VERDA

HEALTH PLAN OF ARIZONA

BENEFIT HIGHLIGHTS



A NEW KIND OF

MEDICARE ADVANTAGE

Verda Noble Care Plan (HMO) H2630-001

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

Maricopa, and Pima Counties

2027

VERDA
HEALTH PLAN OF ARIZONA

2027

Broker Services: 1-833-319-3801

Members Resource Center: 2051 W. Chandler Blvd., Ste. 9, Chandler, AZ 85224

BENEFIT HIGHLIGHTS		
PLAN BENEFITS	**Verda Noble Care (HMO)** Maricopa and Pima counties	**Verda Noble Chronic Care (HMO C-SNP)** Maricopa and Pima counties
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** for days 1-3 **$150**/day for days 4-7 **$0** for days 8-90	**$0** for days1-3 **$125**/day for days 4-7 **$0** for days 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 • **Urgent Care** • **Emergency Room**	**$50,000** limit per year; emergency only **$0** copay **$99** copay	**$50,000** limit per year; emergency only **$0** copay **$90** copay
Urgent Care Visit	**$0** copay	**$0** copay
Acupuncture, Chiropractor, Therapeutic Massage	**$0** **20** combined visits	**$0** **20** combined visits
Ambulance Services • **Ground** • **Air**	 **$119** copay **20%**	 **$109** copay **20%**
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
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)**	**Verda Noble Chronic Care (HMO C-SNP)**
	Deductible: $300 (Does not apply to Tier 1; Tier 2; 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	**30% of the drug cost to the plan** *(not applicable to 90-day mail order)*	**30% of the drug cost to the plan** *(not applicable to 90-day mail order)*
Tier 6: Select Care	**Not Applicable**	**$0 copay 30-day supply** *($0 copay 90-day mail order)*

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SUPPLEMENTAL BENEFITS		
ADDITIONAL BENEFITS	**Verda Noble Care (HMO)** Maricopa and Pima counties	**Verda Noble Chronic Care (HMO C-SNP)** Maricopa and Pima counties
EYEGLASSES	**$0** copay; up to **$200** yearly allowance	**$0** copay; up to **$250** yearly allowance
Dental Services • **Diagnostic Services** ◦ Oral exams and X-rays ◦ Diagnostic tests • **Preventative Services** ◦ Cleanings & Fluoride • **Nutritional/Hygiene counseling** • **Deep Cleaning** • **Implant**	 **$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)*
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)*
Transportation Services	**$0** *(24 trips one-way)*	**$0** (36 trips one-way)
Fitness	**$0** copay	**$0** copay
Over the Counter (OTC)	**$30** per month *(does not roll over)*	**$40** per month *(does not roll over)*
Grocery Benefits *SSBCI Benefits	**$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)*
Meal Benefits	**$0** copay *(2 meals per day for up to 21 days, a total allowance of 42 meals per calendar year.)*	**$0** copay *(2 meals per day for up to 21 days, a total allowance of 42 meals per calendar year.)*
PERS *(Personal Emergency Response System)*	**$0** copay	**$0** copay
Companionship	**$0** copay, 30 hours max per year	**$0** copay, 60 hours max per year

**** SSBCI Benefits. Members need to meet specific criteria for eligibility. Not all members qualify.***

Verda Health Plan of Arizona is an **HMO/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 1st to March 31st. **8:00 a.m. – 8:00 p.m**. Monday through Friday from April 1st to September 30th.

H2630_2027_VHA1034_BH_M

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HEALTH PLAN OF ARIZONA

1.877.933.6767 TTY 711

verdahpaz.com

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