

85533

IMPERIAL INSURANCE COMPANIES, INC.

HMO MARKETPLACE

2023

EFFECTIVE 01/01/2023

MARICOPA COUNTY, AZ



IMPERIAL INSURANCE COMPANIES

IMPERIAL HEALTH

MISSION

Deliver valuable care so our members are healthy in body, mind, and spirit to achieve their inherent potential.

VISION

Deliver value-based care that is clinically effective, sustainable and achieves exceptional outcomes.

GROWTH & EXPANSION

2013 – *Imperial began as an Independent Physician Association (IPA) contracting with Medicare Advantage Plans in California as Imperial Health Holdings Medical Group.*

2018 – *Imperial Health Plan of California was established as a Medicare Advantage Plan.*

2019 - *Imperial Insurance Companies, Inc was established as a Medicare Advantage Plan in Texas, Arizona and Nevada.*

2022 - *Imperial Insurance Companies, Inc. established affiliated Medical Groups, Lone Star Medical Group in Texas and HealthCosmos in Arizona and Nevada. The Medical Group works in partnership with Amerigroup (Arizona, Nevada, Texas), Alignment (Arizona, Nevada) and SCAN (Arizona, Nevada).*

2023 – *Imperial will join the ACA Marketplace offering an HMO Exchange Plan in Maricopa County, Arizona and El Paso County, Texas.*

PROVIDER NETWORK

Developed from Imperial Insurance Companies, Inc.

Current Provider Network

- Strong Primary Care Presence
- Select Hospitals In Each Market
- Robust Specialty and Ancillary Networks
- Clinical Integration When Possible

IMPERIAL INSURANCE COMPANIES, INC.

IIC will be offering ACA Marketplace Plans for Maricopa County, Arizona as of the enrollment period that begins 11/1/2022.

4 Preferred Gold 950 plans

4 Preferred Silver 4000

7 Standard Bronze

4 Standard Gold

7 Standard Silver

Individual & family Deductible vary by plan

Where to find us? www.healthcare.gov; www.healthsherpa.com and www.imperialhealthplan.com

IMPERIAL PREFERRED GOLD HMO HIGHLIGHTS

- 3 of 4 plans have deductibles of \$950 per person/\$1900 per family; except Plan 85222 PGAZ02 No Deductible No OOP Max.
- HMO “gatekeeper-type” plan; Referrals Required; No Out of Network Benefits.
- Member out of pocket- PCP and Specialist Co-pays \$35.00; Plan 85222 PGAZ02 No Co-pay.
- Maternity Services - covered benefits
- Behavioral Health Services - covered benefit
- Children’s routine vision eye exam and glasses (in network) is a covered benefit.
- Children’s dental check up (in network) is a covered benefit.

