



# **GOLD KIDNEY HEALTH PLAN**

## **2023 GOLD KIDNEY HEALTH PLAN**

**SUMMARY OF BENEFITS**

**Gold Kidney of Arizona Honest Care (HMO)**

Gold Kidney of Arizona Honest Care (HMO) is a HMO plan with a Medicare contract. Enrollment in the Gold Kidney of Arizona Honest Care Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us toll at free at 1-844-294-6535 (TTY 711) and request the "Evidence of Coverage" or access it online at [www.goldkidney.com](http://www.goldkidney.com).

### Does this plan cover my doctors and pharmacies?

Find out by searching our online directory at [www.goldkidney.com](http://www.goldkidney.com). Or, give us a call. We can look up your doctors and pharmacies or mail you a directory.

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

To join Gold Kidney of Arizona Honest Care (HMO) 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: Gila, Maricopa, Pima and Pinal.

### Does this plan cover my prescription drugs?

Find out by searching our online drug list at [www.goldkidney.com](http://www.goldkidney.com). Or, give us a call. We can look up your medications or mail you our list of covered drugs (formulary).

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

This document is available in other formats such as Braille, large print or audio, as well as Spanish.



### FOR MORE INFORMATION:

Call us toll at free:

**1-844-294-6535 (TTY 711)**

Hours of Operation:

**October 1<sup>st</sup> – March 31<sup>st</sup>**

8am to 8pm local time

7 days a week

**April 1<sup>st</sup> – September 30<sup>th</sup>**

8am to 8pm local time

Monday-Friday

Or visit us at:

**[www.goldkidney.com](http://www.goldkidney.com)**

## PREMIUMS AND BENEFITS

To view the complete list of benefits please refer to the Evidence of Coverage for Gold Kidney of Arizona Honest Care (HMO) at [www.goldkidney.com](http://www.goldkidney.com).

PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA HONEST CARE (HMO)
<b>Monthly Plan Premium (includes both medical and drugs)</b>	You pay \$0 This plan does not have a premium.
<b>Part B Buy Down</b>	As a member of Honest Care, Gold Kidney will reduce your monthly Medicare Part B Premium by \$25. The reduction is set up by Medicare and administered through the Social Security Administration (SSA). Depending on how you pay your Medicare Part B premium, your reduction may be credited to your Social Security check or credited on your Medicare Part B premium statement.
<b>Deductible</b>	This plan does not have a deductible.
<b>Pharmacy (Part D) Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)</b>	\$3,000 Includes copays and other costs for medical services for the year. This is the most you will pay for copays, coinsurance, and other costs for Medicare-covered medical services, supplies, and Part B covered medication for the plan year. What you pay out-of-pocket for Part D prescription drugs and certain supplemental benefits (dental, hearing aids) do not apply to this amount.
<b>Inpatient Hospital</b> <i>Prior Authorization is required.</i>	Days 1-7 \$175 copay per day Days 8-90 \$0 copay per day
<b>Outpatient Hospital Outpatient procedures/surgery at an Outpatient Hospital</b>	\$0-\$225 copay per visit <i>Prior Authorization is required.</i>

PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA HONEST CARE (HMO)
<b>Ambulatory Surgical Center (ASC)</b> <i>Prior Authorization is required.</i>	\$150 copay per visit
<b>Doctor Visits</b> <i>Referral required for physician specialist services.</i>	Primary Care Provider (PCP) \$0 copay per visit All other physician specialists \$20 copay per visit
<b>Preventive Care (e.g., flu vaccine, diabetic screenings)</b>	You pay \$0 Other preventive services are available. There are some covered services that have a cost.
<b>Emergency Care</b>	You pay \$90 copay per visit. Your copay is waived if you are admitted to the hospital within 24 hours.
<b>Urgently Needed Services</b>	\$20 copay for Medicare-covered services Your copay is waived if you are admitted to the hospital within 24 hours.
<b>Diagnostic Services, Labs and Imaging</b> <i>A referral is required.</i>	Lab Services \$0 copay Outpatient X-rays \$0 copay Diagnostic Radiology Services \$50 copay Diagnostic Tests and Procedures \$50 copay Therapeutic Radiology 20% copay
<b>Hearing Services</b> <i>A referral is required.</i>	Routine Hearing Exams \$0 copay — 1 visit per year Hearing Aids \$500 total allowance per ear for hearing aids every year

