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## **SECTION 1      Introduction**

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<b>Section 1.1</b>	<b>You are currently enrolled in <i>Imperial Dynamic Plan (HMO)</i>, which is a Medicare HMO</b>
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You are covered by Medicare, and you have chosen to get your Medicare health care and your prescription drug coverage through our plan, *Imperial Dynamic Plan (HMO)*. We are required to cover all Part A and Part B services. However, cost sharing and provider access in this plan differ from Original Medicare.

*Imperial Dynamic Plan (HMO)* is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) approved by Medicare and run by a private company.

**Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at: [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

<b>Section 1.2</b>	<b>What is the <i>Evidence of Coverage</i> document about?</b>
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This *Evidence of Coverage* document tells you how to get your medical care and prescription drugs. It explains your rights and responsibilities, what is covered, what you pay as a member of the plan, and how to file a complaint if you are not satisfied with a decision or treatment.

The words *coverage* and *covered services* refer to the medical care and services and the prescription drugs available to you as a member of *Imperial Dynamic Plan (HMO)*.

It's important for you to learn what the plan's rules are and what services are available to you. We encourage you to set aside some time to look through this *Evidence of Coverage* document.

If you are confused, concerned, or just have a question, please contact Member Services.

<b>Section 1.3</b>	<b>Legal information about the <i>Evidence of Coverage</i></b>
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This *Evidence of Coverage* is part of our contract with you about how *Imperial Dynamic Plan (HMO)* covers your care. Other parts of this contract include your enrollment form, the *List of Covered Drugs (Formulary)*, and any notices you receive from us about changes to your coverage or conditions that affect your coverage. These notices are sometimes called *riders* or *amendments*.

The contract is in effect for months in which you are enrolled in *Imperial Dynamic Plan (HMO)* between January 1, 2025 and December 31, 2025.

Each calendar year, Medicare allows us to make changes to the plans that we offer. This means we can change the costs and benefits of *Imperial Dynamic Plan (HMO)* after December 31,

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2025. We can also choose to stop offering the plan in your service area, after December 31, 2025.

Medicare (the Centers for Medicare & Medicaid Services) must approve *Imperial Dynamic Plan (HMO)* each year. You can continue each year to get Medicare coverage as a member of our plan as long as we choose to continue to offer the plan and Medicare renews its approval of the plan.

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**SECTION 2 What makes you eligible to be a plan member?**

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<b>Section 2.1 Your eligibility requirements</b>
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You are eligible for membership in our plan as long as:

- You have both Medicare Part A and Medicare Part B
- -- and -- you live in our geographic service area (Section 2.2 below describes our service area). Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it.
- -- and -- you are a United States citizen or are lawfully present in the United States

<b>Section 2.2 Here is the plan service area for <i>Imperial Dynamic Plan (HMO)</i></b>
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*Imperial Dynamic Plan (HMO)* is available only to individuals who live in our plan service area. To remain a member of our plan, you must continue to reside in the plan service area. The service area is described below.

Our service area includes these counties in *California*: *Alameda, Amador, Butte, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Monterey, Mono, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Tehama, Tulare, Tuolumne, Ventura, Yolo and Yuba.*

If you plan to move out of the service area, you cannot remain a member of this plan. Please contact Member Services to see if we have a plan in your new area. When you move, you will have a Special Enrollment Period that will allow you to switch to Original Medicare or enroll in a Medicare health or drug plan that is available in your new location.


It is also important that you call Social Security if you move or change your mailing address. You can find phone numbers and contact information for Social Security in Chapter 2, Section 5.

**Chapter 1 Getting started as a member****Section 2.3 U.S. Citizen or Lawful Presence**

A member of a Medicare health plan must be a U.S. citizen or lawfully present in the United States. Medicare (the Centers for Medicare & Medicaid Services) will notify *Imperial Dynamic Plan (HMO)* if you are not eligible to remain a member on this basis. *Imperial Dynamic Plan (HMO)* must disenroll you if you do not meet this requirement.