IMPERIAL PREFERRED GOLD HMO

Benefit	85533 PGAZ 00 Imperial Preferred Gold 950 (HMO)	85533 PGAZ 01 Imperial Preferred Gold 950 (HMO)	85533 PGAZ 02 Imperial Preferred Gold 950 (HMO)	85533 PGAZ 03 Imperial Preferred Gold 950 (HMO)
Deductible	\$950 per person \$1900 per group	\$950 per person \$1900 per group	\$0	\$950 per person \$1900 per group
OOP Max	\$7700 per person \$15400 per group	\$7700 per person \$15400 per group	\$0	\$7700 per person \$15400 per group
Referral Req'd	Yes	Yes	Yes	Yes
Emergency	35% coinsurance	35% coinsurance	No Charge	35% coinsurance
Emergency Medical Transportation	35% coinsurance (same OON)	35% coinsurance (same OON)	No Charge	35% coinsurance (same OON)
Urgent Care	35% coinsurance	35% coinsurance	No Charge	35% coinsurance
Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)
PCP copay	\$35 copay	\$35 copay	No Charge	\$35 copay
Specialist copay	\$55 copay	\$55 copay	No Charge	\$55 copay
Pregnancy Office Visit	\$35 copay	\$35 copay	No Charge	\$35 copay
Childbirth/Delivery (Professional)	35% coinsurance	35% coinsurance	No Charge	35% coinsurance
Childbirth/Delivery (Facility)	35% coinsurance	35% coinsurance	No Charge	35% coinsurance
Acupuncture (ASH)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)
Diagnostic Test	35% coinsurance	35% coinsurance	No Charge	35% coinsurance
Preventive Care	\$0- (1 screening/immunization per year)	\$0- (1 screening/immunization per year)	No Charge (1 screening/year)	\$0- (1 screening/immunization per year)
Behavioral Health	\$35 copay- outpatient (35% coinsurance inpatient)	\$35 copay- outpatient (35% coinsurance inpatient)	No Charge	\$35 copay- outpatient (35% coinsurance inpatient)
Generic Drugs- Tier 1	\$5 copay	\$5 copay	No Charge	\$5 copay
Preferred Drugs- Tier 1	\$60 copay	\$60 copay	No Charge	\$60 copay
Non-Preferred Drugs- Tier 3	50% coinsurance retail and mail order	50% coinsurance retail and mail order	No Charge	50% coinsurance retail and mail order
Specialty Drugs	50% coinsurance retail and mail order	50% coinsurance retail and mail order	No Charge	50% coinsurance retail and mail order
Home Health	35% coinsurance (42 visits/year)	35% coinsurance (42 visits/year)	No Charge (42 visits/year)	35% coinsurance (42 visits/year)
Rehabilitation Services	35% coinsurance (60 visits/year)	35% coinsurance (60 visits/year)	No Charge (60 visits/year)	35% coinsurance (60 visits/year)
Habilitation	35% coinsurance	35% coinsurance	No Charge	35% coinsurance
Skilled Nursing	35% coinsurance (90 days/year)	35% coinsurance (90 days/year)	No Charge (90 days/year)	35% coinsurance (90 days/year)
Durable Medical Equipment	35% coinsurance (exclusions apply)	35% coinsurance (exclusions apply)	No Charge (exclusions apply)	35% coinsurance (exclusions apply)
Hospice	35% coinsurance	35% coinsurance	No Charge	35% coinsurance
Children's Eye Exam (March)	35% coinsurance (1 exam/year)	35% coinsurance (1 exam/year)	No Charge (1 exam/year)	35% coinsurance (1 exam/year)
Children's Glasses (March)	35% coinsurance (1 pair/year)	35% coinsurance (1 pair/year)	No coinsurance (1 pair/year)	35% coinsurance (1 pair/year)
Children's Dental Checkup (Liberty)	35% coinsurance (2 checkups & cleanings/calendar year)	35% coinsurance (2 checkups & cleanings/calendar year)	No coinsurance (2 checkups & cleanings/calendar year)	35% coinsurance (2 checkups & cleanings/calendar year)

IMPERIAL PREFERRED SILVER HMO HIGHLIGHTS

- 7 plans varying deductibles ranging from \$0 to \$4000 per person/\$0 to \$8000 per family; except Plan 85222 PGAZ02 No Deductible No OOP Max.
- HMO “gatekeeper-type” plan; Referrals Required; No Out of Network Benefits.
- Member out of pocket- PCP Co-pays \$35.00; Specialist 40% Co-Insurance; Plan 85222 PGAZ02 No Co-pay.
- Maternity Services - covered benefits
- Behavioral Health Services - covered benefit
- Children’s routine vision eye exam and glasses (in network) is a covered benefit.
- Children’s dental check up (in network) is a covered benefit.

