

2024 ANOC

ANNUAL NOTICE OF CHANGE

Gold Kidney of Arizona

SUPER PLUS (HMO-POS C-SNP)

is offered by



GOLD KIDNEY HEALTH PLAN

Creating the gold standard for your care

Thank you for being part of our family!

We appreciate the trust you put in us for your healthcare needs. Gold Kidney is committed to offering benefits and services that help all our family members save money and live healthier lives.

This booklet is a comparison of your 2023 benefits to your 2024 benefits. If you would like to keep your current plan, you don't need to do anything.

If you have questions, the information you need is just a click away

Starting October 15, 2023, you can find these 2024 documents online at www.goldkidney.com.

- **Evidence of Coverage**
Complete details of your Gold Kidney of Arizona Super Plus (HMO-POS C-SNP) plan, including benefits and costs
- **Prescription Drug Guide (Drug List)**
List of drugs covered in your plan
- **Provider Directory**
List of doctors, pharmacies, and other providers in your network

If you prefer to have a printed copy of these documents mailed to you, you can call our customer service at **1 (844) 294-6535; TTY: 711**.

From October 1–March 31, we are open 7 days a week, 8:00 a.m. to 8:00 p.m. From April 1–September 30, we are open Monday–Friday, 8:00 a.m. to 8:00 p.m. We return voicemails on one business day when they are left after hours or on holidays.

We are happy to have you as part of our Gold Kidney family.

Gold Kidney Health Plan is an HMO-POS, HMO-MA, and HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.

Gold Kidney of Arizona Super Plus (HMO-POS C-SNP) is offered by Gold Kidney Health Plan

Annual Notice of Changes for 2024

You are currently enrolled as a member of **Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)**. Next year, there will be changes to the plan's costs and benefits. *Please see page 4 for a Summary of Important Costs, including Premium.*

Gold Kidney offers you the value that comes with our integrated system of physicians, hospitals, and health plan - all working together to keep you healthy. With our **HMO-POS** plans, you enjoy more benefits than Original Medicare (Part A and Part B) and many services for \$0 copay. Our **HMO-POS** benefits also give the flexibility to choose from either in-network or out-of-network providers, who are willing to provide care at the same cost-share.

This document tells you about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.goldkidney.com. You may also call Member Services to ask us to mail your *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you do not join another plan by December 7, 2023, you will stay in **Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)**.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with **Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)**.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

This document is available for free in Spanish.

Please contact our Member Services number at 1(844) 294-6535 for additional information. (TTY users should call 711). Calling these numbers is free.

HOURS OF OPERATION:

**October 1st – March 31st 8 a.m. to 8 p.m. local time
(7 days a week, except Thanksgiving and Christmas)
April 1st – September 30th 8 a.m. to 8 p.m. local time
(Monday-Friday, except holidays)**

This document is available in braille and large print. Please contact our Member Services number listed above.

- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)

- Gold Kidney Health Plan, Inc., is an HMO-POS, HMO-MA, and HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal on contract renewal.
- When this document says “we,” “us,” or “our,” it means Gold Kidney Health Plan. When it says “plan” or “our plan,” it means **Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)**.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for **Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)** in several important areas. **Please note this is only a summary of costs.**

These are 2023 cost-sharing amounts and may change for 2024. **Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)** will provide updated rates as soon as they are released.

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium* * Your premium may be higher than this amount. (See Section 2.1 for details.)</p>	<p>\$0 You must continue to pay your Part B premium.</p>	<p>\$0 You must continue to pay your Part B premium.</p>
<p>Part B Buy Down</p>	<p>\$25 As a member of Super Plus, 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.</p>	<p>\$50 As a member of Super Plus, Gold Kidney will reduce your monthly Medicare Part B premium by \$50. 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.</p>
<p>Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p>\$3,000</p>	<p>\$3,000</p>

