GOLD KIDNEY HEALTH PLAN

2024
Gold Kidney Health Plan

Summary of Benefits

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

H4869_SOB Super_Plus_Super_Complete_0923M

Summary of Benefits

January 1, 2024–December 31, 2024

Gold Kidney of Arizona Super Plus and Gold Kidney of Arizona Super Complete are HMO-POS C-SNP plans with a Medicare contract. Enrollment in the Gold Kidney of Arizona Super Plus and Gold Kidney of Arizona Super Complete plans 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.

Does this plan cover my doctors and pharmacies?

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

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.

To join the Gold Kidney of Arizona Super Plus plan or the Gold Kidney of Arizona Super Complete plan 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. 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 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–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)

OR VISIT US AT
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 Super Plus (HMO-POS C-SNP) and Gold Kidney of Arizona Super Complete (HMO-POS C-SNP) at www.goldkidney.com.

PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Monthly Plan Premium (includes both medical and drugs)	$0 You must continue to pay your Medicare Part B premium.	$0–$25.80, depending on your level of "Extra Help." You must continue to pay your Medicare Part B premium.
Part B Buy Down	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.	Not offered.
Deductible	This plan does not have a deductible.	$226 This is the 2023 Medicare amount. Costs may change for 2024. Gold Kidney will update this information once available at www.goldkidney.com. Based on your Medicaid eligibility, you may pay $0.
Pharmacy (Part D) Deductible	This plan does not have a deductible.	$545 Depending on your level of "Extra Help," this amount may be $0.

***Your medical cost-shares for Gold Kidney of Arizona Super Complete (HMO-POS C-SNP) may be less if you receive full Medicaid benefits.**

PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	**In-Network:** $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.	**In-Network:** $8,850 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.
Inpatient Hospital *Prior Authorization is required.*	**In-Network and Out-of-Network/Point-of-Service (POS):** Days 1–5 $175 copay per day. Days 6–90 $0 copay per day.	**In-Network and Out-of-Network/Point-of-Service (POS):** $1,612 deductible per benefit period. Days 1–60 $0 copay per day. Days 61–90 $400 copay per day. • $778 copay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). • 100% of all costs beyond the lifetime reserve days. These are 2023 cost-sharing amounts and may change for 2024. Gold Kidney will update this information once available at www.goldkidney.com.

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Outpatient Hospital, Outpatient procedures/surgery at an Outpatient Hospital *Prior Authorization is required.*	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 for diagnostic colonoscopies. $175 copay per visit for all other outpatient hospital services.	**In-Network and Out-of-Network/Point-of-Service (POS):** 20% coinsurance per visit.
Ambulatory Surgical Center (ASC) *Prior Authorization is required.*	**In-Network and Out-of-Network/Point-of-Service (POS):** $75 copay per visit.	**In-Network and Out-of-Network/Point-of-Service (POS):** 20% coinsurance per visit.
Doctor Visits	**In-Network and Out-of-Network/Point-of-Service (POS):** Primary Care Provider (PCP) $0 copay per visit. Specialists: Nephrologist, cardiologist, endocrinologist and cardiovascular specialists $0 copay per visit. All other physician specialists $10 copay per visit.	**In-Network and Out-of-Network/Point-of-Service (POS):** Primary Care Provider (PCP) 20% coinsurance per visit. All other physician specialists 20% coinsurance per visit.
Preventive Care (e.g. cancer screenings, mammogram and prostate)	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay per visit. Other Medicare preventive services are available.	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay per visit. Other Medicare preventive services are available.
Annual Physical Exam *Annual physical exam by your PCP.*	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay for one visit per year. This service is not covered by Original Medicare.	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay for one visit per year. This service is not covered by Original Medicare.
Emergency Care	**In-Network and Out-of-Network/Point-of-Service (POS):** $90 copay per visit. Your copay is waived if you are admitted to the hospital within 24 hours.	**In-Network and Out-of-Network/Point-of-Service (POS):** $90 copay per visit. Your copay is waived if you are admitted to the hospital within 24 hours.