IMPERIAL PREFERRED SILVER HMO

Benefit	85533 PSAZ 00 Imperial Preferred Silver 4000 (HMO)	85533 PSAZ 01 Imperial Preferred Silver 4000 (HMO)	85533 PSAZ 02 Imperial Preferred Silver 4000 (HMO)	85533 PSAZ 03 Imperial Preferred Silver 4000 (HMO)
Deductible	\$4000 per person \$8000 per group	\$4000 per person \$8000 per group	\$0	\$4000 per person \$8000 per group
OOP Max	\$8500 per person \$17000 per group	\$8500 per person \$17000 per group	\$0	\$8500 per person \$17000 per group
Referral Req'd	Yes	Yes	Yes	Yes
Emergency	40% coinsurance	40% coinsurance	No Charge	40% coinsurance
Emergency Medical Transportation	40% coinsurance (same OON)	40% coinsurance (same OON)	No Charge	40% coinsurance (same OON)
Urgent Care	40% coinsurance	40% coinsurance	No Charge	40% coinsurance
Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)
PCP copay	\$35 copay	\$35 copay	No Charge	\$35 copay
Specialist copay	40% coinsurance	40% coinsurance	No Charge	40% coinsurance
Pregnancy Office Visit	\$35 copay	\$35 copay	No Charge	\$35 copay
Childbirth/Delivery (Professional)	40% coinsurance	40% coinsurance	No Charge	40% coinsurance
Childbirth/Delivery (Facility)	40% coinsurance	40% coinsurance	No Charge	40% coinsurance
Acupuncture (ASH)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)
Diagnostic Test	40% coinsurance	40% coinsurance	No Charge	40% coinsurance
Preventive Care	\$0- (1 screening/immunization per year)	\$0- (1 screening/immunization per year)	No Charge (1 screening/year)	\$0- (1 screening/immunization per year)
Behavioral Health	\$35 copay- outpatient (40% coinsurance inpatient)	\$35 copay- outpatient (40% coinsurance inpatient)	No Charge	\$35 copay- outpatient (40% coinsurance inpatient)
Generic Drugs- Tier 1	\$10 copay	\$10 copay	No Charge	\$10 copay
Preferred Drugs- Tier 1	40% coinsurance	40% coinsurance	No Charge	40% coinsurance
Non-Preferred Drugs- Tier 3	40% coinsurance retail and mail order	40% coinsurance retail and mail order	No Charge	40% coinsurance retail and mail order
Specialty Drugs	40% coinsurance retail and mail order	40% coinsurance retail and mail order	No Charge	40% coinsurance retail and mail order
Home Health	40% coinsurance (42 visits/year)	40% coinsurance (42 visits/year)	No Charge (42 visits/year)	40% coinsurance (42 visits/year)
Rehabilitation Services	40% coinsurance (60 visits/year)	40% coinsurance (60 visits/year)	No Charge (60 visits/year)	40% coinsurance (60 visits/year)
Habilitation	40% coinsurance	40% coinsurance	No Charge	40% coinsurance
Skilled Nursing	40% coinsurance (90 days/year)	40% coinsurance (90 days/year)	No Charge (90 days/year)	40% coinsurance (90 days/year)
Durable Medical Equipment	40% coinsurance (exclusions apply)	40% coinsurance (exclusions apply)	No Charge (exclusions apply)	40% coinsurance (exclusions apply)
Hospice	40% coinsurance	40% coinsurance	No Charge	40% coinsurance
Children's Eye Exam (March)	40% coinsurance (1 exam/year)	40% coinsurance (1 exam/year)	No Charge (1 exam/year)	40% coinsurance (1 exam/year)
Children's Glasses (March)	40% coinsurance (1 pair/year)	40% coinsurance (1 pair/year)	No Charge (1 pair/year)	40% coinsurance (1 pair/year)
Children's Dental Checkup (Liberty)	40% coinsurance (2 checkups & cleanings/calendar year)	40% coinsurance (2 checkups & cleanings/calendar year)	No Charge (2 checkups & cleanings/calendar year)	40% coinsurance (2 checkups & cleanings/calendar year)