Cost	2023 (this year)	2024 (next year)
<p>Doctor office visits</p>	<p>In-Network:</p> <p>Primary Care Provider (PCP) You pay: \$0 copay per visit.</p> <p>Specialists: Nephrologist, cardiologist, endocrinologist and cardiovascular specialists You pay: \$0 copay per visit.</p> <p>All other physician specialists You pay: \$20 copay per visit.</p>	<p>In-Network/Out-of-Network/Point-of-Service (POS):</p> <p>Primary Care Provider (PCP) You pay: \$0 copay per visit.</p> <p>Specialists: Nephrologist, cardiologist, endocrinologist and cardiovascular specialists You pay: \$0 copay per visit.</p> <p>All other physician specialists You pay: \$10 copay per visit.</p>
<p>Inpatient hospital</p>	<p>In-Network: For covered admissions, per admission:</p> <p>You pay: Days 1–7 \$100 copay per day.</p> <p>Days 8–90 \$0 copay per day.</p>	<p>In-Network/Out-of-Network/Point-of-Service (POS): For covered admissions, per admission:</p> <p>You pay: Days 1–5 \$175 copay per day.</p> <p>Days 6–90 \$0 copay per day.</p>
<p>Part D prescription drug coverage</p> <p>(See Section 2.5 for details)</p> <p>To find out which drugs are select insulins, review the most recent Drug List in our website at</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p>	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p>

www.goldkidney.com. If you have questions about the Drug List, you can also call customer service.

- | | |
|---|--|
| <ul style="list-style-type: none">• Drug Tier 1
<i>(Preferred Generic):</i>
You pay:
\$0/30 day-supply.• Drug Tier 2
<i>(Generic/Select Insulin):</i>
You pay:
\$5/30 day-supply.• Drug Tier 3
<i>(Preferred Brand/Select Insulin):</i>
You pay:
\$35–\$45/
30-day supply. | <ul style="list-style-type: none">• Drug Tier 1
<i>(Preferred Generic):</i>
You pay:
\$0/30 day-supply• Drug Tier 2
<i>(Generic/Select Insulin):</i>
You pay:
\$5/30 day-supply.• Drug Tier 3
<i>(Preferred Brand/Select Insulin):</i>
You pay:
\$35–40/
30 day-supply. |
| <p>Insulin:
You pay:
\$35 per month supply of each covered insulin product on this tier.</p> | <p>Insulin:
You pay:
\$35 per month supply of each covered insulin product on this tier.</p> |
| <ul style="list-style-type: none">• Drug Tier 4
<i>(Non-Preferred Drug):</i>
You pay:
\$250/30 day.• Drug Tier 5
<i>(Specialty):</i>
You pay:
33% coinsurance/
30 day-supply.• Drug Tier 6
<i>(Select Care Drug):</i>
You pay:
\$0/30-day supply. | <ul style="list-style-type: none">• Drug Tier 4
<i>(Non-Preferred Drug):</i>
You pay:
\$100/30 day.• Drug Tier 5
<i>(Specialty):</i>
You pay:
33% coinsurance/
30 day-supply.• Drug Tier 6
<i>(Select Care Drug):</i>
You pay:
\$0/30 day-supply. |

Cost	2023 (this year)	2024 (next year)
	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs). 	<p>Insulin: You pay: \$0 per month supply of each covered insulin product on this tier. Mail order insulin is \$0 per month or \$0 per 100 days' supply.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Gold Kidney of Arizona Super Plus (HMO-POS C-SNP) in 2024

If you do nothing by December 7, 2023, we will automatically enroll you in our Gold Kidney of Arizona Super Plus (HMO-POS C-SNP).

This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through **Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)**. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you pay nothing for covered Part A and Part B-services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount	\$3,000	\$3,000
Your costs for covered medical services count toward your maximum out-of-pocket amount.		Once you have paid \$3,000 out-of-pocket for covered: Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.
Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.goldkidney.com. You may also call Member Services for updated provider and/or pharmacy information or ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

Please review the 2024 Pharmacy directories to see most current listings.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

