverage reimbursement?</p>	<ul style="list-style-type: none"> Reimbursement up to \$50,000 for qualifying expenses with a \$65.00 co-payment Urgently needed or Emergency services only
<p>Acupuncture^{1,2} How much do I pay for Acupuncture Services?</p>	<ul style="list-style-type: none"> You pay \$15 for 12 treatments per calendar year
<p>Wellness Programs^{1,2} What is my Fitness Center Membership/ Fitness benefit?</p>	<p>You pay \$0 for fitness center membership or up to two home fitness kits. The Home Fitness Program and participating fitness centers are offered through the Silver&Fit® Program, with unlimited visits to any of their participating fitness centers</p>

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Supplemental Benefits	Imperial Traditional (HMO) (007)
<p>In-Home Support What is my In-Home Support benefit?</p>	<ul style="list-style-type: none"> • You pay \$0 Copayment for In-Home Support services. • Eligible members receive up to 5 hours of In-Home Support services annually. Services received based on medical necessity. • Maximum plan benefit amount is \$144 every year. <p>In-home support services is to assist individuals with disabilities and/or medical conditions in performing Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) within the home to compensate for physical impairments, ameliorate the functional/psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization.</p>

The Silver&Fit Program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a trademark of ASH and used with permission herein.

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Imperial Insurance Company of Texas Dual (HMO SNP) (004)

Premiums and Benefits	Imperial Insurance Company of Texas Dual (HMO SNP) (004)
<p>Premium How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> You pay \$24.00 per month You must continue to pay your Medicare Part B premium
<p>Deductible How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> This plan does not have a deductible
<p>Maximum Out-of-Pocket costs What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> Your yearly limit(s) in this plan is \$4000
<p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> Medicare defined cost shares apply
<p>Outpatient Hospital Coverage^{1,2}</p>	<ul style="list-style-type: none"> You pay 0% coinsurance
<p>Doctor visits How much do I pay to visit primary care physician or specialist?</p>	<ul style="list-style-type: none"> Primary care physician visit: You pay 0% coinsurance Specialist visit^{1,2}: You pay 0% coinsurance
<p>Preventive Care How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> You pay \$0 for Medicare-covered services
<p>Emergency Care How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> You pay 0% coinsurance
<p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> You pay 0% coinsurance

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

<p>Premiums and Benefits</p>	<p>Imperial Insurance Company of Texas Dual (HMO SNP) (004)</p>
<p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> • Diagnostic radiology services (e.g., MRI): You pay \$0 • Lab services: You pay \$0 • Diagnostic tests (such as MRI): You pay \$0 • Therapeutic radiology services: You pay \$0 • Outpatient x-rays: You pay \$0
<p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> • Medicare-covered Diagnostic exams: You pay 20% coinsurance • Routine hearing exam: You pay 20% coinsurance. • Hearing aid fitting evaluation exam: You pay 20% coinsurance • Hearing aid allowance: Up to \$1,250 per calendar year
<p>Dental Services^{1,2} How much do I pay for dental services?</p>	<ul style="list-style-type: none"> • Medicare-covered Dental services: You pay \$0 • Preventive dental services: You pay \$0 copayment for office visit. Office visit includes exam, cleaning, fluoride treatment and dental X-ray • You pay \$0 copayment for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services <p>Dental care brought to you by Liberty Dental Plan</p>
<p>Vision Services^{1,2} How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> • Medicare-covered Vision services: You pay \$0 • You pay 20% coinsurance for routine eye exam • You pay 20% coinsurance for contact lenses or eyeglasses (frames and lenses) • Eyewear allowance: Up to \$500.00 every two years <p>Vision care brought to you by March Vision</p>

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

<p>Premiums and Benefits</p>	<p>Imperial Insurance Company of Texas Dual (HMO SNP) (004)</p>
<p>Mental Health Services^{1,2} How much do I pay for inpatient for outpatient services?</p>	<ul style="list-style-type: none"> • Inpatient Visit: Medicare defined cost shares apply • You pay \$0 copayment for outpatient group therapy visit with a psychiatrist • You pay \$0 copayment for outpatient individual therapy visit with a psychiatrist • You pay \$0 copayment for outpatient group or individual therapy visit
<p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p>	<ul style="list-style-type: none"> • Medicare defined cost shares apply
<p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> • Cardiac (heart) rehab services: You pay \$0 copayment • Occupational therapy visit: You pay \$0 copayment • Physical therapy and speech and language therapy visit: You pay \$0 copayment
<p>Ambulance¹ How much do I pay for Ambulance?</p>	<ul style="list-style-type: none"> • You pay \$0 per one-way trip
<p>Transportation^{1,2} How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> • You pay \$0 for unlimited one-way transportation to plan approved locations
<p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> • You pay \$0 for Part B drugs such as chemotherapy drugs • You pay \$0 for all other Part B drugs