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Urgently Needed Services	**In-Network and Out-of-Network/Point-of-Service (POS):** $10 copay per visit.	**In-Network and Out-of-Network/Point-of-Service (POS):** $10 copay per visit.
Renal Dialysis	**In-Network and Out-of-Network/Point-of-Service (POS):** 20% coinsurance per visit.	**In-Network and Out-of-Network/Point-of-Service (POS):** 20% coinsurance per visit.
Diagnostic Services, Labs and Imaging *Referral required for services.* *Prior authorization required for PET Scan and Therapeutic Radiology Services.*	**In-Network and Out-of-Network/Point-of-Service (POS):** Lab Services $0 copay. Outpatient X-rays $0 copay. Diagnostic Radiology Services $50 copay. Diagnostic Tests and Procedures $50 copay. Therapeutic Radiology 20% coinsurance.	**In-Network and Out-of-Network/Point-of-Service (POS):** Lab Services $0 copay. Outpatient X-rays 20% coinsurance. Diagnostic Radiology 20% coinsurance. Diagnostic Tests and Procedures 20% coinsurance. Therapeutic Radiology 20% coinsurance.
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.*	**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.	**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.

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Hearing Services *Your Flexible benefit lets you go to any provider for the level of care you desire.* *Allowance limitations apply.*	**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. Unused allowance does not rollover. You are responsible for all costs more than the plan allowance. You pay: $0 copay for exams, fitting, and hearing device(s) through the Flex allowance. $625 combined benefit allowance per 3 months. Plan maximum of $2,500 for combined Flex benefits.	**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. Unused allowance does not rollover. You are responsible for all costs more than the plan allowance. You pay: $0 copay for exams, fitting, and hearing device(s) through the Flex allowance. $1,000 combined benefit allowance per 3 months. Plan maximum of $4,000 for combined Flex benefits.
Preventive Dental Services and Comprehensive Dental Services *Your Flexible benefit lets you go to any provider for the level of care you desire.* *Allowance limitations apply.*	**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. Unused allowance does not rollover. You are responsible for all costs more than the plan allowance. You pay: $0 copay for preventive and comprehensive dental services through the Flex allowance. $625 combined benefit allowance per 3 months. Plan maximum of $2,500 for combined Flex benefits.	**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. Unused allowance does not rollover. You are responsible for all costs more than the plan allowance. You pay: $0 copay for preventive and comprehensive dental services through the Flex allowance. $1,000 combined benefit allowance per 3 months. Plan maximum of $4,000 for combined Flex benefits.

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Routine Vision *Prior Authorization required for POS benefit.*	**In-Network/Out-of-Network/ Point-of-Service (POS):** You have the flexibility to choose what benefit to spend your allowance on at which provider. Unused allowance does not rollover. You are responsible for all costs more than the plan allowance. You pay: $0 copay for vision services through the Flex allowance. $625 combined benefit allowance per 3 months. Plan maximum of $2,500 for combined Flex benefits.	**In-Network/Out-of-Network/ Point-of-Service (POS):** You have the flexibility to choose what benefit to spend your allowance on at which provider. Unused allowance does not rollover. You are responsible for all costs more than the plan allowance. You pay: $0 copay for vision services through the Flex allowance. $1,000 combined benefit allowance per 3 months. Plan maximum of $4,000 for combined Flex benefits.
Mental Health Services Inpatient *Prior authorization is required.*	**In-Network and Out-of-Network/Point-of-Service (POS):** Days 1–7 $175 copay per admission or stay. Days 8–90 $0 copay per admission or stay. Cost sharing is charged upon discharge from the hospital.	**In-Network and Out-of-Network/Point-of-Service (POS):** $1,600 deductible per benefit period Days 1–60 $0 copay per day. Days 61–100 $400 copay per day. • $778 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). • 100% of all costs beyond the lifetime reserve days. These are 2023 cost-sharing amounts and may change for 2024. Gold Kidney will update this information once available at www.goldkidney.com.