	2023 (this year)	2024 (next year)
Telehealth	In-Network: You pay: \$0	In-Network/Out-of-Network/Point-of-Service (POS): You pay: \$25 copay.
Ambulatory Surgical Care (ACS) <i>Prior Authorization is required.</i>	In-Network: You pay: \$100 copay per visit	In-Network/Out-of-Network/Point-of-Service (POS): You pay: \$75 copay per visit
Flexible Benefits Flexible Benefit Change to Dental, Hearing, and Vision Services Your new benefit provides for a combined quarterly allowance for all three services. You now have the freedom to choose what service, which provider, and how much to spend on each benefit every quarter. There are no network requirements for this benefit. Use your benefit at any provider accepting the plan’s MasterCard to purchase these services.	Not covered	New Combined Flexible Dental, Hearing and Vision Benefit: \$0 copay for all services. Quarterly allowance is provided on January 1st, April 1st, July 1st and October 1st. Unused balance for each quarter does not rollover. Plan pays up to the benefit allowance. You pay all costs in excess of allowance.

	2023 (this year)	2024 (next year)
<p>Preventive Dental Services and Comprehensive Dental Services <i>Your Flexible benefit lets you go to any provider for the level of care you desire.</i></p> <p><i>Allowance limitations apply.</i></p>	<p>In-Network: You pay: \$0 copay for preventive and comprehensive services</p> <p>Out-of-Network/Point-of-Services (POS): Not Covered You pay: \$0 for Medicare-covered services. Other comprehensive benefits are not covered.</p> <p>You have a combined maximum benefit coverage amounts for preventive and comprehensive dental services: \$2,000</p>	<p>In-Network/Out-of-Network/Point-of-Service (POS): You have the flexibility to choose what benefit to spend your allowance on at any provider.</p> <p>Unused allowance does not rollover. You are responsible for all costs more than the plan allowance.</p> <p>You pay: \$0 copay for preventive and comprehensive dental services through the Flex Allowance.</p> <p>\$625 combined benefit allowance per 3 months.</p> <p>Plan maximum of \$2,500 for combined Flex benefits.</p>

	2023 (this year)	2024 (next year)
<p>Hearing Services Exams, fitting, and hearing aid device(s)</p> <p><i>Your Flexible benefit lets you go to any provider for the level of care you desire.</i></p> <p><i>Allowance limitations apply.</i></p>	<p>In-Network:</p> <p>You pay: \$0 copay - 1 visit per year.</p> <p>\$500 total allowance per ear for hearing aids every year</p> <p>Out-of-Network/Point-of-Services (POS): Not Covered</p> <p>You pay: \$0 copay for hearing exam Hearing aid fittings/evaluation and hearing aids are not covered.</p>	<p>In-Network/Out-of-Network/Point-of-Service (POS):</p> <p>You have the flexibility to choose what benefit to spend your allowance on at any provider.</p> <p>Unused allowance does not rollover. You are responsible for all costs more than the plan allowance.</p> <p>You pay: \$0 copay for exams, fitting, and hearing device(s) through the Flex Allowance.</p> <p>\$625 combined benefit allowance per 3 months.</p> <p>Plan maximum of \$2,500 for combined Flex benefits.</p>

	2023 (this year)	2024 (next year)
<p>Vision Routine vision services</p> <p><i>Your Flexible benefit lets you go to any provider for the level of care you desire.</i></p> <p><i>Allowance limitations apply.</i></p>	<p>In-Network: You pay: \$0 copay – routine eye exam 2 every year</p> <p>\$350 allowance for Contact lenses, Eyeglasses (lenses and frames), Eyeglass lenses, Eyeglass frames and upgrades every 2 years.</p> <p>Out-of-Network/Point-of-Service (POS): Not Covered</p> <p>You pay: \$0 for Medicare-covered eye exams and eyewear</p> <p>All other routine vision services and eyewear are not covered.</p>	<p>In-Network/Out-of-Network/Point-of-Service (POS):</p> <p>You have the flexibility to choose what benefit to spend your allowance on at which provider.</p> <p>Unused allowance does not rollover. You are responsible for all costs more than the plan allowance.</p> <p>You pay: \$0 copay for vision services through the FLEX Allowance.</p> <p>\$625 combined benefit allowance per 3 months.</p> <p>Plan maximum of \$2,500 for combined Flex benefits.</p>
<p>Partial Hospitalization</p>	<p>In-Network:</p> <p>You pay: \$75 copay per day.</p>	<p>In-Network and Out-of-Network/Point-of-Service (POS):</p> <p>You Pay: \$70 copay per day.</p>
<p>Physical and Speech Therapy</p>	<p>In-Network:</p> <p>You pay: \$20 copay.</p>	<p>In-Network and Out-of-Network/Point-of-Service (POS):</p> <p>You pay: \$10 copay.</p>

