VERDA
HEALTH PLAN OF ARIZONA

2027
Summary of Benefits

Verda Noble Care Plan (HMO) H2630-001
Verda Noble Chronic Care Plan (HMO C-SNP) H2630-002
January 1, 2027 – December 31, 2027

Verda Health Plan of Arizona 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. Complete 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://verdahpaz.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 Arizona: Maricopa and Pima.

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 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.

Member Experience Department
1-888-256-5123 (TTY/TDD 711)

Hours of Operation
8 am to 8 pm, 7 days a week from October 1 - March 31.
and 8 am to 8 pm, Monday – Friday from April 1 – September 30.

Website https://verdahpaz.com/

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Summary of Benefits

Verda Noble Care (HMO) H2630-001
Verda Noble Care Chronic Care (HMO C-SNP) H2630-002
Maricopa and Pima Counties

Premium & Benefits	Verda Noble Care (HMO) H2630-001	Verda Noble Chronic Care (HMO C-SNP) H2630-002
Monthly Plan You must keep paying your Medicare Part B premium.	$0	$0
Deductibles	$0	$0
Maximum Out-of-Pocket Responsibility (Does not include prescription drugs)	$2,099	$1,799
Inpatient Hospital coverage**	$0 for days 1-3 $150/day for days 4-7 $0 for days 8-90	$0 for days 1-3 $125/day for days 4-7 $0 for day 8-90
Outpatient Hospital coverage**	$50-90 per visit	$50-90 per visit
Ambulatory Surgical Center (ASC) Services**	$0	$0
Doctor Visits . Primary Care . Specialist**	Primary Care Physician $0 Specialist Visit $0	Primary Care Physician $0 Specialist Visit $0
Preventative Care – Medicare Covered Services	$0	$0
Emergency Care	$99 (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 · X-Rays · Diagnostic Radiology Services (e.g. CT, MRI) · Therapeutic Radiological Services	 $0 $0 $0-$50 20% coinsurance	 $0 $0 $0-$25 20% coinsurance

Premium & Benefits	Verda Noble Care (HMO) H2630-001	Verda Noble Chronic Care (HMO C-SNP) H2630-002
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 **Comprehensive Services***** Includes Restorative, Endodontics, Periodontics, Prosthodontics, Oral Surgery, and Implant Services.	$0 (2 per calendar year) $0 $0 (2 per calendar year) $0 Copayments vary by procedure. Please refer to the Dental Evidence of Coverage for a complete schedule of costs.	$0 (2 per calendar year) $0 $0 (2 per calendar year) $0 Copayments vary by procedure. Please refer to the Dental Evidence of Coverage for a complete schedule of costs.
Vision Services · Routine Eye Exam (1 exam per year) · Eyeglasses (lenses and frames)/Contacts	$0 $200 coverage limit per year	$0 $250 coverage limit per year
Mental Health Services ** · Group · Individual	$20 $40	$20 $40
**Skilled Nursing Facility ** **	$0/day for days 1-7 $20/day for days 8-20 $221/day for days 21-100	$0/day for days 1-7 $20/day for days 8-20 $221/day for days 21-100
Physical Therapy & Speech Therapy & Occupational Therapy**	$0	$0

Premium & Benefits	Verda Noble Care (HMO) H2630-001	Verda Noble Chronic Care (HMO C-SNP) H2630-002
Ambulance · Ground · Air Authorization is required for non-emergency services.	 $119 20%	 $109 20%
Transportation	$0 (24 trips one-way)	$0 (36 trips one-way)
Medicare Part B Drugs*	$0 copay Pneumonia, Flu, Hepatitis B, and COVID-19 vaccines You pay 20% of the total cost for chemotherapy and other Part B drugs	$0 copay Pneumonia, Flu, Hepatitis B, and COVID-19 vaccines You pay 20% of the total cost for chemotherapy and other Part B drugs
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

*Services may require authorization
**Services may require referral and authorization
***Refer to the Evidence of Coverage document from Delta Dental for more details

Verda Noble Care Plan (HMO) H2630-001		
Part D Deductible	$300 (Does not apply to Tier1; Tier2)	
Initial Coverage	You are in the Initial Coverage Stage until you reach $2,400 in out-of-pocket 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	$40 copay	$80 copay
Tier 4 – Non - Preferred Brand	30%	N/A
Tier 5 – Specialty Tier	30%	N/A
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) H2630-002		
Part D Deductible	$300 (Does not apply to Tier1; Tier2; Tier6)	
Initial Coverage	You are in the Initial Coverage Stage until you reach $2,400 in out-of-pocket 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	28%	N/A
Tier 5 – Specialty Tier	30%	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 and a complete list of services that can be found in the Evidence of Coverage (EOC), please call Verda Health Plan of Arizona Member Experience at the phone number in this document or you can access your Member Handbook at www.verdahpaz.com.

Additional Benefits

Additional Benefits	Verda Noble Care (HMO) H2630-001	Verda Noble Chronic Care (HMO C-SNP) H2630-002
Over - the - Counter (OTC) items	$30 per month (Does not roll over)	$40 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 up to 21 consecutive days for each hospital stay. Limit of 42 meals per year.)	$0 (2 meals per day for up to 21 consecutive days for each hospital stay. Limit of 42 meals per year.)
Acupuncture • Medicare-Covered Acupuncture	$0 Limit 20 visits per year combined with routine Chiropractic Services and Therapeutic Massage Services	$0 Limit 20 visits per year combined with routine Chiropractic Services and Therapeutic Massage Services
Chiropractic Services** • Medicare-Covered Chiropractic	$0 Limit 20 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services	$0 Limit 20 visits per year combined with routine Acupuncture Services and Therapeutic Massage Services
Therapeutic Massage	$0 Limit 20 visits per year combined with routine Acupuncture and Chiropractic Services	$0 Limit 20 visits per year combined with routine Acupuncture Services and Chiropractic Services
Telehealth**	$0 (Available for primary care and urgently needed services)	$0 (Available for primary care and urgently needed services)
Fitness (Single Gym)	$0	$0
Personal Emergency Response System (PERS)	$0	$0
Grocery Benefits ^(SSBCI)	$25 per month (Does not roll over)	$30 per month (Does not roll over)
Nutrition care	$25 per month (will roll over max quarterly)	$15 per month (will roll over max quarterly)
Companionship	$0 30 hours Max per year	$0 60 hours Max per year

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Worldwide Emergency Care Coverage up to $50,000 • Urgent Care • Emergency Room	 $0 $99	 $0 $90

^This is a special supplemental benefit for chronically ill (SSBCI) members. That means, to get this benefit, you must have an eligible chronic condition such as diabetes mellitus, chronic heart failure, cardiovascular disorders, chronic lung disorders, stroke, or other chronic conditions. Not all members qualify. See your Evidence of Coverage for a complete list of eligible chronic conditions and coverage criteria. Call Member Experience Department for more information.
*Services may require authorization
**Services may require referral and authorization.