Plan Comparison Overview

Benefits and premiums	Original Medicare Fee-For -Service[1]	Honest Care (HMO-POS)	Essential Care (HMO-POS MA)
MEMBER VALUE ADDED SERVICES			
Part B premium reduction per month (Buydown or money back in their Social Security check)	N/A	**$50**	**$100**
MONTHLY PREMIUM			
Monthly premium	N/A	**$0**	**$0**
Maximum Out of Pocket (MOOP)	N/A	**$3,000**	**$8,850**
BENEFITS AND PREMIUMS			
Primary care physician	**20%**	**$0**	**20%**
Specialist: cardiology, nephrology, endocrinology, and CV surgeon	**20%**	**$10**	**20%**
Specialist (all other)	**20%**	**$10**	**20%**
Urgent care	**20%**	**$20**	**$55**
Emergency	**20%**	**$90**	**$100**
Inpatient hospitalization	Medicare Part A deductible applies; **$0** Days 1–60; Medicare allowable days 61–90 each benefit period	Days 1–7: **$175**	Medicare Part A deductible applies; **$0** days 1–60; Medicare allowable days 61–90 each benefit period
Outpatient hospital	**20%**	**$225**	**20%**
Outpatient ambulatory surgical center	**20%**	**$150**	**20%**
Tests (diagnostic radiology)	**20%**	**$50**	**20%**
Lab services	**20%**	**$0**	**20%**
Dialysis	**20%**	**20%**	**20%**
EXTRAS			
Dental, vision & hearing[2]	Routine dental not covered	**$45**/month **$525** limit per 3 mos Combined **$2,100** annual Flex allowance	Routine dental not covered
Special Supplemental Benefits for the Chronically Ill (SSBCI)[3]	Not offered	Healthy groceries allowance: **$45**/month[4]	Healthy groceries allowance: **$75**/month[4] Gas/fuel allowance: **$75**/month[4]
Transportation — Non-emergency	Non-emergency transportation not covered[5]	**$0** for 24 one-way trips per year[6]	Not covered
Over-the-counter[7]	Not covered	**$25**/month, up to **$300** per year	Not covered
Fitness	Not covered	**$0** for Silver&Fit gym membership	Not covered
Companion care[8]	Not covered	**$0** for in-home support services	Not covered
Preventive rewards and incentives	Not covered	Up to **$300** per year[9]	Up to **$300** per year[9]
Prescription drugs — 30/100-day supply at retail[10]	Not covered	**$0 / $5 / $40 / $100 / 33% / $0**	This plan does not provide drug benefits

FOOTNOTES

1 Cost share applies after deductible and any inpatient hospital copays that are required.

2 New combined flexible allowance lets you choose how much can be used towards covered dental, vision and hearing services and where you get your care — no network required. Spend up to the plan Flex allowance each quarter. Allowance does not rollover to the next quarter. All costs in excess of the plan allowance are paid by the member.

3 You must have one of the listed chronic conditions and participate in case management program. Not everyone will qualify.

4 Limit per month. Balance does not carry over.

5 Based on medical necessity; requires doctor order.

6 Maximum distance is 50 miles.

7 Includes coverage of protein shakes for nutrition therapy like Glucerna and Nepro. No rollover.

8 Includes in-home support for light housekeeping, yardwork or technology support; up to 60 hours.

9 For completion of preventive activities.

10 Varies by tier, level or coverage stage.

The care you need, when you need it — that's what Gold Kidney offers you.

Questions

For questions about our plans, or to enroll, please call:

1 (844) 294-6535 (TYY 711)

Hours of operation

OCTOBER 1–MARCH 31
8 a.m.–8 p.m., Monday–Friday; 8 a.m.–1 p.m. Saturdays (except Thanksgiving and Christmas)

APRIL 1–SEPTEMBER 30
8 a.m.–8 p.m., Monday–Friday (except holidays)

www.goldkidney.com

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

GOLD KIDNEY HEALTH PLAN

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Arizona Honest Care & Essential Care

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