	2023 (this year)	2024 (next year)
Pulmonary Rehabilitation	In-Network: You pay: \$20	In-Network and Out-of-Network/Point-of-Service (POS): You pay: \$10
Occupational Therapy	In-Network: You pay: \$20	In-Network and Out-of-Network/Point-of-Service (POS): You pay: \$10
Opioid Treatment	In-Network: You pay: \$0 copay.	In-Network and Out-of-Network/Point-of-Service (POS): You pay: \$25 copay.
Other Health Care Providers	In-Network: You pay: \$20	In-Network and Out-of-Network/Point-of-Service (POS): You pay: \$20
Outpatient Hospital Other	In-Network: You pay: \$0 for diagnostic colonoscopies. \$195 copay per day.	In-Network and Out-of-Network/Point-of-Service (POS): You pay: \$0 for diagnostic colonoscopies. \$175 copay per day.
Outpatient Surgery Prior Authorization is required	In-Network: You pay: \$195 copay per day.	In-Network and Out-of-Network/Point-of-Service (POS): You pay: \$175 copay per day.

	2023 (this year)	2024 (next year)
<p>Over the Counter (OTC)</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>In-Network:</p> <p>You pay: \$0 copay.</p> <p>Up to \$50 allowance every three (3) months to spend on eligible over the counter (OTC) products via mail order or at participating retailers.</p> <p>Plan max \$200.</p> <p>Out-of-Network/Point-of-Service (POS): Not covered.</p>	<p>In-Network and Out-of-Network/Point-of-Service (POS):</p> <p>You pay: \$0 copay.</p> <p>\$25 allowance per month.</p> <p>Plan max \$300.</p> <p>You can use this benefit more than once, up to the limit per month, but unused amounts do not roll over.</p> <p>You can use this to purchase personal healthcare items and non-prescription OTC products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages.</p> <p>Mail order service is available via plan-contracted vendor.</p>

	2023 (this year)	2024 (next year)
<p>Special Supplemental Benefits for the Chronically Ill</p> <p>Benefits mentioned are a part of Special Supplemental Benefits for the Chronically Ill. You must meet eligibility guidelines and participate in case management activities for the following plan benefits.</p> <p>Not all Members will qualify.</p> <p>Members with one or more of the chronic conditions listed below may be eligible for these extra supplemental benefits.</p> <ul style="list-style-type: none"> • Autoimmune disorders • Stroke • Cancer • Chronic Kidney Disease • Cardiovascular disorder • Chronic Lung Disorder • Dementia • Chronic Alcohol & other drug dependence • Chronic Heart Failure • Chronic and disabling Mental Health conditions • Diabetes • End Stage Liver disease • End Stage Renal disease • HIV/AIDs • Neurologic disorders • Severe Hematologic disorders 	<p>Not covered</p>	<p>Healthy Groceries Allowance:</p> <p>Healthy Groceries \$0 copay for eligible food items with a \$80 allowance limit per month, loaded onto a debit card. Unused balance does not rollover to the following month.</p> <p>All SSBCI benefits are for members who meet certain criteria and approval by the plan. The services are purchased using plan-issued debit card.</p> <p>Not all members will qualify.</p>