IMPERIAL PREFERRED SILVER HMO PG 2

Benefit	85533 PSAZ 04 Imperial Preferred Silver 4000 (HMO)	85533 PSAZ 05 Imperial Preferred Silver 4000 (HMO)	85533 PSAZ 06 Imperial Preferred Silver 4000 (HMO)
Deductible	\$3000 per person \$6000 per group	\$1000 per person \$2000 per group	\$200 per person \$400 per group
OOP Max	\$7250 per person \$14500 per group	\$3000 per person \$6000 per group	\$1200 per person \$2400 per group
Referral Req'd	Yes	Yes	Yes
Emergency	40% coinsurance	15% coinsurance	10% coinsurance
Emergency Medical Transportation	30% coinsurance (same OON)	15% coinsurance (same OON)	10% coinsurance (same OON)
Urgent Care	30% coinsurance	15% coinsurance	10% coinsurance
Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)
PCP copay	\$35 copay	\$15 copay	\$10 copay
Specialist copay	30% coinsurance	15% coinsurance	10% coinsurance
Pregnancy Office Visit	\$35 copay	\$15 copay	\$10 copay
Childbirth/Delivery (Professional)	30% coinsurance	15% coinsurance	10% coinsurance
Childbirth/Delivery (Facility)	30% coinsurance	15% coinsurance	10% coinsurance
Acupuncture (ASH)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)
Diagnostic Test	30% coinsurance	15% coinsurance	10% coinsurance
Preventive Care	\$0- (1 screening/immunization per year)	\$0- (1 screening/immunization per year)	\$0- (1 screening/immunization per year)
Behavioral Health	\$35 copay- outpatient (30% coinsurance inpatient)	\$15 copay- outpatient (15% coinsurance inpatient)	\$10 copay- outpatient (10% coinsurance inpatient)
Generic Drugs- Tier 1	\$10 copay	\$5 copay	\$5 copay
Preferred Drugs- Tier 1	30% coinsurance	15% coinsurance	10% coinsurance
Non-Preferred Drugs- Tier 3	30% coinsurance retail and mail order	15% coinsurance retail and mail order	10% coinsurance retail and mail order
Specialty Drugs	30% coinsurance retail and mail order	15% coinsurance retail and mail order	10% coinsurance retail and mail order
Home Health	30% coinsurance (42 visits/year)	15% coinsurance (42 visits/year)	10% coinsurance (42 visits/year)
Rehabilitation Services	30% coinsurance (60 visits/year)	15% coinsurance (60 visits/year)	10% coinsurance (60 visits/year)
Habilitation	30% coinsurance	15% coinsurance	10% coinsurance
Skilled Nursing	30% coinsurance (90 days/year)	15% coinsurance (90 days/year)	10% coinsurance (90 days/year)
Durable Medical Equipment	30% coinsurance (exclusions apply)	15% coinsurance (exclusions apply)	10% coinsurance (exclusions apply)
Hospice	30% coinsurance	15% coinsurance	10% coinsurance
Children's Eye Exam (March)	30% coinsurance (1 exam/year)	15% coinsurance (1 exam/year)	10% coinsurance (1 exam/year)
Children's Glasses (March)	30% coinsurance (1 pair/year)	15% coinsurance (1 pair/year)	10% coinsurance (1 pair/year)
Children's Dental Checkup (Liberty)	30% coinsurance (2 checkups & cleanings/calendar year)	15% coinsurance (2 checkups & cleanings/calendar year)	10% coinsurance (2 checkups & cleanings/calendar year)

IMPERIAL STANDARD GOLD HMO HIGHLIGHTS

- 3 of 4 plans have deductibles \$2000 per person/\$4000 per family; except Plan 85222 PGAZ02 No Deductible No OOP Max.
- HMO “gatekeeper-type” plan; Referrals Required; No Out of Network Benefits.
- Member out of pocket- PCP Co- Pay \$30; Specialist Co-pay \$60; Plan 85222 PGAZ02 No Co-pay.
- Maternity Services - covered benefits
- Behavioral Health Services - covered benefit
- Children’s routine vision eye exam and glasses (in network) is a covered benefit.
- Children’s dental check up (in network) is a covered benefit.

