

- Verda Noble Care Plan (HMO) H5163-001
- Verda Noble Chronic Care Plan (HMO C-SNP) H5163-002
- Verda Noble Care Plan (HMO) H5163-003
- Verda Noble Chronic Care Plan (HMO C-SNP) H5163-004

This is a summary of drug and health services covered by Verda Health Plan of Texas for January 1, 2026 – December 31, 2026.

Verda Health Plan of Texas is a Medicare Advantage Organization with a Medicare contract. Enrollment in this plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. Completed information about costs, benefits, and rules is in Evidence of Coverage. To get a copy, please contact Member Experience Department at the phone number listed in this document or online at <https://verdahptx.com/>

To get most updated information on Provider Directory, Pharmacy Directory and Formulary, please contact Member Experience Department at the phone number listed in this document or online at <https://verdahptx.com/>

To join **Verda Noble Care (HMO) or Verda Noble Chronic Care Plan (HMO C-SNP)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Texas: Fort Bend, Harris, and Montgomery County.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [Medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227) available 24 hours, 7 days a week including some federal holidays. TTY/TDD users should call 1-877-486-2048.

This document is available in other languages and formats.



**Verda Health Plan
of Texas Members**



1-888-256-5123 (TTY/TDD 711)



**Hours of
Operations**



8 a.m. – 8 p.m., 7 days a week
from October 1 – March 31
8 a.m. – 8 p.m., Monday – Friday
from April 1 – September 30



Website



<https://verdahptx.com/>



VERDA

HEALTH PLAN OF TEXAS

2026 Summary of Benefits

Verda Noble Care Plan (HMO) H5163-001
Verda Noble Chronic Care Plan (HMO C-SNP) H5163-002
Fort Bend, Harris, and Montgomery County

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

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

Premium & Benefits	Verda Noble Care Plan (HMO) H5163-001	Verda Noble Chronic Care Plan (HMO C-SNP) H5163-002
Monthly Plan Premium	\$0	\$0
Deductibles	\$0	\$0
Maximum Out-of-Pocket Responsibility (Does not include prescription drugs)	\$1,599	\$999
Inpatient Hospital coverage**	\$0 (unlimited days)	\$0 (unlimited days)
Outpatient Hospital coverage**	\$50-90 per visit	\$50-90 per visit
Ambulatory Surgical Center (ASC) Services**	\$0	\$0
Doctor Visits	Primary Care Physician \$0 Specialist Visit \$0	Primary Care Physician \$0 Specialist Visit \$0
Preventative Care – Medicare Covered Services	\$0	\$0
Emergency Care	\$90 (If admitted within 48 hours, the Emergency copay would be waived)	\$90 (If admitted within 48 hours, the Emergency copay would be waived)
Urgently Needed Services	\$0	\$0
Diagnostic Services/Labs/Imaging **		
· Diagnostic procedures, Tests and Labs	\$0	\$0
· X-Rays	\$0	\$0
· Diagnostic Radiology Services (e.g. CT, MRI)	\$0-\$50	\$0-\$25
· Therapeutic Radiological Services	20% coinsurance	20% coinsurance
Durable Medical Equipment (DME) **	0% coinsurance for items less than \$175 20% coinsurance for items more than \$175	0% coinsurance for items less than \$175 20% coinsurance for items more than \$175

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

Premium & Benefits	Verda Noble Care Plan (HMO) H5163-001	Verda Noble Chronic Care Plan (HMO C-SNP) H5163-002
Hearing Services · Routine Hearing Exam, Fitting and Evaluation · Hearing aids	\$0 (1 per calendar year) \$299 Per Aid (Advance Technology) \$599 Per Aid (Premium Technology)	\$0 (1 per calendar year) \$99 Per Aid (Standard Technology) \$299 Per Aid (Advance Technology) \$599 Per Aid (Premium Technology)
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	\$0 (2 per calendar year) \$0 \$0 (2 per calendar year) \$0
Comprehensive Services*** (Depends on provider assessment based on condition) · Implant Services (2 per calendar year) · Deep Cleaning	\$0 \$0	\$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	\$40-\$125 \$22-\$530 \$22-\$535 \$180-\$435 \$0-\$85 \$0-\$1,102 \$25-\$235	\$40-\$125 \$22-\$530 \$22-\$535 \$180-\$435 \$0-\$85 \$0-\$1,102 \$25-\$235