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Mental Health Services Outpatient	**In-Network and Out-of-Network/Point-of-Service (POS):** Outpatient mental healthcare — individual sessions $25 copay. Outpatient mental healthcare — group sessions $10 copay.	**In-Network and Out-of-Network/Point-of-Service (POS):** Outpatient mental healthcare — individual sessions 20% coinsurance. Outpatient mental healthcare — group sessions 20% coinsurance.
Skilled Nursing Facility *Prior Authorization is required.*	**In-Network and Out-of-Network/Point-of-Service (POS):** Days 1–20 $0 copay per day. Days 21–36 $200 copay per day. Days 37–100 $0 copay per day.	**In-Network and Out-of-Network/Point-of-Service (POS):** You pay: • $0 for days 1–20. • $200 for days 21–100. • All costs for each day after day 100 of the benefit period. These are 2023 cost-sharing amounts and may change for 2024. Gold Kidney will update this information once available at www.goldkidney.com.
Physical Therapy	**In-Network and Out-of-Network/Point-of-Service (POS):** $10 copay.	**In-Network and Out-of-Network/Point-of-Service (POS):** 20% coinsurance.
Ambulance	**In-Network and Out-of-Network/Point-of-Service (POS):** Ground Ambulance $200 copay per trip. Air Ambulance 20% coinsurance per trip.	**In-Network and Out-of-Network/Point-of-Service (POS):** Ground Ambulance 20% copay per trip. Air Ambulance 20% coinsurance per trip.

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Transportation	**In-Network:** Trips to any health-related location. $0 copay/36 one-way trips per year (max distance 50 miles). **Out-of-Network/Point-of-Service (POS):** Not covered.	**In-Network:** Trips to any health-related location. $0 copay/54 one-way trips per year (max distance 50 mile). **Out-of-Network/Point-of-Service (POS):** Not covered.
Medicare Part B Drugs *Prior Authorization is required.*	**In-Network and Out-of-Network/Point-of-Service (POS):** Chemotherapy Drugs 20% coinsurance. Other Part B Drugs 20% coinsurance.	**In-Network and Out-of-Network/Point-of-Service (POS):** Chemotherapy Drugs 20% coinsurance. Other Part B Drugs 20% coinsurance.
Over The Counter (OTC) *Products include nutritional supplements like Boost, Glucerna, and Nepro.*	**In-Network and Out-of-Network/Point-of-Service (POS):** $25 allowance per month. You can use this benefit more than once, up to the limit per month, but unused amounts do not roll over. You can use this to purchase personal healthcare items and non-prescription OTC products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. Mail order service is available via plan-contracted vendor.	**In-Network and Out-of-Network/Point-of-Service (POS):** $135 allowance per month. You can use this benefit more than once, up to the limit per month, but unused amounts do not roll over. You can use this to purchase personal healthcare items and non-prescription OTC products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. Mail order service is available via plan-contracted vendor.
Outpatient Substance Abuse Services	**In-Network/Out-of-Network/Point-of-Service (POS):** $25 copay for individual sessions. $15 copay for group sessions.	**In-Network/Out-of-Network/Point-of-Service (POS):** 20% coinsurance for individual and group sessions.

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Personal Emergency Response System (PERS) *A mobile device and monitoring service to connect you with a 24- hour response center with the push of a button.*	**In-Network:** $0 copay for one device per year. Services may require prior authorization.	**In-Network:** $0 copay for one device per year. Services may require prior authorization.
Podiatry	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay for Medicare-covered services. $0 copay for routine podiatry services/12 visits per year.	**In-Network and Out-of-Network/Point-of-Service (POS):** 20% coinsurance for Medicare-covered services. 20% coinsurance for routine podiatry services/12 visits per year.
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.*	Earn up to a total of $300 for the completion of various plan preventive activities and surveys. Completion of: • 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: – Colon – Prostate – Cervical • Plan Surveys: – PCP Visit Survey – Mock CAHPS Survey	Earn up to a total of $300 for the completion of various plan preventive activities and surveys. Completion of: • 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: – Colon – Prostate – Cervical • Plan Surveys: – PCP Visit Survey – Mock CAHPS Survey