IMPERIAL STANDARD GOLD HMO

Benefit	85533 SGAZ 00 Imperial Standard Gold (HMO)	85533 SGAZ 01 Imperial Standard Gold (HMO)	85533 SGAZ 02 Imperial Standard Gold (HMO)	85533 SGAZ 03 Imperial Standard Gold (HMO)
Deductible	\$2000 per person \$4000 per group	\$2000 per person \$4000 per group	\$0	\$2000 per person \$4000 per group
OOP Max	\$8700 per person \$17400 per group	\$8700 per person \$17400 per group	\$0	\$8700 per person \$17400 per group
Referral Req'd	Yes	Yes	Yes	Yes
Emergency	25% coinsurance	25% coinsurance	No Charge	25% coinsurance
Emergency Medical Transportation	25% coinsurance (same OON)	25% coinsurance (same OON)	No Charge	25% coinsurance (same OON)
Urgent Care	\$45 copay/visit	\$45 copay/visit	No Charge	\$45 copay/visit
Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)
PCP copay	\$30 copay	\$30 copay	No Charge	\$30 copay
Specialist copay	\$60 copay	\$60 copay	No Charge	\$60 copay
Pregnancy Office Visit	\$30 copay	\$30 copay	No Charge	\$30 copay
Childbirth/Delivery (Professional)	25% coinsurance	25% coinsurance	No Charge	25% coinsurance
Childbirth/Delivery (Facility)	25% coinsurance	25% coinsurance	No Charge	25% coinsurance
Acupuncture (ASH)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)
Diagnostic Test	25% coinsurance	25% coinsurance	No Charge	25% coinsurance
Preventive Care	\$0- (1 screening/immunization per year)	\$0- (1 screening/immunization per year)	No Charge (1 screening/year)	\$0- (1 screening/immunization per year)
Behavioral Health	\$30 copay- outpatient (25% coinsurance inpatient)	\$30 copay- outpatient (25% coinsurance inpatient)	No Charge	\$30 copay- outpatient (25% coinsurance inpatient)
Generic Drugs- Tier 1	\$15 copay	\$15 copay	No Charge	\$15 copay
Preferred Drugs- Tier 1	\$30 copay	\$30 copay	No Charge	\$30 copay
Non-Preferred Drugs- Tier 3	\$60 copay	\$60 copay	No Charge	\$60 copay
Specialty Drugs	\$250 copay	\$250 copay	No Charge	\$250 copay
Home Health	25% coinsurance (42 visits/year)	25% coinsurance (42 visits/year)	No Charge (42 visits/year)	25% coinsurance (42 visits/year)
Rehabilitation Services	25% coinsurance (60 visits/year)	25% coinsurance (60 visits/year)	No Charge (60 visits/year)	25% coinsurance (60 visits/year)
Habilitation	25% coinsurance	25% coinsurance	No Charge	25% coinsurance
Skilled Nursing	25% coinsurance (90 days/year)	25% coinsurance (90 days/year)	No Charge (90 days/year)	25% coinsurance (90 days/year)
Durable Medical Equipment	25% coinsurance (exclusions apply)	25% coinsurance (exclusions apply)	No Charge (exclusions apply)	25% coinsurance (exclusions apply)
Hospice	25% coinsurance	25% coinsurance	No Charge	25% coinsurance
Children's Eye Exam (March)	25% coinsurance (1 exam/year)	25% coinsurance (1 exam/year)	No Charge (1 exam/year)	25% coinsurance (1 exam/year)
Children's Glasses (March)	25% coinsurance (1 pair/year)	25% coinsurance (1 pair/year)	No Charge (1 pair/year)	25% coinsurance (1 pair/year)
Children's Dental Checkup (Liberty)	25% coinsurance (2 checkups & cleanings/calendar year)	25% coinsurance (2 checkups & cleanings/calendar year)	No coinsurance (2 checkups & cleanings/calendar year)	25% coinsurance (2 checkups & cleanings/calendar year)

IMPERIAL STANDARD SILVER HMO HIGHLIGHTS

- 7 plans varying deductibles ranging from \$0 to \$5800 per person/\$0 to \$11600 per family; except Plan 85222 PGAZ02 No Deductible No OOP Max.
- HMO “gatekeeper-type” plan; Referrals Required; No Out of Network Benefits.
- Member Out of Pocket- PCP Co- Pay range from \$0 to \$40; Specialist Co-pay range \$0 to \$80; Plan 85222 PGAZ02 No Co-pay.
- Maternity Services - covered benefits
- Behavioral Health Services - covered benefit
- Children’s routine vision eye exam and glasses (in network) is a covered benefit.
- Children’s dental check up (in network) is a covered benefit.

