



VERDA

HEALTH PLAN OF TEXAS

2025 Summary of Benefits

Verda Noble Chronic Care HMO (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.

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)	\$1,099
Inpatient Hospital coverage**	\$0 (unlimited days)
Outpatient Hospital coverage**	\$50-90 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 · X-Rays · Diagnostic Radiology Services (e.g. CT, MRI) · Therapeutic Radiological Services	\$0 \$0 \$0-\$25 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)
Dental Services · 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
Comprehensive Services · 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)

Premium & Benefits	Verda Noble Chronic Care HMO C-SNP (H5163-002)
Vision Services · Routine Eye Exam (1 exam per year) · Eyeglasses (lenses and frames)/Contacts	\$0 \$300 coverage limit per year
Mental Health Services ** · Group · Individual	\$20 \$40
Skilled Nursing Facility **	\$0/day for days 1-20 \$214/day for days 21-100
Physical Therapy & Speech Therapy**	\$0
Ambulance · Ground · Air	\$99 20%
Transportation	\$0 Unlimited
Medicare Part B Drugs	\$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

Part D Deductible	\$0	
Initial Coverage	You are in the Initial Coverage Stage until you reach \$2,000 in drug costs (year to date)	
	Retail Rx 30-day supply	Mail Order 90-day supply
Tier 1 – Preferred Generic	\$0 copay	\$0 copay
Tier 2 – Generic	\$0 copay	\$0 copay
Tier 3 – Preferred Brand	\$30 copay	\$60 copay
Tier 4 – Non - Preferred Brand	28%	19%
Tier 5 – Specialty Tier	33%	N/A
Tier 6 – Select Care	\$0 copay	\$0 copay
Catastrophic Coverage	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.

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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)
Over - the - Counter (OTC) items	\$225 per quarter (does not roll over)
Viagra (Generic) 6 pills a month	\$0
Meal Benefit** 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.)
Dietician/Nutritionist	\$0 Individual and Group sessions Limited to 6 hours per year
Acupuncture <ul style="list-style-type: none"> • Medicare-Covered Acupuncture 	\$0 Limit 30 visits per year combined with routine Chiropractic Services and Therapeutic Massage Services
Chiropractic Services** <ul style="list-style-type: none"> • Medicare- Covered Chiropractic 	\$0 Limit 30 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services
Therapeutic Massage	\$0 Limit 30 visits per year combined with routine Acupuncture Services and Chiropractic Services
Telehealth	\$0 (Available for urgently needed services and Primary Care Physician Services)
Fitness Fitbit/Garmin	\$0 \$0
Personal Emergency Response (PERS)	\$0
Durable Medical Equipment (DME)**	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

Grocery Benefits *(SSBCI)	\$225 per quarter (Does not roll over)
Beauty Spa *(SSBCI)	\$50 per quarter (Does not roll over)
Nutrition Care	\$110 per quarter (Does not roll over)
Gas & Utility *(SSBCI)	\$150 per quarter (Does not roll over)
Companionship	\$0 60 hours Max per year
Worldwide Emergency Care Coverage up to \$50,000 <ul style="list-style-type: none"> • Urgent Care • Emergency Room 	\$0 \$90

*(SSBCI). 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 qualifications for the benefit.

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