**SECTION 3 Important membership materials you will receive****Section 3.1 Your plan membership card**

While you are a member of our plan, you must use your membership card whenever you get services covered by this plan and for prescription drugs you get at network pharmacies. You should also show the provider your Medicaid card, if applicable. Here's a sample membership card to show you what yours will look like:

		2025	
Member Name	Contract/PBP State Plan	Members: Possession of this card does not guarantee eligibility or payment.	Member Services 1-800-838-8271 TTY 711 Provider Number 1-800-830-3901
ID	Plan Effective	Emergency \$	Dental 888-643-3239
PCP Name:	RxGRP H5496	Urgent Care \$	Behavioral Health 833-838-8200
PCP Effective:	RxBIN 015574	Rx 877-391-1105	Routine Hearing Exam \$
PCP Phone:	RxPCN ASPROD1	TeleHealth \$	OTC 855-263-6673
IPA	Primary Care \$	Routine Eye Exam \$	Gym/Fitness \$
	Specialist \$	Vision 855-492-9028	
	MedicareRx Prescription Drug Coverage	Plan Website: <a href="http://imperialhealthplan.com">imperialhealthplan.com</a>	

Do NOT use your red, white, and blue Medicare card for covered medical services while you are a member of this plan. If you use your Medicare card instead of your *Imperial Dynamic Plan (HMO)* membership card, you may have to pay the full cost of medical services yourself. Keep your Medicare card in a safe place. You may be asked to show it if you need hospital services, hospice services, or participate in Medicare approved clinical research studies also called clinical trials.

If your plan membership card is damaged, lost, or stolen, call Member Services right away and we will send you a new card.

**Section 3.2 Provider Directory**

The *Provider Directory* lists our current network providers. **Network providers** are the doctors and other health care professionals, medical groups, hospitals, and other health care facilities that have an agreement with us to accept our payment and any plan cost sharing as payment in full.

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You must use network providers to get your medical care and services. If you go elsewhere without proper authorization, you will have to pay in full. The only exceptions are emergencies, urgently needed services when the network is not available (that is, in situations when it is unreasonable or not possible to obtain services in network), out-of-area dialysis services, and cases in which *Imperial Dynamic Plan (HMO)* authorizes use of out-of-network providers.

The most recent list of providers is available on our website at [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

If you don't have your copy of the *Provider Directory*, you can request a copy (electronically or in hardcopy form) from Member Services. Requests for hard copy *Provider Directories* will be mailed to you within three business days.

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**Section 3.3 Pharmacy Directory**

The *Pharmacy Directory* on [www.imperialhealthplan.com](http://www.imperialhealthplan.com) lists our network pharmacies.

**Network pharmacies** are all of the pharmacies that have agreed to fill covered prescriptions for our plan members. You can use the *Pharmacy Directory* to find the network pharmacy you want to use. See Chapter 5, Section 2.5 for information on when you can use pharmacies that are not in the plan's network.

If you don't have the *Pharmacy Directory*, you can get a copy from Member Services. You can also find this information on our website at [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

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**Section 3.4 The plan's List of Covered Drugs (Formulary)**

The plan has a *List of Covered Drugs (Formulary)*. We call it the "Drug List" for short. It tells which Part D prescription drugs are covered under the Part D benefit included in *Imperial Dynamic Plan (HMO)*. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. The list must meet requirements set by Medicare. Medicare has approved the *Imperial Dynamic Plan (HMO)* Drug List.

The Drug List also tells you if there are any rules that restrict coverage for your drugs.

We will provide you a copy of the Drug List. The Drug List we provide you includes information for the covered drugs that are most commonly used by our members. However, we cover additional drugs that are not included in the provided Drug List. If one of your drugs is not listed in the Drug List, you should visit our website or contact Member Services to find out if we cover it. To get the most complete and current information about which drugs are covered, you can visit the plan's website ([www.imperialhealthplan.com](http://www.imperialhealthplan.com)) or call Member Services.

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**SECTION 4 Your monthly costs for *Imperial Dynamic Plan (HMO)***

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Your costs may include the following:

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- Plan Premium (Section 4.1)
- Monthly Medicare Part B Premium (Section 4.2)
- Part D Late Enrollment Penalty (Section 4.4)
- Income Related Monthly Adjusted Amount (Section 4.5)
- Medicare Prescription Payment Plan Amount (Section 4.6)

<b>Section 4.1</b>	<b>Plan premium</b>
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You do not pay a separate monthly plan premium for *Imperial Dynamic Plan (HMO)*.

