

A New Kind of Medicare Advantage Plan

VERDA HEALTH PLAN OF TEXAS BENEFIT HIGHLIGHTS

2025



VERDA
HEALTH PLAN OF TEXAS

Verda Noble Care HMO (H5163-001)

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

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.



Verda Health Plan of Texas

1-877-933-6767 TTY: 711

Broker Services 1-833-319-3801

Hours of Operation:

9:00AM to 6:00PM Monday – Friday

2025 Plan Benefits

Benefit Highlights	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)	\$1,699	\$1,099
Primary Care Physician Visit	\$0 Copay	\$0 Copay
Specialist Physician Visit	\$0 Copay	\$0 Copay
Inpatient Hospital Care	\$0 (unlimited days)	\$0 (unlimited days)
ASC / Outpatient Hospital	\$0 - \$90 per visit	\$0 - \$90 per visit
Emergency Room Visit	\$90 (If admitted within 48 hours, copay waived)	\$90 (If admitted within 48 hours, copay waived)
Worldwide Emergency Coverage	\$50,000 limit per year; ER only	\$50,000 limit per year; ER only
• Urgent Care	\$0 Copay	\$0 Copay
• Emergency Room	\$90 Copay	\$90 Copay
Urgent Care Visit	\$0 Copay	\$0 Copay
Acupuncture, Chiropractor, Therapeutic Massage	\$ 0 30 Combined Visits	\$ 0 30 Combined Visits
Ambulance Services		
• Ground	\$119 Copay	\$99 Copay
• Air	20%	20%
Skilled Nursing Facility	\$0/day for days 1-20 \$214/day for days 21-100	\$0/day for days 1-20 \$214/day 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 (CT, MRI)	\$0-\$50 Copay	\$0-\$25 Copay

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 Mail Order)	\$0 Copay 30-day supply (\$0 Copay 90-day Mail Order)
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)	\$30 Copay 30-day supply (\$60 Copay 90-day Mail Order)
Tier:4 Non-Preferred Brand Drugs	30% of the drug cost to the plan (20% of the drug cost to the plan for 90-day Mail Order)	28% of the drug cost to the plan (19% of the drug cost to the plan for 90-day Mail Order)
Tier:5 Specialty Drugs	33% coinsurance	33% coinsurance
Tier:6 Select Care	Not Applicable	\$0 Copay 30-day supply (\$0 Copay 90-day Mail Order)

Supplemental Benefits		
Additional Benefits	Verda Noble Care (HMO) Fort Bend, Harris & Montgomery	Verda Noble Chronic Care (HMO CSNP) Fort Bend, Harris & Montgomery
Eyeglasses	\$0 Copay; up to \$250 Yearly Allowance	\$0 Copay; up to \$300 Yearly Allowance
Dental Services		
• Diagnostic Services		
○ Oral exams and X-rays	\$0 (2 per calendar year)	\$0 (2 per calendar year)
○ Diagnostic tests	\$0	\$0
• Preventative Services		
○ Cleanings & Fluoride	\$0 (2 per calendar year)	\$0 (2 per calendar year)
• Nutritional/Hygiene counseling	\$0	\$0
• Deep Cleaning	\$0	\$0
• Implant	\$0 (2 per calendar year)	\$0 (2 per calendar year)
Hearing Services		
• Routine Hearing Exam, Fitting and Evaluation	\$0 (1 per calendar year)	\$0 (1 per calendar year)
• Hearing aids	\$299 per aid (advance technology) \$599 per aid (premium technology)	\$99 per aid (standard technology) \$299 per aid (advance technology) \$599 per aid (premium technology)
Transportation Services	\$0 Copay; Unlimited	\$0 Copay; Unlimited
Fitness	\$0 Copay	\$0 Copay
Fitness Steps Tracker	\$0 Copay	\$0 Copay
Over the Counter (OTC)	\$225 per Quarter (Does not rollover)	\$225 per Quarter (Does not rollover)
Grocery Benefits <i>*SSBCI Benefits</i>	\$225 per quarter (Does not rollover)	\$225 per quarter (Does not rollover)
Beauty Spa <i>*SSBCI Benefits</i>	\$70 per Quarter (Does not rollover)	\$50 per Quarter (Does not rollover)
Nutrition Care	\$150 per Quarter (Does not roll over)	\$110 per Quarter (Does not roll over)
Gas & Utility <i>*SSBCI Benefits</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.)
PERS (Personal Emergency Response System)	\$0 Copay	\$0 Copay
Companionship	\$0 Copay, 30 hours max per year	\$0 Copay, 60 hours max per year

** SSBCI Benefits. Members need to meet specific criteria for eligibility. CSNP members already meet the eligibility requirement.*

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 1-877-933-6767 (TTY: 711) for more information. Our Hours of Operations are 8:00AM – 8:00PM seven days a week from October 1st to March 31st. 8:00AM – 8:00PM Monday through Friday from April 1st to September 30th.



VERDA
HEALTH PLAN OF TEXAS

877-933-6767, TTY 711
verdahealthcare.com

Hours of Operations:

8a – 8p, 7 days a week from October 1 - March 31

8a – 8p, Monday – Friday from April 1 – September 30