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

Part D Prescription Drugs		Imperial Insurance Company of Texas Dual (HMO SNP) (004)	
Deductible Stage	\$405- Does not apply to Tier 1 drugs. (Your coverage begins on the effective date of your enrollment.)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$3,820		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	0%	0%	
Tier 2 - Generic Drugs	25%	25%	
Tier 3 - Preferred Brand Drugs	25%	25%	
Tier 4 – Non-Preferred Drugs	25%	25%	
Tier 5 – Specialty Tier Drugs	25%	Long term supply not available for Tier 5	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$5,100		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$0.00	\$0.00	
Tier 3 - Preferred Brand Drugs	Generic: You pay 37% of the cost Brand: You pay 25% of the cost and a portion of the dispensing fee		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	Long term supply not available for Tier 5		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$5,100, you pay		
	The greater of: 5% of the cost or 3.40 for generic (including brand drugs treated as generic) and \$8.50 for all other drugs		

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

Premiums and Benefits		Imperial Insurance Company of Texas Dual (HMO SNP) (004)	
Medical Equipment / Supplies^{1,2} How much do I pay for Medical Equipment/Supplies?	<ul style="list-style-type: none"> You pay \$0 per item for Durable Medical Equipment (DME), such as oxygen or a wheelchair. You pay \$0 per item on prosthetics such as braces, artificial limbs You pay \$0 for diabetic monitoring supplies 		
Home Health Services^{1,2} How much do I pay for Home Health Services?	<ul style="list-style-type: none"> You pay \$0 for Home Health Services. 		
Outpatient Substance Abuse^{1,2} How much do I pay for Outpatient Substance Abuse?	<ul style="list-style-type: none"> You pay \$0 for each Outpatient Substance Abuse visit. 		
Supplemental Benefits		Imperial Insurance Company of Texas Dual (HMO SNP) (004)	
Routine Foot Care^{1,2} How much do I pay for Foot Care services?	<ul style="list-style-type: none"> You pay \$0 for Medicare covered foot care. You pay \$0 for 6 routine foot care visits per calendar year 		
Over-the-Counter (OTC) What is my OTC monthly benefit?	<ul style="list-style-type: none"> \$50.00 monthly allowance every month through our OTC mail order catalog. Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over 		
Worldwide Coverage How much is my Worldwide Coverage reimbursement?	<ul style="list-style-type: none"> Reimbursement up to \$50,000 for qualifying expenses with a 20% coinsurance co-payment Urgently needed or Emergency services only 		
Acupuncture^{1,2} How much do I pay for Acupuncture Services?	<ul style="list-style-type: none"> You pay \$0 for 12 treatments per calendar year 		

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Supplemental Benefits Imperial Insurance Company of Texas Dual (HMO SNP) (004)	
<p>Wellness Programs^{1,2} What is my Fitness Center Membership/ Fitness benefit?</p>	<ul style="list-style-type: none"> • You pay \$0 for fitness center membership or up to two home fitness kits. The Home Fitness Program and participating fitness centers are offered through the Silver&Fit® Program, with unlimited visits to any of their participating fitness centers
<p>In-Home Support What is my In-Home Support benefit?</p>	<ul style="list-style-type: none"> • You pay \$0 Copayment for In-Home Support services. • Eligible members receive up to 5 hours of In-Home Support services annually. Services received based on medical necessity. • Maximum plan benefit amount is \$144 every year. <p>In-home support services is to assist individuals with disabilities and/or medical conditions in performing Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) within the home to compensate for physical impairments, ameliorate the functional/psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization</p>

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Imperial Insurance Company of Texas Value (HMO SNP) (005)