**PREMIUMS  
AND BENEFITS**

**GOLD KIDNEY OF ARIZONA  
HONEST CARE (HMO)**

<p><b>Preventive Dental Services</b></p>	<p>Periodic Oral Exams \$0 copay Comprehensive Oral Evaluation \$0 copay Cleanings \$0 copay X-rays \$0 copay</p>
<p><b>Comprehensive Dental Services</b> <i>A Referral is required for Comprehensive Dental Services. Limitations may apply.</i></p>	<p>Fillings \$0 copay Root Planing &amp; Scaling \$0 copay Extractions \$0 copay Full Mouth Debridement \$0 copay Dentures \$0 copay Root Canals \$0 copay Crowns \$0 copay Bridges \$0 copay Combined maximum benefit coverage amount for preventive and comprehensive dental services. \$2,000 every year</p>
<p><b>Routine Vision</b></p>	<p>Routine Eye Exams: 1 every year \$0 copay Eyewear \$350 for Contact lenses, Eyeglass (lenses and frames), Eyeglass lenses, Eyeglass frames and upgrades every 2 years.</p>

PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA HONEST CARE (HMO)
<b>Mental Health Services Inpatient</b> <i>Prior Authorization is required.</i>	Inpatient mental health care Days 1-5 \$225 per day for days 1-7 Days 6-90 \$0 per day for days 8-90
<b>Mental Health Services Outpatient</b> <i>A referral is required.</i>	Outpatient mental health care – individual sessions \$25 copay Outpatient mental health care – group sessions \$10 copay
<b>Skilled Nursing Facility</b> <i>Prior Authorization is required.</i>	Days 1-20 \$0 copay per day Days 21-36 \$188 copay per day Days 37-100 \$0 copay per day
<b>Physical Therapy</b> <i>A referral is required.</i>	\$10 copay per visit
<b>Ambulance</b> <i>Prior authorization required for nonemergency Medicare services.</i>	Ground Ambulance \$200 copay for Medicare-covered services Air Ambulance 20% coinsurance for Medicare-covered services
<b>Transportation</b> <i>Prior Authorization is required.</i>	Trips to any health-related locations \$0 copay – 24 one-way trips per year
<b>Medicare Part B Drugs</b> <i>Prior Authorization is required.</i>	Chemotherapy Drugs 20% coinsurance Other Part B Drugs 20% coinsurance

PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA HONEST CARE (HMO)
<p><b>Over The Counter (OTC)</b></p>	<p>\$50 per quarter</p> <p>You can use this benefit more than once, up to the limit per quarter, but unused amounts does not roll over.</p> <p>You can use this to purchase personal health care items and non-prescription OTC products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages.</p>
<p><b>Podiatry</b></p> <p><i>Prior Authorization is required.</i></p>	<p>\$0 copay per visit for Medicare-covered services</p>
<p><b>Durable Medical Equipment</b></p> <p><i>Prior Authorization is required.</i></p>	<p>20% coinsurance for Medicare-covered items</p>
<p><b>Diabetes self-management training, diabetic services and supplies</b></p> <p><i>For all people who have diabetes (insulin and non-insulin users). Covered services include:</i></p> <ul style="list-style-type: none"> <li>• <i>Supplies to monitor your blood glucose: Blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions for checking the accuracy of test strips and monitors.</i></li> <li>• <i>For people with diabetes who have severe diabetic foot disease: One pair per calendar year of therapeutic custom molded shoes (including inserts provided with such shoes) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes). Coverage includes fitting.</i></li> <li>• <i>Diabetes self-management training is covered under certain conditions.</i></li> </ul>	<p>\$0 copay for diabetes self-management training</p> <p>\$0 copay for diabetic monitoring services and supplies</p> <p>\$0 copay for diabetic shoes or therapeutic inserts</p> <p><i>Referral required for diabetes self-management training.</i></p>
<p><b>Home and Bathroom Safety Devices and Modifications</b></p> <p><i>Members are eligible for receiving elevated toilet seats, safety frames and risers.</i></p>	<p>\$0 copay</p> <p><i>Prior authorization required.</i></p>