	2023 (this year)	2024 (next year)
<p>Skilled Nursing Facility (SNF)</p> <p><i>Prior Authorization is required</i></p>	<p>In-Network:</p> <p>You pay: Days 1-20 \$0 copay per day.</p> <p>Days 21-36 \$188 copay per day.</p> <p>Days 37-100 \$0 copay per day.</p>	<p>In-Network and Out-Of-Network/Point-of-Service (POS):</p> <p>You pay: Days 1-20 \$0 copay per day.</p> <p>Days 21-36 \$200 copay per day.</p> <p>Days 37-100 \$0 copay per day.</p>
<p>Transportation — Non-Emergency Medical Transportation</p> <p>Trips to any health-related location.</p>	<p>In-Network:</p> <p>\$0 for up to 36 one-way trips every year.</p> <p>Out-of-Network/Point-of-Service (POS): Not covered.</p>	<p>In-Network:</p> <p>\$0 copay — 36 one-way trips per year (max distance 50 miles).</p> <p>Out-of-Network/Point-of-Service (POS): Not covered.</p>
<p>Worldwide Emergency Travel Coverage</p> <p><i>Plan pays for Urgent and Emergency Care and Ambulance transportation while traveling outside of the United States to the Plan Maximum. Members pay more than plan max.</i></p>	<p>In-Network:</p> <p>You pay: \$120 copay.</p> <p>\$50,000 plan max.</p>	<p>In-Network/Out-of-Network/ Point-of-Service (POS):</p> <p>You pay: \$120 copay.</p> <p>\$75,000 plan max.</p>

	2023 (this year)	2024 (next year)
Health Education	Not Covered	In-Network and Out-Of-Network/Point-of-Service (POS): You pay: \$0 copay. <i>4 Diabetes Education Sessions/year.</i>
Kidney Disease Education	Not Covered	In-Network and Out-Of-Network/Point-of-Service (POS): You pay: \$0 copay. <i>4 Kidney Education Sessions/year.</i>
Post Discharge in Home Medication Reconciliation <i>Home visit post-inpatient stay to review and reconcile all medications.</i>	Not Covered	In-Network and Out-Of-Network/Point-of-Service (POS): You pay: \$0 copay.
Post Discharge Re-Admission Prevention Visit in the Home	Not Covered	In-Network and Out-Of-Network/Point-of-Service (POS): You pay: \$0 copay. <i>Home visit 14 days post discharge</i>

	2023 (this year)	2024 (next year)
Medication Nutrition Therapy	In-Network: You pay: \$0 copay.	Not Covered

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” **A copy of our “Drug List” is provided electronically.** You can get the *complete* “Drug List” by calling Member Services at 1(844) 294-6535 (TTY 711) or visiting us at website www.goldkidney.com.

HOURS OF OPERATION:

**October 1st – March 31st 8 a.m. to 8 p.m. local time
(7 days a week, except Thanksgiving and Christmas)**

**April 1st – September 30th 8 a.m. to 8 p.m. local time
(Monday-Friday, except holidays)**

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>The costs in this row are for a one-month 30-day supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p> <p>For information about the costs for a long-term supply; at a network pharmacy; or for mail-order prescriptions, look at Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Drug Tier 1 (Preferred Generic): You pay: \$0/30 day-supply.</p> <p>Drug Tier 2 (Generic/Select Insulin): You pay: \$5/30 day-supply.</p> <p>Drug Tier 3 (Preferred Brand/Select Insulin): You pay: \$35-\$45/30-day Supply.</p>	<p>Drug Tier 1: (Preferred Generic) You pay: \$0/30 day-supply.</p> <p>Drug Tier 2 (Generic/Select Insulin): You pay \$5/30 day-supply.</p> <p>Drug Tier 3 (Preferred Brand/Select Insulin): You pay: \$40/30 day-supply.</p>

Stage	2023 (this year)	2024 (next year)
<p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p>	<p>Insulin You pay: \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4 <i>(Non-Preferred Drug):</i> You pay: \$100/30 day.</p> <p>Drug Tier 5 <i>(Specialty):</i> You pay: 33% coinsurance /30 day-supply.</p> <p>Drug Tier 6 <i>(Select Care Drug):</i> You pay: \$0/30-day supply.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Insulin You pay: \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4 <i>(Non-Preferred Drug):</i> You pay: \$100/30 day.</p> <p>Drug Tier 5 <i>(Specialty):</i> You pay: 33% coinsurance /30 day-supply.</p> <p>Drug Tier 6 <i>(Select Care Drug):</i> You pay: \$0/30 day-supply.</p> <p>You pay \$0 per month supply of each covered insulin product on this tier. Mail order insulin is \$0 per month or \$0 per 100 days’ supply. Once your total drug costs have reached \$5,030 you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