Premiums and Benefits	Imperial Insurance Company of Texas Value (HMO SNP) (005)
<p>Premium How much do I need to pay monthly?</p>	<ul style="list-style-type: none"> You pay \$0 per month You must continue to pay your Medicare Part B premium
<p>Deductible How much do I need to pay before the plan pays?</p>	<ul style="list-style-type: none"> This plan does not have a deductible
<p>Maximum Out-of-Pocket costs What’s the limit on how much I will pay?</p>	<ul style="list-style-type: none"> Your yearly limit(s) in this plan is \$4000
<p>Inpatient Hospital Coverage^{1,2} How long will my plan cover? How much do I pay?</p>	<ul style="list-style-type: none"> You pay \$100 for days 1 through 5 You pay \$0 for days 6 through 90 Our plan provides a maximum of 60 Lifetime Reserve days. You pay \$670 copayment per day, Days 1 – 60.
<p>Outpatient Hospital Coverage^{1,2}</p>	<ul style="list-style-type: none"> You pay \$0
<p>Doctor visits How much do I pay to visit primary care physician or specialist?</p>	<ul style="list-style-type: none"> Primary care physician visit: You pay \$0 Specialist visit^{1,2}: You pay \$0
<p>Preventive Care How much do I pay for Preventive Care?</p>	<ul style="list-style-type: none"> You pay \$0 for Medicare-covered services
<p>Emergency Care How much do I pay for Emergency Care?</p>	<ul style="list-style-type: none"> You pay \$90 copayment If you are admitted to the hospital within 48 hours, you don’t have to pay your share of the cost for emergency care
<p>Urgently Needed Services How much do I pay for Urgently Needed Services?</p>	<ul style="list-style-type: none"> You pay \$0 copayment

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<p>Premiums and Benefits</p>	<p>Imperial Insurance Company of Texas Value (HMO SNP) (005)</p>
<p>Diagnostic Services / Labs / Imaging^{1,2} How much do I pay for Diagnostic Services?</p>	<ul style="list-style-type: none"> • Diagnostic radiology services (e.g., MRI): You pay \$0 • Lab services: You pay \$0 • Diagnostic tests (such as MRI): You pay \$0 • Therapeutic radiology services: You pay \$0 • Outpatient x-rays: You pay \$0
<p>Hearing Services^{1,2} How much do I pay for Hearing Services or Hearing Aids?</p>	<ul style="list-style-type: none"> • Medicare-covered Diagnostic exams: You pay 20% coinsurance • Routine hearing exam: You pay 20% coinsurance. Benefit maximum limited to \$250 every year • Hearing aid fitting evaluation exam: You pay 20% coinsurance • Hearing aid allowance: Up to \$1,250 per calendar year
<p>Dental Services^{1,2} How much do I pay for dental services?</p>	<ul style="list-style-type: none"> • Medicare-covered Dental services: You pay \$0 • Preventive dental services: You pay \$0 copayment for office visit. Office visit includes exam, cleaning, fluoride treatment and dental X-ray • You Pay \$0 copayment for restorative services; prosthodontics, other oral/ maxillofacial surgery, other services <p>Dental care brought to you by Liberty Dental Plan</p>
<p>Vision Services^{1,2} How much do I pay for Vision Services? What's my Eyewear Allowance per year?</p>	<ul style="list-style-type: none"> • Medicare-covered Vision services: You pay \$0 You pay \$15 for routine eye exam • You pay \$15 for contact lenses or eyeglasses (frames and lenses) • Eyewear allowance: Up to \$250.00 every two years <p>Vision care brought to you by March Vision</p>

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<p>Premiums and Benefits</p>	<p>Imperial Insurance Company of Texas Value (HMO SNP) (005)</p>
<p>Mental Health Services^{1,2} How much do I pay for inpatient or outpatient services?</p>	<ul style="list-style-type: none"> • Inpatient Visit: You pay Medicare defined cost share • You pay \$0 for outpatient group therapy visit with a psychiatrist • You pay \$0 for outpatient individual therapy visit with a psychiatrist • You pay 20% coinsurance for outpatient group or individual therapy visit
<p>Skilled Nursing Facility^{1,2} How much do I pay for Skilled Nursing Facility stay?</p>	<p>We cover up to 100 days in a SNF per benefit period:</p> <ul style="list-style-type: none"> • You pay \$0 for days 1 – 20 • You pay \$164.50 copayment per day for days 21 – 100
<p>Physical Therapy^{1,2} How much do I pay for Outpatient Rehab?</p>	<ul style="list-style-type: none"> • Cardiac (heart) rehab services: You pay 20% coinsurance • Occupational therapy visit: You pay \$10 copayment • Physical therapy and speech and language therapy visit: You pay \$0
<p>Ambulance¹ How much do I pay for Ambulance?</p>	<ul style="list-style-type: none"> • You pay \$85 copayment per one-way trip
<p>Transportation^{1,2} How much do I pay for Transportation services?</p>	<ul style="list-style-type: none"> • You pay \$0 for unlimited one-way transportation to plan approved locations
<p>Medicare Part B Drugs¹ How much do I pay for Part B Drugs?</p>	<ul style="list-style-type: none"> • You pay \$0 for Part B drugs such as chemotherapy drugs • You pay \$0 for all other Part B drugs

