

# A New Kind of Medicare Advantage Plan

## VERDA HEALTH PLAN OF ARIZONA BENEFIT HIGHLIGHTS

2026



**VERDA**

HEALTH PLAN OF ARIZONA

**Verda Noble Care Plan (HMO) H2630-001**

**Verda Noble Chronic Care Plan (HMO C-SNP) H2630-002**

**Maricopa County**

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



# Verda Health Plan of Arizona

1-877-933-6767 TTY: 711

Broker Services 1-833-319-3801

Member Experience 1-888-256-5123

## 2026 Plan Benefits

Benefit Highlights	Verda Noble Care (HMO) Maricopa County	Verda Noble Chronic Care (HMO CSNP) Maricopa County
Monthly Plan Premium	\$0	\$0
Maximum Out of Pocket (MOOP)	\$2,099	\$1,799
Primary Care Physician Visit	\$0 Copay	\$0 Copay
Specialist Physician Visit	\$0 Copay	\$0 Copay
Inpatient Hospital Care	\$0 Day1-3 \$150/day copay Day 4-7 \$0 Day 8-90	\$0 Day1-3 \$125/day copay Day 4-7 \$0 Day 8-90
ASC / Outpatient Hospital	\$0 - \$90 per visit	\$0 - \$90 per visit
Emergency Room Visit	\$99 (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	\$99 Copay	\$90 Copay
Urgent Care Visit	\$0 Copay	\$0 Copay
Acupuncture, Chiropractor, Therapeutic Massage	\$ 0 24 Combined Visits	\$ 0 24 Combined Visits
Ambulance Services		
• Ground	\$119 Copay	\$109 Copay
• Air	20%	20%
Skilled Nursing Facility	\$0/days for days 1-7 \$20/day for days 8-20 \$218/days for days 21-100	\$0/days for days 1-7 \$20/day for days 8-20 \$218/days for days 21-100
Durable Medical Equipment	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
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) Maricopa County	Verda Noble Chronic Care (HMO CSNP) Maricopa County
Deductible	\$300(Does not applied to Tier1; Tier2; Tier 6)	
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	\$40 Copay 30-day supply (\$80 Copay 90-day Mail Order)	\$35 Copay 30-day supply (\$70 Copay 90-day Mail Order)
Tier:4 Non-Preferred Brand Drugs	30% of the drug cost to the plan (Not Applicable to 90-day Mail Order)	28% of the drug cost to the plan (Not Applicable to 90-day Mail Order)
Tier:5 Specialty Drugs	29% of the drug cost to the plan (Not Applicable to 90-day Mail Order)	29% of the drug cost to the plan (Not Applicable to 90-day Mail Order)
Tier:6 Select Care	\$0 Copay 30-day supply (\$0 Copay 90-day Mail Order)	\$0 Copay 30-day supply (\$0 Copay 90-day Mail Order)

Supplemental Benefits		
Additional Benefits	Verda Noble Care (HMO) Maricopa County	Verda Noble Chronic Care (HMO CSNP) Maricopa County
<b>Eyeglasses</b>	\$0 Copay up to \$200 Yearly Allowance	\$0 Copay up to \$250 Yearly Allowance
<b>Dental Services</b> • <b>Diagnostic Services</b> ○ Oral exams and X-rays ○ Diagnostic tests • <b>Preventative Services</b> ○ Cleanings & Fluoride • <b>Nutritional/Hygiene counseling</b> • <b>Deep Cleaning</b> • <b>Implant</b>	\$0 (2 per calendar year) \$0 \$0 (2 per calendar year) \$0 \$0 \$0 (2 per calendar year)	\$0 (2 per calendar year) \$0 \$0 (2 per calendar year) \$0 \$0 \$0 (2 per calendar year)
<b>Hearing Services</b> • <b>Routine Hearing Exam, Fitting and Evaluation</b>  • <b>Hearing aids</b>	\$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)
<b>Transportation Services</b>	\$0 (24 trips one-way)	\$0 (36 trips one-way)
<b>Fitness (Single Gym)</b> <b>Fitness Steps Tracker</b>	\$0 Copay \$0 Copay	\$0 Copay \$0 Copay
<b>Over the Counter (OTC)</b>	\$30 per month (Does not roll over)	\$40 per month (Does not roll over)
<b>Grocery Benefits</b> <i>*SSBCI Benefits</i>	\$25 per month (Does not roll over)	\$30 per month (Does not roll over)
<b>Beauty Spa</b> <i>*SSBCI Benefits</i>	\$15 per month (Does not roll over)	\$10 per month (Does not roll over)
<b>Nutrition Care</b>	\$25 per month (will roll over max quarterly)	\$15 per month (will roll over max quarterly)
<b>Utility</b> <i>*SSBCI Benefits</i>	\$15 per month (Does not roll over)	\$15 per month (Does not roll over)
<b>Meal Benefits</b>	\$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.)
<b>PERS (Personal Emergency Response System)</b>	\$0 Copay	\$0 Copay
<b>Companionship</b>	\$0 Copay, 30 hours max per year	\$0 Copay, 60 hours max per year

*\* SSBCI Benefits. Members need to meet specific criteria for eligibility. Medical records will be used to determine eligibility. CSNP members already meet the eligibility requirement.*

Verda Health Plan of Arizona is an HMO/SNP with a Medicare contract. Enrollment in Verda Health Plan of Arizona 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 8:00 a.m. – 8:00 p.m. seven days a week from October 1<sup>st</sup> to March 31<sup>st</sup>. 8:00 a.m. – 8:00 p.m. Monday through Friday from April 1<sup>st</sup> to September 30<sup>th</sup>.



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**1-877-933-6767, TTY 711 | [verdahpaz.com](http://verdahpaz.com)**

**Hours of Operations:**

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

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