**PREMIUMS  
AND BENEFITS**

**GOLD KIDNEY OF ARIZONA  
HONEST CARE (HMO)**

<p><b>Fitness</b>  <i>You have access to fitness locations that may include equipment, exercise classes, pools and other available amenities. Home-based fitness kits and online resources and supports are also available. This benefit is administrated by the Silver&amp;Fit program by American Specialty Health.</i></p>	<p>\$0 copay  <i>Prior authorization required.</i></p>
<p><b>Telehealth</b></p>	<p>\$0 copay</p>
<p><b>Chiropractic services</b>          Covered services include:          Routine Care:  <ul style="list-style-type: none"> <li>• Up to 6 routine chiropractic visits per year</li> </ul> <i>Prior authorization required.</i></p>	<p>\$20 copay for Medicare-covered services          \$0 copay for routine chiropractic services</p>
<p><b>Acupuncture</b>          Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:          For the purpose of this benefit, chronic low back pain is defined as:  <ul style="list-style-type: none"> <li>• Lasting 12 weeks or longer;</li> <li>• Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease)</li> <li>• Not associated with surgery; and not associated with pregnancy</li> </ul> <i>Prior authorization required.</i></p>	<p>\$0 copay for routine acupuncture treatments</p>



OUTPATIENT PRESCRIPTION DRUGS	GOLD KIDNEY OF ARIZONA HONEST CARE (HMO)	
<b>Deductible</b>	\$0	
	Standard Retail Rx 30-day supply	Mail Order 90-day supply
<b>Initial Coverage</b>		
<b>Tier 1: Preferred Generic</b>	You pay \$0	You pay \$0
<b>Tier 2: Generic Select Insulins</b>	You pay \$5 You pay \$5	You pay \$12 You pay \$12
<b>Tier 3: Preferred Brand Select Insulins</b>	You pay \$45 You pay \$35	You pay \$112 You pay \$105
<b>Tier 4: Non-Preferred Drug</b>	You pay \$100	You pay \$250
<b>Tier 5: Specialty</b>	You pay 33%	Not available
<b>Tier 6: Select Care Drugs</b>	You pay \$0	You pay \$0
<b>Coverage Gap</b> (after you or others on your behalf pay \$4,660)	During this phase you will pay the same cost-shares for drugs on Tier 1 (\$0) and Tier 2 (\$5 for a 30-day supply; \$12 for a 90-day supply). You pay no more than 25% of the cost for all other drugs.	
<b>Catastrophic Coverage</b> (after you or others on your behalf pay \$7,400) <b>Generic Drugs</b> <b>Brand Name Drugs</b>	Your share of the cost for a covered drug will be either coinsurance or a copay, whichever is the larger amount: <ul style="list-style-type: none"> <li>• Either – coinsurance of 5% of the cost of the drug</li> <li>• or \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs.</li> </ul>	
<b>Important Message About What You Pay for Insulin</b>	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.	
<b>Important Message About What You Pay for Vaccines</b>	Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.	



## **At Gold Kidney, its important your treated fairly.**

Gold Kidney Health Plan, Inc. does not discriminate or exclude people because of their race color, national origin; age, disability, sex, sexual orientation, intersex traits, pregnancy, or related conditions, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Gold Kidney complies with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Gold Kidney, there are ways to get help.

- You may file a complaint, also known as grievance, with:  
**Gold Kidney Health Plan, INC. Attention: member services department.**  
PO Box 14050 Scottsdale, AZ 85267.  
If you need help filing a grievance, call **1-844-294-6535 (TTY 711)**. We are open 7 days a week, 8 a.m. to 8 p.m. local time, October through March. We are open 5 days a week, Monday through Friday 8 a.m. to 8 p.m. April through September. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, DC 20201, **1-800-368-1019**, **1-800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you **1-844-294-6535 (TTY 711)**.

Gold Kidney provides free auxiliary aids and services, such as qualified sign language interpreters and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

**Language assistance services, free of charge are available to you 1-844-294-6535 (TTY 711).**

### **Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-294-6535 (TTY 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-294-6535 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

## Multi-language Interpreter Services

**Chinese Mandarin:** 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此译服务, 请致电 1-844-294-6535 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-844-294-6535 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-294-6535 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-294-6535 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-294-6535 (TTY 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits-und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-294-6535 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-294-6535 (TTY 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-294-6535 (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**:Arabic** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه . سيقوم شخص ما يتحدث العربية (TTY 711) 1-844-294-6535 فوري, ليس عليك سوى الاتصال بنا على خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-294-6535(TTY 711)पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

## Multi-language Interpreter Services

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il 1-844-294-6535 (TTY 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-294-6535 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-294-6535 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-294-6535 (TTY 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-844-294-6535 (TTY 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。これは無料のサービスです。