



# 2024 Summary of Benefits

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

Fort Bend, Harris, and Montgomery County

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

The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.

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**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/day for days 1-4 \$0/ day 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)
Urgent Care	\$0
<b>Diagnostic Services/Labs/Imaging **</b> · Diagnostic procedures, Tests and Labs  · X-Rays  · Diagnostic Radiology Services (e.g. CT, MRI)  · Therapeutic Radiological Services	\$0  \$0  \$0-\$25  20% coinsurance
<b>Hearing Services</b>  · 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 \$0-\$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)**

Premium & Benefits	Verda Noble Chronic Care HMO C-SNP (H5163-002)
<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/day for days 1-20 \$203/day 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>	25%	25%
<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> <ul style="list-style-type: none"> <li>• Medicare-Covered Acupuncture</li> </ul>	\$0 Limit 30 visits per year combined with routine Chiropractic Services and Therapeutic Massage Services
<b>Chiropractic Services**</b> <ul style="list-style-type: none"> <li>• Medicare- Covered Chiropractic</li> </ul>	\$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 Conditions include: Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Dementia, Cellulitis, Stroke and other chronic conditions may apply. Medical Records will be used to determine eligibility.</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 Conditions include: Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Dementia, Cellulitis, Stroke and other chronic conditions may apply. Medical Records will be used to determine eligibility.</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>• Emergency Room</li> </ul>	<p>\$90</p>

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