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

Premium & Benefits	Verda Noble Care Plan (HMO) H5163-001	Verda Noble Chronic Care Plan (HMO C-SNP) H5163-002
<ul style="list-style-type: none"> · Prosthodontics, Fixed <ul style="list-style-type: none"> - Pontiacs and Retainers · Oral and Maxillofacial Surgery <ul style="list-style-type: none"> - Extractions - Complex Oral Surgery · Adjunctive General Service <ul style="list-style-type: none"> - Adjunctive general services - Tele dentistry 	<p>\$0-\$1,196</p> <p>\$70-\$175 (3 per calendar year) \$0-\$1,615</p> <p>\$0-\$165</p> <p>\$0</p>	<p>\$0-\$1,196</p> <p>\$70-\$175 (3 per calendar year) \$0-\$1,615</p> <p>\$0-\$165</p> <p>\$0</p>
Vision Services <ul style="list-style-type: none"> · Routine Eye Exam (1 exam per year) · Eyeglasses (lenses and frames)/Contacts 	<p>\$0</p> <p>\$250 coverage limit per year</p>	<p>\$0</p> <p>\$300 coverage limit per year</p>
Mental Health Services ** <ul style="list-style-type: none"> · Group · Individual 	<p>\$20</p> <p>\$40</p>	<p>\$20</p> <p>\$40</p>
Skilled Nursing Facility ** <ul style="list-style-type: none"> · Ground · Air 	<p>\$0/day for days 1-20</p> <p>\$218/day for days 21-100</p>	<p>\$0/day for days 1-20</p> <p>\$218/day for days 21-100</p>
Physical Therapy & Speech Therapy & Occupational Therapy ** <ul style="list-style-type: none"> · Ground · Air 	<p>\$0</p>	<p>\$0</p>
Ambulance <ul style="list-style-type: none"> · Ground · Air 	<p>\$119</p> <p>20%</p>	<p>\$99</p> <p>20%</p>
Transportation	<p>\$0 (24 trips one-way)</p>	<p>\$0 (36 trips one-way)</p>
Medicare Part B Drugs	<p>\$0 copay</p> <p>Pneumonia, Flu, Shingles and Covid Vaccine</p> <p>You pay 20% of the total cost for chemotherapy and other Part B drugs</p>	<p>\$0 copay</p> <p>Pneumonia, Flu, Shingles and Covid Vaccine</p> <p>You pay 20% of the total cost for chemotherapy and other Part B drugs</p>

*Services may require authorization

**Services may require referral and authorization

*** Comprehensive Dental Services please refer to the fee for schedule document from Delta Dental

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

Verda Noble Care Plan (HMO) H5163-001

Fort Bend, Harris, & Montgomery County

Part D Deductible	\$300 (Does not apply to Tier1; Tier2; Tier6)	
Initial Coverage	You are in the Initial Coverage Stage until you reach \$2,100 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	\$35 copay	\$70 copay
Tier 4 – Non - Preferred Brand	30%	N/A
Tier 5 – Specialty Tier	29%	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.	

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

Fort Bend, Harris, & Montgomery County

Part D Deductible	\$300 (Does not apply to Tier1; Tier2; Tier6)	
Initial Coverage	You are in the Initial Coverage Stage until you reach \$2,100 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%	N/A
Tier 5 – Specialty Tier	29%	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 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 and a complete list of services that can be found in the Evidence of Coverage (EOC), please call Member Experience at the phone number in this document or you can access the file at www.verdahptx.com.

Additional Benefits with Verda Health Plan of Texas

Additional Benefits	Verda Noble Care Plan (HMO) H5163-001	Verda Noble Chronic Care Plan (HMO C-SNP) H5163-002
Over - the - Counter (OTC) items	\$50 per month (Does not roll over)	\$50 per month (does not roll over)
Viagra (Generic) 6 pills a month	\$0	\$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.)	\$0 (2 meals per day for 21 consecutive days for each hospital stay. Limit of 42 meals per year.)
Acupuncture <ul style="list-style-type: none"> • Medicare-Covered Acupuncture 	\$0 Limit 24 visits per year combined with routine Chiropractic Services and Therapeutic Massage Services	\$0 Limit 24 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 24 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
Therapeutic Massage	\$0 Limit 24 visits per year combined with routine Acupuncture and Chiropractic Services	\$0 Limit 24 visits per year combined with routine Acupuncture Services and Chiropractic Services
Telehealth	\$0 (Available for urgently needed services)	\$0 (Available for urgently needed services)
Fitness (Single Gym) Step Tracker	\$0 \$0	\$0 \$0
Personal Emergency Response System (PERS)	\$0	\$0
Grocery Benefits *(SSBCI)	\$75 per month (Does not roll over)	\$75 per month (Does not roll over)
Beauty Spa *(SSBCI)	\$20 per month (Does not roll over)	\$15 per month (Does not roll over)
Nutrition care	\$50 per month (will roll over max quarterly)	\$35 per month (will roll over max quarterly)
Gasoline *(SSBCI)	\$25 per month (Does not roll over)	\$25 per month (Does not roll over)

Additional Benefits with Verda Health Plan of Texas

Additional Benefits	Verda Noble Care Plan (HMO) H5163-001	Verda Noble Chronic Care Plan (HMO C-SNP) H5163-002
Utility *(SSBCI)	\$50 per month (Does not roll over)	\$50 per month (Does not roll over)
Companionship	\$0 30 hours Max per year	\$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	\$0 \$90

*(SSBCI). Part of the Special Supplemental Benefits for the Chronically Ill (SSBCI)

Qualifying Conditions include Chronic alcohol use disorder and other substance use disorders (SUDs) ; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Overweight, obesity, and metabolic syndrome; Chronic gastrointestinal disease; Chronic kidney disease (CKD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Post-organ transplantation; Immunodeficiency and Immunosuppressive disorders; Conditions associated with cognitive impairment; Conditions with functional challenges; Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; Conditions that require continued therapy services in order for individuals to maintain or retain functioning.

Medical records will be used to establish qualifications for the benefit.

**Services may require referral and authorization.