



# 2024 Summary of Benefits

## **Verda Noble Care HMO (H5163-001)**

Fort Bend, Harris, and Montgomery County

Verda Health Plan of Texas is an HMO with a Medicare contract. Enrollment in Verda Health Plan of Texas depends on contract renewal.

H5163\_SB001EN\_M

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

| Premium & Benefits                                                                                                                                                                                     | Verda Noble Care HMO<br>(H5163-001)                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Monthly Plan Premium                                                                                                                                                                                   | \$0                                                                                                          |
| Deductibles                                                                                                                                                                                            | \$0                                                                                                          |
| Maximum Out-of-Pocket Responsibility (Does not include prescription drugs)                                                                                                                             | \$1,899                                                                                                      |
| Inpatient Hospital coverage**                                                                                                                                                                          | \$75/day for days 1-4<br>\$0/day for days 5-90                                                               |
| Outpatient Hospital coverage**                                                                                                                                                                         | \$90 per visit                                                                                               |
| Ambulatory Surgical Center (ASC) Services                                                                                                                                                              | \$0                                                                                                          |
| Doctor Visits                                                                                                                                                                                          | Primary Care Physician \$0<br>Specialist Visit \$0                                                           |
| Preventative Care – Medicare Covered Services                                                                                                                                                          | \$0                                                                                                          |
| Emergency Care                                                                                                                                                                                         | \$90<br>(If admitted within 48 hours, the Emergency copay would be waived)                                   |
| Urgently Needed Services                                                                                                                                                                               | \$0                                                                                                          |
| <b>Diagnostic Services/Labs/Imaging **</b><br>· Diagnostic procedures, Tests and Labs<br><br>· X-Rays<br><br>· Diagnostic Radiology Services (e.g. CT, MRI)<br><br>· Therapeutic Radiological Services | \$0<br><br>\$0<br><br>\$0-\$50<br><br>20% coinsurance                                                        |
| <b>Hearing Services</b><br><br>· Routine Hearing Exam, Fitting and Evaluation<br><br>· Hearing aids                                                                                                    | \$0<br>(1 per calendar year)<br><br>\$299 Per Aid (Advance Technology)<br>\$599 Per Aid (Premium Technology) |

Verda Health Plan of Texas is an HMO with a Medicare contract. Enrollment in Verda Health Plan of Texas depends on contract renewal.

H5163\_SB001EN\_M

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

| Premium & Benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Verda Noble Care HMO (H5163-001)                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Dental Services</b> <ul style="list-style-type: none"> <li>· Diagnostic Services                             <ul style="list-style-type: none"> <li>- Oral exams and X-rays</li> <li>- Diagnostic tests</li> </ul> </li> <li>· Preventative Services                             <ul style="list-style-type: none"> <li>- Cleanings &amp; Fluoride</li> </ul> </li> <li>- Nutritional/Hygiene counseling</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>\$0 (2 per calendar year)</li> <li>\$0</li> <li>\$0 (2 per calendar year)</li> <li>\$0</li> </ul>                                                                                                                                                                    |
| <b>Comprehensive Services</b> <ul style="list-style-type: none"> <li>· Implant Services (2 per calendar year)</li> <li>· Deep Cleaning</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>\$0</li> <li>\$0</li> </ul>                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li>· Restorative (2 per calendar year)                             <ul style="list-style-type: none"> <li>- Fillings</li> <li>-Crowns and related</li> </ul> </li> <li>· Endodontics (1 per calendar year)                             <ul style="list-style-type: none"> <li>- Root canals and related treatments</li> </ul> </li> <li>· Periodontics                             <ul style="list-style-type: none"> <li>- Periodontal surgical services</li> <li>- Non-surgical periodontal services</li> </ul> </li> <li>· Prosthodontics– Removable                             <ul style="list-style-type: none"> <li>- Complete, immediate, and partial dentures</li> <li>-Repairs, relines and adjustments</li> </ul> </li> <li>· Prosthodontics- Fixed                             <ul style="list-style-type: none"> <li>- Pontics and Retainers</li> </ul> </li> <li>· Oral and Maxillofacial Surgery                             <ul style="list-style-type: none"> <li>- Extractions</li> <li>-Complex Oral Surgery</li> </ul> </li> <li>· Adjunctive General Services                             <ul style="list-style-type: none"> <li>- Adjunctive general services</li> <li>- Tele dentistry</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>\$40-\$125</li> <li>\$22-\$530</li> <li>\$22-\$535</li> <li>\$180-\$435</li> <li>\$0-\$85</li> <li>\$440-\$1,102</li> <li>\$25-\$235</li> <li>\$50-\$1,196</li> <li>\$70-\$175 (3 per calendar year)</li> <li>\$0-\$1,615</li> <li>\$0-\$165</li> <li>\$0</li> </ul> |
| <b>Vision Services</b> <ul style="list-style-type: none"> <li>· Routine Eye Exam (1 exam per year)</li> <li>· Eyeglasses (lenses and frames)/Contacts</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>\$0</li> <li>\$250 coverage limit per year</li> </ul>                                                                                                                                                                                                                |

Verda Health Plan of Texas is an HMO with a Medicare contract. Enrollment in Verda Health Plan of Texas depends on contract renewal.