<b>Section 4.2</b>	<b>Monthly Medicare Part B Premium</b>
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**Many members are required to pay other Medicare premiums**

**You must continue paying your Medicare premiums to remain a member of the plan.** This includes your premium for Part B. It may also include a premium for Part A, which affects members who aren't eligible for premium-free Part A.

*Because you are a member of Imperial Dynamic Plan (HMO), we will reduce your monthly Medicare Part B Premium by \$60. Depending on what you pay for your Medicare Part B Premium, your \$60 reduction may be credited to your Social Security check or credited on your Medicare Part B Premium Statement. Reductions may take several months to be issued. You must, however, continue to pay your Medicare premiums to be eligible for Medicare covered services and remain a member of Imperial. If you have any questions, please contact Member Services at 1-800-838-8271 from October 1 through March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. except holidays and from April 1 through September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. except holidays.*

<b>Section 4.3</b>	<b>Part D Late Enrollment Penalty</b>
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Some members are required to pay a Part D **late enrollment penalty**. The Part D late enrollment penalty is an additional premium that must be paid for Part D coverage if at any time after your initial enrollment period is over, there is a period of 63 days or more in a row when you did not have Part D or other creditable prescription drug coverage. Creditable prescription drug coverage is coverage that meets Medicare's minimum standards since it is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. The cost of the late enrollment penalty depends on how long you went without Part D or other creditable prescription drug coverage. You will have to pay this penalty for as long as you have Part D coverage.

When you first enroll in *Imperial Dynamic Plan (HMO)*, we let you know the amount of the penalty. If you do not pay your Part D late enrollment penalty, you could lose your prescription drug benefits.

You **will not** have to pay it if:

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- You receive “Extra Help” from Medicare to pay for your prescription drugs.
  - You have gone less than 63 days in a row without creditable coverage.
  - You have had creditable drug coverage through another source such as a former employer, union, TRICARE, or Veterans Health Administration (VA). Your insurer or your human resources department will tell you each year if your drug coverage is creditable coverage. This information may be sent to you in a letter or included in a newsletter from the plan. Keep this information because you may need it if you join a Medicare drug plan later.
- **Note:** Any notice must state that you had creditable prescription drug coverage that is expected to pay as much as Medicare’s standard prescription drug plan pays.
  - **Note:** The following are not creditable prescription drug coverage: prescription drug discount cards, free clinics, and drug discount websites.

**Medicare determines the amount of the penalty.** Here is how it works:

- If you went 63 days or more without Part D or other creditable prescription drug coverage after you were first eligible to enroll in Part D, the plan will count the number of full months that you did not have coverage. The penalty is 1% for every month that you did not have creditable coverage. For example, if you go 14 months without coverage, the penalty will be 14%.
- Then Medicare determines the amount of the average monthly premium for Medicare drug plans in the nation from the previous year. For 2025, this average premium amount is \$36.78.
- To calculate your monthly penalty, you multiply the penalty percentage and the average monthly premium and then round it to the nearest 10 cents. In the example here, it would be 14% times \$36.78, which equals \$5.1492. This rounds to \$5.15. This amount would be added **to the monthly premium for someone with a Part D late enrollment penalty.**

There are three important things to note about this monthly Part D late enrollment penalty:

- First, **the penalty may change each year** because the average monthly premium can change each year.
- Second, **you will continue to pay a penalty** every month for as long as you are enrolled in a plan that has Medicare Part D drug benefits, even if you change plans.
- Third, if you are under 65 and currently receiving Medicare benefits, the Part D late enrollment penalty will reset when you turn 65. After age 65, your Part D late enrollment penalty will be based only on the months that you don’t have coverage after your initial enrollment period for aging into Medicare.

**If you disagree about your Part D late enrollment penalty, you or your representative can ask for a review.** Generally, you must request this review **within 60 days** from the date on the first letter you receive stating you have to pay a late enrollment penalty. However, if you were

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paying a penalty before joining our plan, you may not have another chance to request a review of that late enrollment penalty.