IMPERIAL STANDARD SILVER HMO

Benefit	85533 SSAZ 00 Imperial Standard Silver (HMO)	85533 SSAZ 01 Imperial Standard Silver (HMO)	85533 SSAZ 02 Imperial Standard Silver (HMO)
Deductible	\$5800 per person \$11600 per group	\$5800 per person \$11600 per group	\$0
OOP Max	\$8900 per person \$17800 per group	\$8900 per person \$17800 per group	\$0
Referral Req'd	Yes	Yes	Yes
Emergency	40% coinsurance	40% coinsurance	No Charge
Emergency Medical Transportation	40% coinsurance (same OON)	40% coinsurance (same OON)	No Charge
Urgent Care	\$60/visit	\$60/visit	No Charge
Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)
PCP copay	\$40 copay	\$40 copay	No Charge
Specialist copay	\$80 copay	\$80/visit	No Charge
Pregnancy Office Visit	\$40 copay	\$40 copay	No Charge
Childbirth/Delivery (Professional)	40% coinsurance	40% coinsurance	No Charge
Childbirth/Delivery (Facility)	40% coinsurance	40% coinsurance	No Charge
Acupuncture (ASH)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)
Diagnostic Test	40% coinsurance	40% coinsurance	No Charge
Preventive Care	\$0- (1 screening/immunization per year)	\$0- (1 screening/immunization per year)	No Charge (1 screening/year)
Behavioral Health	\$40 copay- outpatient (40% coinsurance inpatient)	\$40 copay- outpatient (40% coinsurance inpatient)	No Charge
Generic Drugs- Tier 1	\$20 copay	\$20 copay	No Charge
Preferred Drugs- Tier 1	\$40 copay	\$40 copay	No Charge
Non-Preferred Drugs- Tier 3	\$80 copay	\$80 copay	No Charge
Specialty Drugs	\$350 copay	\$350 copay	No Charge
Home Health	40% coinsurance (42 visits/year)	40% coinsurance (42 visits/year)	No Charge (42 visits/year)
Rehabilitation Services	40% coinsurance (60 visits/year)	40% coinsurance (60 visits/year)	No Charge (60 visits/year)
Habilitation	40% coinsurance	40% coinsurance	No Charge
Skilled Nursing	40% coinsurance (90 days/year)	40% coinsurance (90 days/year)	No Charge (90 days/year)
Durable Medical Equipment	40% coinsurance (exclusions apply)	40% coinsurance (exclusions apply)	No Charge (exclusions apply)
Hospice	40% coinsurance	40% coinsurance	No Charge
Children's Eye Exam (March)	40% coinsurance (1 exam/year)	40% coinsurance (1 exam/year)	No Charge (1 exam/year)
Children's Glasses (March)	40% coinsurance (1 pair/year)	40% coinsurance (1 pair/year)	No Charge (1 pair/year)
Children's Dental Checkup (Liberty)	40% coinsurance (2 checkups & cleanings/calendar year)	40% coinsurance (2 checkups & cleanings/calendar year)	No Charge (2 checkups & cleanings/calender year)

