



# 2024 Summary of Benefits

## Verda Noble Chronic Care Plan (HMO C-SNP) H5163-002

This is a summary of drug and health services covered by Verda Health Plan of Texas for January 1, 2024 – December 31, 2024.

**Verda Health Plan of Texas** is a Medicare Advantage Organization with a Medicare contract. Enrollment in this plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Member Handbook” by calling our Member Experience Department at the phone number listed in this document or online at <https://verdahealthcare.com>.

To join **Verda Noble Chronic Care (HMO C-SNP)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Texas: Fort Bend, Harris, and Montgomery County.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [Medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227) available 24 hours, 7 days a week including some federal holidays. TTY/TDD users should call 1-877-486-2048.

This document is available in other languages and formats.

<b>Verda Health Plan of Texas Members</b>	1-888-256-5123 (TTY/TDD 711)
<b>Hours of Operations</b>	8:00a to 8:00p 7 days a week from October 1 <sup>st</sup> - March 31 <sup>st</sup> and 8:00a to 8:00p Monday – Friday from April 1 – September 30
<b>Website</b>	<a href="https://verdahealthcare.com">https://verdahealthcare.com</a>

## Premiums and Benefits (Fort Bend, Harris, Montgomery County)

Premium & Benefits	Verda Noble Chronic Care HMO C-SNP (H5163-002)
Monthly Plan Premium	\$0
Deductibles	\$0
Maximum Out-of-Pocket Responsibility (Does not include prescription drugs)	\$1,299
Inpatient Hospital coverage**	\$50/days for days 1-4 \$0/ days for days 5-90
Outpatient Hospital coverage**	\$90 per visit
Ambulatory Surgical Center (ASC) Services**	\$0
Doctor Visits	Primary Care Physician \$0 Specialist Visit \$0
Preventative Care – Medicare covered services	\$0
Emergency Care	\$90 (If admitted within 48 hours, the Emergency copay would be waived)
Urgently Needed Services	\$0
Diagnostic Services/Labs/Imaging ** · Diagnostic procedures, Tests and Labs	\$0
· X-Rays	\$0
· Diagnostic Radiology Services (e.g. CT, MRI)	\$0-\$25
· Therapeutic Radiological Services	20% coinsurance
Hearing Services · Routine Hearing Exam, Fitting and Evaluation · Hearing aids	\$0 (1 per calendar year) \$99 Per Aid (Standard Technology) \$299 Per Aid (Advance Technology) \$599 Per Aid (Premium Technology)

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## Premiums and Benefits (Fort Bend, Harris, Montgomery County)

Premium & Benefits	Verda Noble Chronic Care HMO C-SNP (H5163-002)
<b>Dental Services</b> · Diagnostic Services - Oral exams and X-rays - Diagnostic tests · Preventative Services - Cleanings & Fluoride - Nutritional/Hygiene counseling	\$0 (2 per calendar year) \$0 \$0 (2 per calendar year) \$0
<b>Comprehensive Services</b> · Implant Services (2 per calendar year) · Deep Cleaning	\$0 \$0
· Restorative (2 per calendar year) - Fillings -Crowns and related · Endodontics (1 per calendar year) - Root canals and related treatments · Periodontics - Periodontal surgical services - Non-surgical periodontal services · Prosthodontics– Removable - Complete, immediate, and partial dentures -Repairs, relines and adjustments · Prosthodontics- Fixed - Pontics and Retainers · Oral and Maxillofacial Surgery - Extractions -Complex Oral Surgery · Adjunctive General Services - Adjunctive general services - Tele dentistry	\$40-\$125 \$22-\$530 \$22-\$535 \$180-\$435 \$0-\$85 \$440-\$1,102 \$25-\$235 \$50-\$1,196 \$70-\$175 (3 per calendar year) \$0-\$1,615 \$0-\$165 \$0

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**Premiums and Benefits (Fort Bend, Harris, Montgomery County)**

<b>Premium &amp; Benefits</b>	<b>Verda Noble Chronic Care HMO C-SNP (H5163-002)</b>
<b>Vision Services</b> · Routine Eye Exam (1 exam per year) · Eyeglasses (lenses and frames)/Contacts	\$0 \$300 coverage limit per year
<b>Mental Health Services **</b> · Group · Individual	\$20 \$40
<b>Skilled Nursing Facility **</b>	\$0/days for days 1-20 \$203/days for days 21-100
<b>Physical Therapy &amp; Speech Therapy**</b>	\$0
<b>Ambulance</b> · Ground · Air	\$99 20%
<b>Transportation</b>	\$0 Unlimited
<b>Medicare Part B Drugs</b>	\$0 copay Pneumonia, Flu, Shingles and Covid Vaccine You pay 20% of the total cost for chemotherapy and other Part B drugs

