



## Verda Health Plan of Texas, Member Services

1-888-256-5123 TTY: 711

*Hours of operation are:*

**8:00AM to 8:00PM *seven days a week***

Verda Health Plan of Texas 2024 Plan Benefits		
Benefits	Verda Noble Care (HMO) Fort Bend, Harris & Montgomery	Verda Noble Chronic Care (HMO CSNP) Fort Bend, Harris & Montgomery
Monthly Plan Premium	\$0	\$0
Maximum Out of Pocket (MOOP)	\$1,899	\$1,299
Primary Care Physician Visit	\$0 Copay	\$0 Copay
Specialist Physician Visit	\$0 Copay	\$0 Copay
Inpatient Hospital Care	\$75/days for days 1-4 \$0/days for days 5-90	\$50/days for days 1-4 \$0/ days for days 5-90
Outpatient Services / Surgery	\$50-\$90 per visit	\$50-\$90 per visit
Emergency Room Visit	\$90 (If admitted within 48 hours, the Emergency copay would be waived)	\$90 (If admitted within 48 hours, the Emergency copay would be waived)
Worldwide Emergency Coverage <ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• Emergency Room</li> </ul>	\$0 Copay \$90 Copay; \$50,000 limit per year; emergency services only	\$0 Copay \$90 Copay; \$50,000 limit per year; emergency services only
Urgent Care Visit	\$0 Copay	\$0 Copay
Ambulance Services <ul style="list-style-type: none"> <li>· Ground</li> <li>· Air</li> </ul>	\$119 Copay 20%	\$99 Copay (per one-way trip) 20%
Skilled Nursing Facility Stay Care	\$0/days for days 1-20 \$203/days for days 21-100	\$0/days for days 1-20 \$203/days for days 21-100
Durable Medical Equipment	0% coinsurance for items less than or equal to \$175 20% coinsurance for items more than \$175	0% coinsurance for items less than or equal to \$175 20% coinsurance for items more than \$175
Lab Services	\$0 Copay	\$0 Copay
Routine X-rays	\$0 Copay	\$0 Copay
Diagnostic Radiology Services (e.g. CT, MRI)	\$0-\$50 Copay	\$0-\$25 Cop
Prescription Drug Coverage		
Drug Tiers	Verda Noble Care (HMO) Fort Bend, Harris & Montgomery	Verda Noble Chronic Care (HMO CSNP) Fort Bend, Harris & Montgomery
Tier:1 Preferred Generic Drugs	\$0 Copay 30-day supply (\$0 Copay 90-day supply)	\$0 Copay 30-day supply (\$0 Copay 90-day supply)
Tier:2 Generic Drugs	\$0 Copay 30-day supply (\$0 Copay 90-day Mail Order)	\$0 Copay 30-day supply (\$0 Copay 90-day Mail Order)
Tier:3 Preferred Brand Drugs	\$35 Copay 30-day supply (\$70 Copay 90-day Mail Order)	\$32 Copay 30-day supply (\$64 Copay 90-day Mail Order)
Tier:4 Non-Preferred Brand Drugs	\$95 Copay 30-day supply (\$190 Copay 90-day Mail Order)	\$90 Copay 30-day supply (\$180 Copay 90-day Mail Order)
Tier:5 Specialty Drugs	33% of the drug cost to the plan Coinsurance	33% of the drug cost to the plan Coinsurance
Tier:6 Select Care	Not covered	\$0 Copay 30-day supply (\$0 Copay 90-day supply)

Supplemental Benefits		
Additional Benefits not covered by Medicare	Verda Noble Care (HMO) Fort Bend, Harris & Montgomery	Verda Noble Chronic Care (HMO CSNP) Fort Bend, Harris & Montgomery
Eyeglasses	\$0 Copay; up to \$250 coverage limit per year	\$0 Copay; up to \$300 coverage limit per year
Dental Services · Diagnostic Services - Oral exams and X-rays - Diagnostic tests · Preventative Services - Cleanings & Fluoride - Nutritional/Hygiene counseling - Deep Cleaning - Implant	\$0 (2 per calendar year) \$0 \$0 (2 per calendar year) \$0 \$0 \$0	\$0 (2 per calendar year) \$0 \$0 (2 per calendar year) \$0 \$0 \$0
Hearing Services · Routine Hearing Exam, Fitting and Evaluation  · Hearing aids	\$0 (1 per calendar year)  \$299 per aid (advance technology) \$599 per aid (premium technology)	\$0 (1 per calendar year)  \$99 per aid (standard technology) \$299 per aid (advance technology) \$599 per aid (premium technology)
Acupuncture, Chiropractor, Therapeutic Massage	\$ 0 30 combined visits	\$ 0 30 combined visits
Transportation Services	\$0 Copay; Unlimited one-way	\$0 Copay; Unlimited one-way.
Fitness Fitness Steps Tracker	\$0 Copay \$0 Copay	\$0 Copay \$0 Copay
Over the Counter (OTC)	\$0 Copay for \$225 quarterly allowance (no rollover)	\$0 Copay for \$225 quarterly allowance (no rollover)
Grocery Benefits <i>SSBCI Benefits</i> <i>Members need to meet specific criteria for eligibility</i>	\$225 per quarter (does not rollover)	\$225 per quarter (does not rollover)
Beauty Spa	\$70 per quarter (Does not rollover)	\$50 per quarter (Does not rollover)
Pet Care	\$50 per quarter (Does not rollover)	Not Offered
Gas & Utility <i>SSBCI Benefits</i> <i>Members need to meet specific criteria for eligibility</i>	\$150 per quarter (Does not rollover)	\$150 per quarter (Does not rollover)
Meal Benefits	\$0 Copay (2 meals per day for 21 consecutive days for each hospital stay. Limit of 42 meals per year.)	\$0 Copay (2 meals per day for 21 consecutive days for each hospital stay. Limit of 42 meals per year.)
Companionship	\$0 Copay 30 hours max per year	\$0 60 hours max per year

Verda Health Plan of Texas is an HMO/SNP with a Medicare contract. Enrollment in Verda Health Plan of Texas depends on contract renewal. You must continue to pay your Medicare Part B premium. This information is not a complete description of benefits. Call 1-888-256-5123 (TTY: 711) for more information. Our Call Center hours of operations are 8:00AM – 8:00PM seven days a week.