IMPERIAL STANDARD SILVER HMO PG 2

Benefit	85533 SSAZ 03 Imperial Standard Silver (HMO)	85533 SSAZ 04 Imperial Standard Silver (HMO)	85533 SSAZ 05 Imperial Standard Silver (HMO)	85533 SSAZ 06 Imperial Standard Silver (HMO)
Deductible	\$5800 per person \$11600 per group	\$5700 per person \$11400 per group	\$800 per person \$1600 per group	\$0 per person \$0 per group
OOP Max	\$8900 per person \$17800 per group	\$7200 per person \$14400 per group	\$3000 per person \$6000 per group	\$1700 per person \$3400 per
Referral Req'd	Yes	Yes	Yes	Yes
Emergency	40% coinsurance	40% coinsurance	30% coinsurance	25% coinsurance
Emergency Medical Transportation	40% coinsurance (same OON)	40% coinsurance (same OON)	30% coinsurance (same OON)	25% coinsurance
Urgent Care	\$60/visit	\$45/visit	\$30/visit	\$5/visit
Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)
PCP copay	\$40 copay	\$30 copay	\$20 copay	\$0 copay
Specialist copay	\$80 copay	\$60 copay	\$40 copay	\$10 copay
Pregnancy Office Visit	\$40 copay	\$30 copay	\$20 copay	\$0 copay
Childbirth/Delivery (Professional)	40% coinsurance	40% coinsurance	30% coinsurance	25% coinsurance
Childbirth/Delivery (Facility)	40% coinsurance	40% coinsurance	30% coinsurance	25% coinsurance
Acupuncture (ASH)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)
Diagnostic Test	40% coinsurance	40% coinsurance	30% coinsurance	30% coinsurance
Preventive Care	\$0- (1 screening/immunization per year)			
Behavioral Health	\$40 copay- outpatient (40% coinsurance inpatient)	\$30 copay- outpatient (40% coinsurance inpatient)	\$20 copay- outpatient (30% coinsurance inpatient)	\$20 copay- outpatient (30% coinsurance inpatient)
Generic Drugs- Tier 1	\$20 copay	\$20 copay	\$10 copay	\$10 copay
Preferred Drugs- Tier 1	\$40 copay	\$40 copay	\$20 copay	\$20 copay
Non-Preferred Drugs- Tier 3	\$80 copay	\$80 copay	\$60 copay	\$60 copay
Specialty Drugs	\$350 copay	\$350 copay	\$250 copay	\$250 copay
Home Health	40% coinsurance (42 visits/year)	40% coinsurance (42 visits/year)	30% coinsurance (42 visits/year)	25% coinsurance (42 visits/year)
Rehabilitation Services	40% coinsurance (60 visits/year)	40% coinsurance (60 visits/year)	30% coinsurance (60 visits/year)	25% coinsurance (60 visits/year)
Habilitation	40% coinsurance	40% coinsurance	30% coinsurance	25% coinsurance
Skilled Nursing	40% coinsurance (90 days/year)	40% coinsurance (90 days/year)	30% coinsurance (90 days/year)	25% coinsurance (90 days/year)
Durable Medical Equipment	40% coinsurance (exclusions apply)	40% coinsurance (exclusions apply)	30% coinsurance (exclusions apply)	25% coinsurance (exclusions apply)
Hospice	40% coinsurance	40% coinsurance	30% coinsurance	25% coinsurance
Children's Eye Exam (March)	40% coinsurance (1 exam/year)	40% coinsurance (1 exam/year)	30% coinsurance (1 exam/year)	25% coinsurance (1 exam/year)
Children's Glasses (March)	40% coinsurance (1 pair/year)	40% coinsurance (1 pair/year)	30% coinsurance (1 pair/year)	25% coinsurance (1 pair/year)
Children's Dental Checkup (Liberty)	40% coinsurance (2 checkups & cleanings/calendar year)	40% coinsurance (2 checkups & cleanings/calendar year)	30% coinsurance (2 checkups & cleanings/calendar year)	25% coinsurance (2 checkups & cleanings/calendar year)

IMPERIAL STANDARD BRONZE HMO HIGHLIGHTS

- 3 of 4 plans have deductibles \$9100 per person/\$18,200 per family; except Plan 85222 PGAZ02 No Deductible No OOP Max.
- HMO “gatekeeper-type” plan; Referrals Required; No Out of Network Benefits.
- Member out of pocket- PCP and Specialist Co-pays \$0 (zero)
- Maternity Services - covered benefits
- Drugs – Generic & Preferred Tier 1 - \$0; Non-Preferred Drugs Tier 3 - \$0
- Behavioral Health Services - covered benefit
- Children’s routine vision eye exam and glasses (in network) is a covered benefit.
- Children’s dental check up (in network) is a covered benefit.