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Companionship	**In-Network:** $0 copay for companionship services rendered by non-clinical personal caregivers. Light housekeeping, light yard work, technology assistance, up to 60 hours. Services may require referral.	**In-Network:** $0 copay for companionship services rendered by non-clinical personal caregivers. Light housekeeping, light yard work, technology assistance, up to 60 hours. Services may require referral.
Home Health Services	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay.	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay.
24-hour Nurse line *A registered nurse is available via phone 24 hours a day, seven days a week to address medical questions or concerns.*	**In-Network:** $0 copay. Use this benefit to get advice from a medical provider when you are not sure where to seek care or have questions about an urgent healthcare event.	**In-Network:** $0 copay. Use this benefit to get advice from a medical provider when you are not sure where to seek care or have questions about an urgent healthcare event.
Post-Discharge Medication Reconciliation *Home visit post-inpatient stay to review and reconcile all medications.*	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay.	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay.
Durable Medical Equipment	**In-Network and Out-of-Network/Point-of-Service (POS):** 20% coinsurance per item. Prior authorization required for equipment with cost greater than $500.	**In-Network and Out-of-Network/Point-of-Service (POS):** 20% coinsurance per item. Prior authorization required for equipment with cost greater than $500.

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Diabetes self-management training, diabetic services and supplies *For all people who have diabetes (insulin and non-insulin users). Covered services include:* • *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.* • *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.* • *Diabetes self-management training is covered under certain conditions.*	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay for diabetes self-management training. $0 copay for diabetic monitoring services and supplies. $0 copay for diabetic shoes or therapeutic inserts.	**In-Network and Out-of-Network/Point-of-Service (POS):** $0 copay for diabetes self-management training. $0 copay for diabetic monitoring services and supplies. $0 copay for diabetic shoes or therapeutic inserts.

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Special Supplemental Benefits for the Chronically Ill (SSBCI) *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.* *Not all Members will qualify.* *Members with one or more of the chronic conditions listed below may be eligible for these extra supplemental benefits.* • *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*	**In-Network:** **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. All SSBCI benefits are for members who meet certain criteria and approval by the plan. The services are purchased using plan-issued debit card. Not all members will qualify.	**In-Network:** **Healthy Groceries** $0 copay for eligible food items with a $75 allowance limit per month, loaded onto a debit card. Unused balance does not rollover to the following month. All SSBCI benefits are for members who meet certain criteria and approval by the plan. The services are purchased using plan-issued debit card. Not all members will qualify.

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Home and Bathroom Safety Devices and Modifications *Members are eligible for receiving elevated toilet seats, safety frames and risers.*	**In-Network:** $0 copay. Benefits available from plan mail order service. **Out-of-Network/Point-of-Service (POS):** Not covered.	**In-Network:** $0 copay. Benefits available from plan mail order service. **Out-of-Network/Point-of-Service (POS):** Not covered.
Fitness *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&Fit program by American Specialty Health.*	**In-Network:** $0 copay. Prior authorization required. **Out-of-Network/Point-of-Service (POS):** Not covered.	**In-Network:** $0 copay. Prior authorization required. **Out-of-Network/Point-of-Service (POS):** Not covered.
Telehealth	**In-Network and Out-of-Network/Point-of-Service (POS):** $25 copay.	**In-Network and Out-of-Network/Point-of-Service(POS):** 20% coinsurance.
Meals The meal benefit is available to members immediately following surgery or inpatient hospitalization. Eligible members will receive up to 2 meals per day for up to 14 days. This benefit can be used up to 4 times per year.	**In-Network:** You pay $0. Prior authorization required. **Out-of-Network/Point-of-Service (POS):** Not covered.	**In-Network:** You pay $0. Prior authorization required. **Out-of-Network/Point-of-Service (POS):** Not covered.

