Verda Noble Care (HMO) offered by *Verda Health Plan of Texas, Inc.*

Annual Notice of Change for 2026

You're enrolled as a member of Verda Noble Care (HMO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Verda Noble Care (HMO).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at *https://verdahptx.com/* or call Member Experience at *1-888-256-5123* (TTY users call *711*) to get a copy by mail.
- To change to a **different plan**, you can switch plans or switch to Original Medicare (either with or without a separate Medicare drug plan) at any time.

More Resources

- This material is available for free in *Spanish.*
- Call Member Experience at *1-888-256-5123* (TTY users call *711*) for more information. Hours are *8:00 a.m. – 8:00 p.m. 7 days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8:00 a.m. – 8:00 p.m. Monday through Friday (except holidays) from April 1 through September 30. Messages received on holiday and outside of our business hours will be returned within one business day*. This call is free.
- *This document may be available in other formats such as braille, large print, or other alternate formats.*

About *Verda Noble Care (HMO)*

- *Verda Health Plan of Texas is an HMO plan with a Medicare contract.*
- When this material says "we," "us," or "our," it means *Verda Health Plan of Texas, Inc*. When it says "plan" or "our plan," it means *Verda Noble Care (HMO).*
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in *Verda Noble Care (HMO)*.** Starting January 1, 2026, you'll get your medical and drug coverage through *Verda Noble Care (HMO)*. Go to Section 3.1 for more information about how to change plans and deadlines for making a change.

OMB Approval 0938-1051 (Expires: August 31, 2026)

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	*$0*	***$0***
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	*$1,699*	***$1,599***
Primary care office visits	*$0* per visit	***$0*** **per visit**
Specialist office visits	*$0* per visit	***$0*** **per visit**
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	*$0*	***$0***
Part D drug coverage deductible (Go to Section 1.7 for details.)	*$0*	***$300*** **Does not apply to Tier 1; Tier 2; Tier 6**

	2025 (this year)	**2026 (next year)**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	*Copayment/Coinsurance* during the Initial Coverage Stage: Drug Tier 1: $0 Drug Tier 2: $0 Drug Tier 3: $35 You pay $*35* per month supply of each covered insulin product on this tier. Drug Tier 4: $95 Drug Tier 5: 33% Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.	***Copayment/Coinsurance as applicable* during the Initial Coverage Stage:** **Drug Tier 1: *$0*** **Drug Tier 2: *$0*** **Drug Tier 3: *$35*** **You pay $*35* per month supply of each covered insulin product on this tier.** **Drug Tier 4: *30%*** **Drug Tier 5: 29%** **Drug Tier 6: $*0*** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	*$0*	***$0***
Additional premium for optional supplemental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	*Dental PPO Plan: $29*	***No Applicable***

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	**2026 (next year)**
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments c**ount** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	*$1,699*	***$1,599*** **Once you've paid *$1,599* out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* *https://verdahptx.com/find-a-doctor/* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at *https://verdahptx.com/*
- Call Member Experience at *[1-888-256-5123]* (TTY users call *711*) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Experience at *1-888-256-5123* (TTY users call *711*) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled in at one of our network pharmacies

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory [https://verdahptx.com/find-a-pharmacy/]* to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at *https://verdahptx.com/*
- Call Member Experience at *[1-888-256-5123]* (TTY users call *[711]*) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Experience at *[1-888-256-5123]* (TTY users call *[711]*) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	**2026 (next year)**
Dietician/Nutritionist	*$0* *Individual and Group sessions* *Limited to 6 hours per year*	*Dietician/Nutritionist is **not** covered*
Acupuncture ***Medicare-Covered Acupuncture***	*$0* *Limit 30 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services*	***$0*** ***Limit 24 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services***
Chiropractic Services ***Medicare- Covered Chiropractic***	*$0* *Limit 30 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services*	***$0*** ***Limit 24 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services***