**Section 4.4      Income Related Monthly Adjustment Amount**

Some members may be required to pay an extra charge, known as the Part D Income Related Monthly Adjustment Amount, also known as IRMAA. The extra charge is figured out using your modified adjusted gross income as reported on your IRS tax return from two years ago. If this amount is above a certain amount, you'll pay the standard premium amount and the additional IRMAA. For more information on the extra amount you may have to pay based on your income, visit <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans>.

If you have to pay an extra amount, Social Security, not your Medicare plan, will send you a letter telling you what that extra amount will be. The extra amount will be withheld from your Social Security, Railroad Retirement Board, or Office of Personnel Management benefit check, no matter how you usually pay your plan premium, unless your monthly benefit isn't enough to cover the extra amount owed. If your benefit check isn't enough to cover the extra amount, you will get a bill from Medicare. **You must pay the extra amount to the government. It cannot be paid with your monthly plan premium. If you do not pay the extra amount, you will be disenrolled from the plan and lose prescription drug coverage.**

If you disagree about paying an extra amount, you can ask Social Security to review the decision. To find out more about how to do this, contact Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

**Section 4.5      Medicare Prescription Payment Plan Amount**

If you're participating in the Medicare Prescription Payment Plan, each month you'll pay your plan premium (if you have one) and you'll get a bill from your health or drug plan for your prescription drugs (instead of paying the pharmacy). Your monthly bill is based on what you owe for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Chapter 2, Section 7 tells more about the Medicare Prescription Payment Plan. If you disagree with the amount billed as part of this payment option, you can follow the steps in Chapter 9 to make a complaint or appeal.

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**SECTION 5      More information about your monthly premium**

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**Section 5.1      If you pay a Part D late enrollment penalty, there are several ways you can pay your penalty**

There are 2 ways you can pay the penalty.

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**Option 1: Paying by check**

*You may decide to pay your late enrollment penalty directly to our plan. Your payment is due by the 20th of each month. You can make your payment by personal check or money order payable to Imperial Health Plan. Mail your payment to the following address:*

*Imperial Health Plan  
Attn: Accounting  
P.O. Box 60874  
Pasadena, California 91116*

**Option 2: Having your Part D late enrollment penalty taken out of your monthly Social Security check****Changing the way you pay your Part D late enrollment penalty**

If you decide to change the option by which you pay your Part D late enrollment penalty, it can take up to three months for your new payment method to take effect. While we are processing your request for a new payment method, you are responsible for making sure that your Part D late enrollment penalty is paid on time. To change your payment method, *contact member services. We will be happy to help you. (Phone numbers for Member Services are printed on the back cover of this book.)*

**What to do if you are having trouble paying your Part D late enrollment penalty**

Your D late enrollment penalty is due in our office by the *20th day of the month*. If we have not received your payment by the *20th day of the month*, we will send you a notice telling you that your plan membership will end if we do not receive your Part D late enrollment penalty, if owed, within *5 days*. If you are required to pay a Part D late enrollment penalty, you must pay the penalty to keep your prescription drug coverage.

If you are having trouble paying your Part D late enrollment penalty, if owed, on time, please contact Member Services to see if we can direct you to programs that will help with your costs.

If we end your membership because you did not pay your Part D late enrollment penalty, if owed, you will have health coverage under Original Medicare. In addition, you may not be able to receive Part D coverage until the following year if you enroll in a new plan during the annual enrollment period. (If you go without creditable drug coverage for more than 63 days, you may have to pay a Part D late enrollment penalty for as long as you have Part D coverage.)

At the time we end your membership, you may still owe us for the penalty you have not paid. We have the right to pursue collection of the amount you owe. In the future, if you want to enroll again in our plan (or another plan that we offer), you will need to pay the amount you owe before you can enroll.



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If you think we have wrongfully ended your membership, you can make a complaint (also called a grievance); see Chapter 9 for how to file a complaint. If you had an emergency circumstance that was out of your control and it caused you to not be able to pay your Part D late enrollment penalty, if owed, within our grace period, you can make a complaint. For complaints, we will review our decision again. Chapter 9, Section 10 of this document tells how to make a complaint, or you can call us at *1-800-838-8271 October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. except holidays and April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. except holidays*. TTY users should call 711. You must make your request no later than 60 calendar days after the date your membership ends.