H5163\_SB001EN\_M

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

| Premium & Benefits                                          | Verda Noble Care HMO (H5163-001)                                                                                                 |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>Mental Health Services **</b><br>· Group<br>· Individual | \$20<br>\$40                                                                                                                     |
| <b>Skilled Nursing Facility **</b>                          | \$0/day for days 1-20<br>\$203/day for days 21-100                                                                               |
| <b>Physical Therapy &amp; Speech Therapy**</b>              | \$0                                                                                                                              |
| <b>Ambulance</b><br>· Ground<br>· Air                       | \$119<br>20%                                                                                                                     |
| <b>Transportation</b>                                       | \$0 Unlimited                                                                                                                    |
| <b>Medicare Part B Drugs</b>                                | \$0 copay<br>Pneumonia, Flu, Shingles and Covid Vaccine<br>You pay 20% of the total cost for chemotherapy and other Part B drugs |

\*Services may require authorization

\*\*Services may require referral and authorization

Verda Health Plan of Texas is an HMO with a Medicare contract. Enrollment in Verda Health Plan of Texas depends on contract renewal.

H5163\_SB001EN\_M

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

### Verda Noble Care Plan HMO (H5163-001)

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<br/>30-day supply</b>                                                                            | <b>Mail Order<br/>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>       | \$35 copay                                                                                                    | \$70 copay                          |
| <b>Tier 4 – Non - Preferred Brand</b> | \$95 copay                                                                                                    | \$190 copay                         |
| <b>Tier 5 – Specialty Tier</b>        | 33%                                                                                                           | N/A                                 |
| <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<br/>30-day supply</b>                                                                            | <b>Mail Order<br/>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>       | 25%                                                                                                           | 25%                                 |
| <b>Tier 4 – Non - Preferred Brand</b> | 25%                                                                                                           | 25%                                 |
| <b>Tier 5 – Specialty Tier</b>        | 25%                                                                                                           | N/A                                 |
| <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 the 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 at the phone number in this document or access your Member Handbook at [verdahealthcare.com](http://verdahealthcare.com).

Verda Health Plan of Texas is an HMO with a Medicare contract. Enrollment in Verda Health Plan of Texas depends on contract renewal.

H5163\_SB001EN\_M

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

| Additional Benefits                                                                 | Verda Noble Care HMO (H5163-0010)                                                                            |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Over - the - Counter (OTC) items</b>                                             | \$225 per quarter<br>(Does not roll over)                                                                    |
| <b>Viagra (Generic) 6 pills a month</b>                                             | \$0                                                                                                          |
| <b>Meal Benefit**</b><br>Immediately following surgery or inpatient hospitalization | \$0<br>(2 meals per day for 21 consecutive days for each hospital stay. Limit of 42 meals per year.)         |
| <b>Dietician/Nutritionist</b>                                                       | \$0<br>Individual and Group sessions<br>Limited to 6 hours per year                                          |
| <b>Acupuncture</b><br>• Medicare-Covered Acupuncture                                | \$0<br>Limit 30 visits per year combined with routine Chiropractic Services and Therapeutic Massage Services |
| <b>Chiropractic Services</b><br>• Medicare- Covered Chiropractic                    | \$0<br>Limit 30 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services  |
| <b>Therapeutic Massage</b>                                                          | \$0<br>Limit 30 visits per year combined with routine Acupuncture and Chiropractic Services                  |
| <b>Telehealth</b>                                                                   | \$0<br>(Available for urgently needed services and Primary Care Physician Services)                          |
| <b>Fitness</b><br><b>Fitbit/Garmin</b>                                              | \$0<br>\$0                                                                                                   |
| <b>Personal Emergency Response (PERS)</b>                                           | \$0                                                                                                          |
| <b>Durable Medical Equipment (DME) **</b>                                           | 0% coinsurance for items less than or equal to \$175<br>20% coinsurance for items more than \$175            |

Verda Health Plan of Texas is an HMO with a Medicare contract. Enrollment in Verda Health Plan of Texas depends on contract renewal.

H5163\_SB001EN\_M

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

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <p><b>Grocery Benefits</b><br/>Part of the Special Supplemental Benefits for the Chronically Ill (SSBCI)<br/>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<br/>(Does not roll over)</p> |
| <p><b>Beauty Spa</b></p>                                                                                                                                                                                                                                                                                                                                                           | <p>\$70 per quarter<br/>(Does not roll over)</p>  |
| <p><b>Petcare</b></p>                                                                                                                                                                                                                                                                                                                                                              | <p>\$50 per quarter<br/>(Does not roll over)</p>  |
| <p><b>Gas &amp; Utility</b><br/>Part of the Special Supplemental Benefits for the Chronically Ill (SSBCI)<br/>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<br/>(Does not roll over)</p> |
| <p><b>Companionship</b></p>                                                                                                                                                                                                                                                                                                                                                        | <p>\$0<br/>30 hours Max per year</p>              |
| <p><b>Worldwide Emergency Care</b><br/>Coverage up to \$50,000</p> <ul style="list-style-type: none"> <li>• Emergency Room</li> </ul>                                                                                                                                                                                                                                              | <p>\$90</p>                                       |

Verda Health Plan of Texas is an HMO with a Medicare contract. Enrollment in Verda Health Plan of Texas depends on contract renewal.

H5163\_SB001EN\_M