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)	GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)
Chiropractic services	**In-Network and Out-of-Network/Point-of-Service (POS):** $20 copay per visit for Medicare-covered services. $20 copay per visit/12 visits per year.	**In-Network and Out-of-Network/Point-of-Service (POS):** 20% coinsurance per visit for Medicare-covered services. 20% copay per visit/12 visits per year.
Acupuncture *Up to 12 visits in 90 days are covered for Medicare chronic low back pain.* *12 additional routine visits per year are also covered.*	**In-Network and Out-of-Network/Point-of-Service (POS):** $20 copay per visit for Medicare covered services. $20 copay per visit for routine acupuncture services — 12 visits per year.	**In-Network and Out-of-Network/Point-of-Service (POS):** 20% coinsurance per visit for Medicare-covered services. 20% coinsurance per visit for routine acupuncture services — 12 visits per year.
Worldwide Emergency Travel Coverage *Plan pays for urgent and emergency care and ambulance transportation while traveling outside of the United States to the plan maximum. Members pay all costs beyond the plan maximum.*	**In-Network/Out-of-Network/Point-of-Service (POS):** $120 copay. $75,000 plan max.	**In-Network/Out-of-Network/Point-of-Service (POS):** $120 copay. $75,000 plan max.

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OUTPATIENT PRESCRIPTION DRUGS	GOLD KIDNEY OF ARIZONA SUPER PLUS (HMO-POS C-SNP)		GOLD KIDNEY OF ARIZONA SUPER COMPLETE* (HMO-POS C-SNP)	
Deductible	$0		$545 Depending on your level of “Extra Help,” you may pay $0.	
	Standard Retail Rx 30-day supply	**Mail Order 100-day supply**	**Standard Retail Rx 30-day supply**	**Mail Order 100-day supply**
Initial Coverage **Tier 1: Preferred Generic**	You pay $0.	You pay $0.	**Tiers 1–5:** 25% or $0–$10.35 if you receive “Extra Help.” **Tier 6:** 25% or $0–$10.35 if you receive “Extra Help.”	
Tier 2: Generic **Select Insulins**	You pay $5. You pay $5.	You pay $12. You pay $12.		
Tier 3: Preferred Brand **Select Insulins**	You pay $40. You pay $35.	You pay $40. You pay $35.		
Tier 4: Non-Preferred Drug	You pay $100.	You pay $250.		
Tier 5: Specialty	You pay 33%.	Not available.		
Tier 6: Select Care Drugs	You pay $0.	You pay $0.		
Coverage Gap *(after you or others on your behalf pay $5,030)*	During this phase you will pay the same cost-share for drugs on Tiers 1 and 6 ($0), Tier 2 (Retail: $5 for a 30-day supply; $12 for a 100-day supply, Mail Order: $5 for a 100-day supply) and some drugs on Tier 3 (Retail: $40 for a 30-day supply; $100 for a 100-day supply, Mail Order: $40 for a 100 day supply). Tier 3 drugs covered in this phase can be found with a “GC” under “Requirements/Limits” in the Formulary drug list. You pay no more than 25% of the cost for all other drugs.		No gap coverage.	
Catastrophic Coverage *(after you or others on your behalf pay $8,000)* **Generic Drugs** **Brand Name Drugs**	You pay $0.		You pay $0.	
Important Message About What You Pay for Insulin	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.		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, even if you haven’t paid your deductible.	
Important Message About What You Pay for Vaccines	Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.			

***Your medical cost-shares for Gold Kidney of Arizona Super Complete (HMO-POS C-SNP) may be less if you receive full Medicaid benefits.**

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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

H4869_AZ_ENG_Non_Discrimination_0823C

Form Approved
OMB# 0938-1421

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 quí vị cần thông dịch viên xin gọi **1 (844) 294-6535** sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 답해 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に、無料の通訳サービスがありますございます。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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Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

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.