<b>Section 5.2</b>	<b>Can we change your monthly plan premium during the year?</b>
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**No.** We are not allowed to change the amount we charge for the plan's monthly plan premium during the year. If the monthly plan premium changes for next year, we will tell you in September and the change will take effect on January 1.

However, in some cases, you may be able to stop paying a late enrollment penalty, if owed, or need to start paying a late enrollment penalty. This could happen if you become eligible for the "Extra Help" program or if you lose your eligibility for the "Extra Help" program during the year.

- If you currently pay the Part D late enrollment penalty and become eligible for "Extra Help" during the year, you would be able to stop paying your penalty.
- If you lose "Extra Help," you may be subject to the late enrollment penalty if you go 63 days or more in a row without Part D or other creditable prescription drug coverage.

You can find out more about the "Extra Help" program in Chapter 2, Section 7.

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**SECTION 6**      **Keeping your plan membership record up to date**

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Your membership record has information from your enrollment form, including your address and telephone number. It shows your specific plan coverage including your Primary Care Provider/Medical Group/IPA.

The doctors, hospitals, pharmacists, and other providers in the plan's network need to have correct information about you. **These network providers use your membership record to know what services and drugs are covered and the cost-sharing amounts for you.** Because of this, it is very important that you help us keep your information up to date.

**Let us know about these changes:**

- Changes to your name, your address, or your phone number
- Changes in any other health insurance coverage you have (such as from your employer, your spouse or domestic partner's employer, workers' compensation, or Medicaid)
- If you have any liability claims, such as claims from an automobile accident

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- If you have been admitted to a nursing home
- If you receive care in an out-of-area or out-of-network hospital or emergency room
- If your designated responsible party (such as a caregiver) changes
- If you are participating in a clinical research study (**Note:** You are not required to tell your plan about the clinical research studies you intend to participate in, but we encourage you to do so.)

If any of this information changes, please let us know by calling Member Services.

It is also important to contact Social Security if you move or change your mailing address. You can find phone numbers and contact information for Social Security in Chapter 2, Section 5.

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**SECTION 7      How other insurance works with our plan**

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**Other insurance**

Medicare requires that we collect information from you about any other medical or drug insurance coverage that you have. That's because we must coordinate any other coverage you have with your benefits under our plan. This is called **Coordination of Benefits**.

Once each year, we will send you a letter that lists any other medical or drug insurance coverage that we know about. Please read over this information carefully. If it is correct, you don't need to do anything. If the information is incorrect, or if you have other coverage that is not listed, please call Member Services. You may need to give your plan member ID number to your other insurers (once you have confirmed their identity) so your bills are paid correctly and on time.

When you have other insurance (like employer group health coverage), there are rules set by Medicare that decide whether our plan or your other insurance pays first. The insurance that pays first is called the primary payer and pays up to the limits of its coverage. The one that pays second, called the secondary payer, only pays if there are costs left uncovered by the primary coverage. The secondary payer may not pay all of the uncovered costs. If you have other insurance, tell your doctor, hospital, and pharmacy.

These rules apply for employer or union group health plan coverage:

- If you have retiree coverage, Medicare pays first.
- If your group health plan coverage is based on your or a family member's current employment, who pays first depends on your age, the number of people employed by your employer, and whether you have Medicare based on age, disability, or End-Stage Renal Disease (ESRD):
  - If you're under 65 and disabled and you or your family member is still working, your group health plan pays first if the employer has 100 or more employees or at least one employer in a multiple employer plan that has more than 100 employees.

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- If you're over 65 and you or your spouse or domestic partner is still working, your group health plan pays first if the employer has 20 or more employees or at least one employer in a multiple employer plan that has more than 20 employees.
- If you have Medicare because of ESRD, your group health plan will pay first for the first 30 months after you become eligible for Medicare.

These types of coverage usually pay first for services related to each type:

- No-fault insurance (including automobile insurance)
- Liability (including automobile insurance)
- Black lung benefits
- Workers' compensation

Medicaid and TRICARE never pay first for Medicare-covered services. They only pay after Medicare, employer group health plans, and/or Medigap have paid.