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Part D Prescription Drugs		Imperial Insurance Company of Texas Value (HMO SNP) (005)	
Deductible Stage	No deductible (Your coverage begins on the effective date of your enrollment)		
Initial Coverage Stage	You pay the following costs until your total yearly drug costs reach \$3,820		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$5.00	\$10.00	
Tier 3 - Preferred Brand Drugs	\$45.00	\$90.00	
Tier 4 – Non-Preferred Drugs	\$90.00	\$180.00	
Tier 5 – Specialty Tier Drugs	33%	Long term supply not available for Tier 5	
Tier 6 – Select Care Drugs	\$3.00	\$6.00	
Coverage Gap Stage	You pay the following costs until your yearly out-of-pocket drug costs reach \$5,100		
	Retail 30 Day Supply	Mail Order 90 Day Supply	
Tier 1 - Preferred Generic Drugs	\$0.00	\$0.00	
Tier 2 - Generic Drugs	\$0.00	\$0.00	
Tier 3 - Preferred Brand Drugs	Generic: You pay 37% of the cost Brand: You pay 25% of the cost and a portion of the dispensing fee		
Tier 4 – Non-Preferred Drugs			
Tier 5 – Specialty Tier Drugs	Long term supply not available for Tier 5		
Catastrophic Coverage Stage	Once your yearly out-of-pocket drug costs reach \$5,100, you pay		
	The greater of: 5% of the cost or 3.40 for generic (including brand drugs treated as generic) and \$8.50 for all other drugs		

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

<p>Premiums and Benefits</p>	<p>Imperial Insurance Company of Texas Value (HMO SNP) (005)</p>
<p>Medical Equipment / Supplies^{1,2} How much do I pay for Medical Equipment/Supplies?</p>	<ul style="list-style-type: none"> You pay 20% coinsurance per item for Durable Medical Equipment (DME), such as oxygen or a wheelchair. You pay 20% coinsurance per item on prosthetics such as braces, artificial limbs You pay \$0 for diabetic monitoring supplies
<p>Home Health Services^{1,2} How much do I pay for Home Health Services?</p>	<ul style="list-style-type: none"> You pay 20% coinsurance for Home Health Services.
<p>Outpatient Substance Abuse^{1,2} How much do I pay for Outpatient Substance Abuse?</p>	<ul style="list-style-type: none"> You pay \$0 for each Outpatient Substance Abuse visit.
<p>Supplemental Benefits</p>	<p>Imperial Insurance Company of Texas Value (HMO SNP) (005)</p>
<p>Routine Foot Care^{1,2} How much do I pay for Foot Care services?</p>	<ul style="list-style-type: none"> You pay \$0 for Medicare covered foot care. You pay \$0 for 6 routine foot care visits per calendar year
<p>Over-the-Counter (OTC) What is my OTC monthly benefit?</p>	<ul style="list-style-type: none"> \$50.00 monthly allowance every month through our OTC mail order catalog. Cash, checks, credit cards or money orders are not accepted under this OTC benefit No roll over
<p>Worldwide Coverage How much is my Worldwide Coverage reimbursement?</p>	<ul style="list-style-type: none"> Reimbursement up to \$50,000 for qualifying expenses with a \$65.00 co-payment Urgently needed or Emergency services only
<p>Acupuncture^{1,2} How much do I pay for Acupuncture Services?</p>	<ul style="list-style-type: none"> You pay \$15 for 12 treatments per calendar year

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Supplemental Benefits	Imperial Insurance Company of Texas Value (HMO SNP) (005)
<p>Wellness Programs^{1,2} What is my Fitness Center Membership/ Fitness benefit?</p>	<ul style="list-style-type: none"> You pay \$0 for fitness center membership or up to two home fitness kits. The Home Fitness Program and participating fitness centers are offered through the Silver&Fit[®] Program, with unlimited visits to any of their participating fitness centers
<p>In-Home Support What is my In-Home Support benefit?</p>	<ul style="list-style-type: none"> You pay \$0 Copayment for In-Home Support services. Eligible members receive up to 5 hours of In-Home Support services annually. Services received based on medical necessity. Maximum plan benefit amount is \$144 every year. <p>In-home support services is to assist individuals with disabilities and/or medical conditions in performing Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) within the home to compensate for physical impairments, ameliorate the functional/ psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization.</p>

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Imperial Insurance Company of Texas is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Insurance Company of Texas depends on contract renewal.

This information is not a complete description of benefits. Call 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 Insurance Company of Texas (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).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-708-5976 (TTY：711)。