\*Services may require authorization

\*\*Services may require referral and authorization

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## Premiums and Benefits (Fort Bend, Harris, Montgomery County)

### Verda Noble Chronic Care Plan HMO C-SNP (H5163-002)

Fort Bend, Harris, & Montgomery County

<b>Part D Deductible</b>	\$0	
<b>Initial Coverage</b>	You are in the Initial Coverage Stage until you reach \$5,030 in drug costs (year to date)	
	<b>Retail Rx 30-day supply</b>	<b>Mail Order 90-day supply</b>
<b>Tier 1 – Preferred Generic</b>	\$0 copay	\$0 copay
<b>Tier 2 – Generic</b>	\$0 copay	\$0 copay
<b>Tier 3 – Preferred Brand</b>	\$32 copay	\$64 copay
<b>Tier 4 – Non - Preferred Brand</b>	\$90 copay	\$180 copay
<b>Tier 5 – Specialty Tier</b>	33%	N/A
<b>Tier 6 – Select Care</b>	\$0 copay	\$0 copay
<b>Coverage Gap</b>	You stay in this stage until your year-to-date “out-of-pocket costs” (your payment) reach a total of \$8,000.	
	<b>Retail Rx 30-day supply</b>	<b>Mail Order 90-day supply</b>
<b>Tier 1 – Preferred Generic</b>	\$0 copay	\$0 copay
<b>Tier 2 – Generic</b>	\$0 copay	\$0 copay
<b>Tier 3 – Preferred Brand</b>	\$32 copay	\$32 copay
<b>Tier 4 – Non - Preferred Brand</b>	25%	25%
<b>Tier 5 – Specialty Tier</b>	25%	N/A
<b>Tier 6 – Select Care</b>	\$0	\$0
<b>Catastrophic Coverage</b>	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	

#### Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if you have a deductible). Call Member Experience Department for more information.

#### Important Message About What You Pay for Insulin

You won't pay more than \$35 (or less, depending on your level of Extra Help or if your Tier 3 copay is less than \$35) for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible (if you have a deductible).

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. For more information on the pharmacy-specific copays, please call Verda Health Plan of Texas Member Experience Department at the phone number in this document or access your Member Handbook at [verdahealthcare.com](http://verdahealthcare.com).

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## Additional Benefits you get with Verda Health Plan of Texas

Additional Benefits	Verda Noble Chronic Care HMO C-SNP (H5163-002)
<b>Over - the - Counter (OTC) items</b>	\$225 per quarter (does not roll over)
<b>Viagra (Generic) 6 pills a month</b>	\$0
<b>Meal Benefit**</b> Immediately following surgery or inpatient hospitalization	\$0 (2 meals per day for 21 consecutive days for each hospital stay. Limit of 42 meals per year.)
<b>Dietician/Nutritionist</b>	\$0 Individual and Group sessions Limited to 6 hours per year
<b>Acupuncture</b> • Medicare-Covered Acupuncture	\$0 Limit 30 visits per year combined with routine Chiropractic Services and Therapeutic Massage Services
<b>Chiropractic Services**</b> • Medicare- Covered Chiropractic	\$0 Limit 30 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services
<b>Therapeutic Massage</b>	\$0 Limit 30 visits per year combined with routine Acupuncture Services and Chiropractic Services
<b>Telehealth</b>	\$0 (Available for urgently needed services and Primary Care Physician Services)
<b>Fitness</b> <b>Fitbit/Garmin</b>	\$0 \$0
<b>Personal Emergency Response (PERS)</b>	\$0
<b>Durable Medical Equipment (DME)**</b>	0% coinsurance for items less than or equal to \$175 20% coinsurance for items more than \$175

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## Additional Benefits you get with Verda Health Plan of Texas

<p><b>Grocery Benefits</b> Part of the Special Supplemental Benefits for the Chronically Ill (SSBCI) Qualifying Chronic Conditions include Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Dementia, Diabetes, and Stroke. Other chronic conditions may apply. Medical records will be used to establish qualification for the benefit.</p>	<p>\$225 per quarter (Does not roll over)</p>
<p><b>Beauty Spa</b></p>	<p>\$50 per quarter (Does not roll over)</p>
<p><b>Gas &amp; Utility</b> Part of the Special Supplemental Benefits for the Chronically Ill (SSBCI) Qualifying Chronic Conditions include Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Dementia, Diabetes, and Stroke. Other chronic conditions may apply. Medical records will be used to establish qualification for the benefit.</p>	<p>\$150 per quarter (Does not roll over)</p>
<p><b>Companionship</b></p>	<p>\$0 60 hours Max per year</p>
<p><b>Worldwide Emergency Care</b> Coverage up to \$50,000</p> <ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• Emergency Room</li> </ul>	<p>\$0 \$90</p>

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