	2025 (this year)	**2026 (next year)**
Therapeutic Massage	*$0* *Limit 30 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services*	***$0*** ***Limit 24 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services***
Gym membership	*Silver and fit multi gyms*	*Silver and fit, single gym*
Over - the - Counter (OTC)	*$225 per quarter*	*$50 per month*
Grocery Benefits	*$225 per quarter*	***$75 per month***
Beauty Spa	*$70 per quarter*	***$20 per month***
Gas & Utility	*$150 per quarter*	***$25 per month for Gasoline*** ***$50 per month for Utility***
Nutrition care	*$150 per quarter*	***$50 per month, will rollover max quarterly***
Transportation	*$0 Unlimited*	***$0 (24 trips one-way)***

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Experience at *[1-888-256-5123]* (TTY users call *711*) for more information.

Starting in 2026, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Experience 1-888-256-5123 (TTY users call *711*) or ask your health care provider, prescriber, or pharmacist for more information.]

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence*

of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells you about your drug costs. If you get Extra Help and you don't get this material by *[September 30 2025*, call Member Experience at *1-888-256-5123* (TTY users call *711*) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

  You start at this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 Preferred Brand Drugs; Tier 4 Non-Preferred Drugs; and Tier 5 Specialty drugs until you've reached the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach *$2,100*.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to	***$300*** **During this stage, you pay $0 cost sharing for tier 1, tier 2 and tier 6 drugs, and the full cost of drugs *on tier 3, tier 4, tier 5* until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

For drugs on *tier 4*, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $*2,100* out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	**2026 (next year)**
***Tier 1*: Preferred Generic** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*$0*	**$0**
Tier 2: Generic	*$0*	*$0*
Tier 3 - Preferred Brand	$35	$35
Tier 4 - Non-Preferred Drug:	33% of the total cost	30% of the total cost This Tier is limited to a 30 days supply of medication and not available at an extended or 90 days supply.
Tier 5 - Non-Preferred Drug:	33% of the total cost	29% of the total cost This Tier is limited to a 30 days supply of medication and not available at an extended or 90 days supply.
Tier 6 – Select Care	Not applicable	$0

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.** **To learn more about this payment option, call us at *1-888-256-5123* (TTY users call *[711]*) or visit www.Medicare.gov.**

SECTION 3 How to Change Plans

To stay in *Verda Noble Care (HMO)*, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our *Verda Noble Care (HMO).*

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from *Verda Noble Care (HMO)*.

- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from *Verda Noble Care (HMO)*.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Experience at *1-888-256-5123* (TTY users call *711*) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section *1.1*).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** *Texas* has a program called *Kidney Health Care Program (KHC)* that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the *Texas HIV Medication Program (THMP)*. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call *[Texas HIV Medication Program (THMP) at 1-900-255-1090]*. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at *[1-88256-5123]* (TTY users call *[711]*) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from *Verda Noble Care (HMO)*

- **Call Member Experience at *[1-888-256-5123].* (TTY users call *[711]*.)**

  We're available for phone calls *[8:00 a.m. – 8:00 p.m. 7 days a week (except Thanksgiving and Christmas) from October 1 to March 31 and 8:00 a.m. – 8:00 p.m. Monday through Friday (except holidays) from April 1 through September 30.]*. Calls to these numbers are free.]

- **Read your 2026 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for *[Verda Noble Care (HMO)].* The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at *https://verdahptx.com/ or* call Member Experience at *1-888-256-5123* (TTY users call *711)* to ask us to mail you a copy.

- **Visit *https://verdahptx.com/***

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In *Texas*, the SHIP is called *Texas Health Information, Counseling and Advocacy Program (HICAP)*.

Call *Texas Health Information, Counseling and Advocacy Program (HICAP)* to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call *Texas Health Information, Counseling and Advocacy Program(HICAP) at 1-800-252-9240*. Learn more about *Texas Health Information, Counseling and Advocacy Program(HICAP)]* by visiting *hhs.texas.gov/services/health/medicare.*

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

  You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

  The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.