IMPERIAL STANDARD BRONZE HMO

Benefit	85533 SBAZ 00 Imperial Standard Bronze (HMO)	85533 SBAZ 01 Imperial Standard Bronze (HMO)	85533 SBAZ 02 Imperial Standard Bronze (HMO)	85533 SBAZ 03 Imperial Standard Bronze (HMO)
Deductible	\$9100 per person \$18200 per group	\$9100 per person \$18200 per group	\$0	\$9100 per person \$18200 per group
OOP Max	\$9100 per person \$18200 per group	\$9100 per person \$18200 per group	\$0	\$9100 per person \$18200 per group
Referral Req'd	Yes	Yes	Yes	Yes
Emergency	No Charge	No Charge	No Charge	No Charge
Emergency Medical Transportation	No Charge	No Charge	No Charge	No Charge
Urgent Care	No Charge	No Charge	No Charge	No Charge
Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)	Routine Eye Exam (Pediatric Only)
PCP copay	No Charge	No Charge	No Charge	No Charge
Specialist copay	No Charge	No Charge	No Charge	No Charge
Pregnancy Office Visit	No Charge	No Charge	No Charge	No Charge
Childbirth/Delivery (Professional)	No Charge	No Charge	No Charge	No Charge
Childbirth/Delivery (Facility)	No Charge	No Charge	No Charge	No Charge
Acupuncture (ASH)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)	\$0, \$5, \$15, \$35, \$45 copay (unlimited visits)
Diagnostic Test	No Charge	No Charge	No Charge	No Charge
Preventive Care	No Charge (1 screening/year)			
Behavioral Health	No Charge	No Charge	No Charge	No Charge
Generic Drugs- Tier 1	No Charge	No Charge	No Charge	No Charge
Preferred Drugs- Tier 1	No Charge	No Charge	No Charge	No Charge
Non-Preferred Drugs- Tier 3	No Charge	No Charge	No Charge	No Charge
Specialty Drugs	No Charge	No Charge	No Charge	No Charge
Home Health	No Charge (42 visits/year)			
Rehabilitation Services	No Charge (60 visits/year)			
Habilitation	No Charge	No Charge	No Charge	No Charge
Skilled Nursing	No Charge (90 days/year)			
Durable Medical Equipment	No Charge (exclusions apply)			
Hospice	No Charge	No Charge	No Charge	No Charge
Children's Eye Exam (March)	No Charge (1 exam/year)			
Children's Glasses (March)	No Charge (1 pair/year)			
Children's Dental Checkup (Liberty)	No coinsurance (2 checkups & cleanings/calender year)			

MARKETPLACE PLAN VENDORS



ASH – Acupuncture

ELIXIR – Pharmacy

MARCH VISION – Children’s Eye Exam/Glasses

LIBERTY DENTAL – Children’s Dental Checkup
Preventative Services Only

IMPERIAL MARKETPLACE HMO CONTACT INFORMATION

Member Services Email: exchange@imperialhealthholdings.com

Arizona website: <https://exchange.imperialhealthplan.com/arizona/hmo-exchange/>

Member Services Phone Number: [1-800-595-0619](tel:1-800-595-0619)

Hours of Operation:

April 1 – September 30 8:00 A.M. – 8:00 P.M. PST
Monday – Friday (except holidays)

October 1 – March 31 8:00 A.M.* – 8:00 P.M. PST
Monday – Sunday (except holidays)

TAGLINE FOR MEMBER MATERIAL

This notice has important information about your Imperial Insurance Companies, Inc. coverage. You have the right to get this information and help in your language at no cost. Call the number on the back of your ID card for help and translation services.

Spanish

Navajo

Chinese

Vietnamese

Arabic

Tagalog

Korean

French

German

Russian

Japanese

Persian

Syriac

Serbo-Croatian

Urdo

Hindi



IMPERIAL INSURANCE COMPANIES

Thank you for your time
and attention.