Description	2023 (this year)	2024 (next year)
<p>Preventive Rewards and Incentives Your new benefit allows you to earn extra rewards for completing preventive services and participating in plan surveys. Reward funds may not be used for purchases of your choice at participating vendors.</p>		<p>Earn up to a total of \$300 for the completion of various plan preventive activities and surveys. Completion of:</p> <ul style="list-style-type: none"> • Health Risk Assessment • Annual Wellness Visit • Flu/Covid Vaccine • Diabetes Eye Exam • Fall Risk Assessment • Bladder Control Assessment • 2 HbA2c+Urine tests in fourth quarter of the year • Post-Inpatient Medication Reconciliation in 14 days • Post ER-PCP visit in 7 days • Mammogram • Cancer Screenings: <ul style="list-style-type: none"> ○ Colon ○ Prostate ○ Cervical • Plan Surveys: <ul style="list-style-type: none"> ○ PCP Visit Survey ○ Mock CAHPS Survey

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)

To stay in our plan, you do not need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in **Gold Kidney Super Plus (HMO-POS C-SNP)**.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section-6), or call Medicare.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from *Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)*
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)*
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and do not like your plan choice, you can switch to another Medicare health plan (either with or without Medicare

prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Arizona, the SHIP is called Arizona State Health Insurance Assistance Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Arizona State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Arizona State Health Insurance Assistance Program at (602)-542-4446 or toll free 800-432-4040. You can learn more about Arizona State Health Insurance Assistance Program by visiting their website: <https://des.az.gov/medicare-assistance>.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-(877)-486-2048, 24 hours a day/7 day a week.
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the

Arizona ADAP Assist Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 800-334-1540 or (602) 364-3610.

SECTION 8 Questions?

Section 8.1 – Getting Help from *Gold Kidney Health of Arizona Super Plus* (HMO-POS C-SNP)

Questions? We are here to help. Please call Member Services at 1 (844) 294-6535 phone number (TTY 711). Calling these numbers is free.

HOURS OF OPERATION:

**October 1st – March 31st 8 a.m. to 8 p.m. local time
(7 days a week, except Thanksgiving and Christmas)**
**April 1st – September 30th 8 a.m. to 8 p.m. local time
(Monday-Friday, except holidays)**

Read your *2024 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage for Gold Kidney of Arizona Super Plus (HMO-POS C-SNP)*. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.goldkidney.com You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at goldkidney.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/” Drug List”)*.

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Notice of Non-Discrimination

Gold Kidney Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Gold Kidney Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

GOLD KIDNEY HEALTH PLAN

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1 (844) 294-6535 (TTY 711)

If you believe that Gold Kidney Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Gold Kidney Health Plan – Appeals & Grievances
P.O. Box 14050, Scottsdale, Arizona, 85267
1 (844) 294-6535 (TTY 711)
Fax: 1 (866) 515-7869

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, call 1 (844) 294-6535 (TTY 711).

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, D.C. 20201

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

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

Multi-Language Insert

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**. 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**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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。如果您需要此翻译服务, 请致电 **1 (844) 294-6535**。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**。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**. 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**. 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** 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**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1 (844) 294-6535** 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**. 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 فوري، ليس عليك سوى الاتصال بنا على **1 (844) 294-6535**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه 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** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1 (844) 294-6535**. Un nostro incaricato che parla Italianovi 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**. 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**. 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**. 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、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** 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。

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GOLD KIDNEY HEALTH PLAN

Creating the gold standard for your care

2024 ANOC ANNUAL NOTICE OF CHANGE

FOR MORE INFORMATION CALL OR CONTACT US

1 (844) 294-6535 (TTY 711)

Gold Kidney Health Plan Inc., P.O. Box 14050, Scottsdale, AZ 85267

HOURS OF OPERATION

October 1–March 31: 8 a.m. to 8 p.m., local time
(7 days a week, except Thanksgiving and Christmas)

April 1–September 30: 8 a.m. to 8 p.m., local time
(Monday–Friday, except holidays)

Visit us at www.goldkidney.com

Gold Kidney Health Plan, Inc., is an HMO-POS, HMO-MA, and HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.