



GOLD KIDNEY HEALTH PLAN

2024

Gold Kidney Health Plan

Summary of Benefits

Gold Kidney of Arizona Gold Circle (HMO-POS C-SNP)

Summary of Benefits

January 1, 2024–December 31, 2024

Gold Kidney of Arizona Gold Circle is an HMO-POS C-SNP plan with a Medicare contract. Enrollment in Gold Kidney of Arizona Gold Circle 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.

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 Gold Circle 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 Gold Circle (HMO-POS C-SNP) at www.goldkidney.com.

If you have full Medicaid benefits, your costs could be less.

PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA GOLD CIRCLE* (HMO-POS C-SNP)
Monthly Plan Premium (includes both medical and drugs)	\$0 You must continue to pay your Medicare Part B premium.
Part B Buy Down	Not offered.
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	Part D deductible is \$545.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	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 <i>Prior Authorization is required.</i>	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. These are 2023 cost sharing amounts and may change for 2024. Gold Kidney will update this information once available at www.goldkidney.com .

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

Need Help? Call 1 (844) 294-6535 (TTY 711)

PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA GOLD CIRCLE* (HMO-POS C-SNP)
Outpatient Hospital, Outpatient procedures/surgery at an Outpatient Hospital <i>Prior Authorization is required.</i>	In-Network and Out-of-Network/Point-of-Service (POS): 20% coinsurance per visit.
Ambulatory Surgical Center (ASC) <i>Prior Authorization is required.</i>	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) 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.
Annual Physical Exam <i>Annual physical exam by your PCP.</i>	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): \$100 copay per visit. Your copay is waived if you are admitted to the hospital within 24 hours.
Urgently Needed Services	In-Network and Out-of-Network/Point-of-Service (POS): \$55 copay per visit.
Renal Dialysis	In-Network and Out-of-Network/Point-of-Service (POS): 20% coinsurance per visit.

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PREMIUMS AND BENEFITS	GOLD KIDNEY OF ARIZONA GOLD CIRCLE* (HMO-POS C-SNP)
<p>Diagnostic Services, Labs and Imaging <i>Referral required for services.</i> <i>Prior authorization required for PET Scan and Therapeutic Radiology Services.</i></p>	<p>In-Network and Out-of-Network/Point-of-Service (POS): Lab Services 20% coinsurance. Outpatient X-rays 20% coinsurance. Diagnostic Radiology Services 20% coinsurance. Diagnostic Tests and Procedures 20% coinsurance. Therapeutic Radiology 20% coinsurance.</p>
<p>Hearing Services</p>	<p>In-Network/Out-of-Network/ Point-of-Service (POS): Medicare-covered hearing exams 20% coinsurance per visit.</p>
<p>Preventive and Comprehensive Dental Services</p>	<p>In-Network/Out-of-Network/Point-of-Service (POS): Not covered.</p>
<p>Routine Vision</p>	<p>In-Network/Out-of-Network/Point-of-Service (POS): Medicare-covered eye exams 20% coinsurance per visit.</p>
<p>Mental Health Services Inpatient <i>Prior authorization is required.</i></p>	<p>In-Network and Out-of-Network/Point-of-Service (POS): \$1,600 deductible per benefit period. Days 1-60 \$0 copay per day. Days 61-90 \$400 copay per day. These are 2023 cost sharing amounts and may change for 2024. Gold Kidney will update this information once available at www.goldkidney.com.</p>
<p>Mental Health Services Outpatient</p>	<p>In-Network and Out-of-Network/Point-of-Service (POS): Outpatient mental healthcare – individual sessions 20% coinsurance. Outpatient mental healthcare – group sessions 20% coinsurance.</p>

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**PREMIUMS
AND BENEFITS**

**GOLD KIDNEY OF ARIZONA GOLD CIRCLE*
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<p>Skilled Nursing Facility <i>Prior Authorization is required.</i></p>	<p>In-Network and Out-of-Network/Point-of-Service (POS): Days 1-20 \$0 copay per day. Days 21-100 \$200 copay per day. 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.</p>
<p>Physical Therapy</p>	<p>In-Network and Out-of-Network/Point-of-Service (POS): 20% coinsurance per visit.</p>
<p>Ambulance</p>	<p>In-Network and Out-of-Network/Point-of-Service (POS): Ground Ambulance 20% coinsurance per trip. Air Ambulance 20% coinsurance per trip.</p>
<p>Transportation</p>	<p>In-Network and Out-of-Network/Point-of-Service (POS): Not covered.</p>
<p>Medicare Part B Drugs <i>Prior Authorization is required.</i></p>	<p>In-Network and Out-of-Network/Point-of-Service (POS): Chemotherapy Drugs 20% coinsurance. Other Part B Drugs 20% coinsurance.</p>
<p>Outpatient Substance Abuse Services</p>	<p>In-Network/Out-of-Network/Point-of-Service (POS): 20% coinsurance for individual and group sessions.</p>
<p>Podiatry</p>	<p>In-Network and Out-of-Network/Point-of-Service (POS): 20% coinsurance for Medicare-covered services.</p>

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**GOLD KIDNEY OF ARIZONA GOLD CIRCLE*
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<p>Preventive Rewards and Incentives</p> <p><i>Your new benefit allows you to earn extra rewards for completing preventive services and participating in plan surveys.</i></p> <p><i>Reward funds may not be used for purchases of your choice at participating vendors.</i></p>	<p>Earn up to a total of \$300 for the completion of various plan preventive activities and surveys.</p> <p>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
<p>Home Health Services</p>	<p>In-Network and Out-of-Network/Point-of-Service (POS):</p> <p>\$0 copay.</p>
<p>24-Hour Nurse Line</p> <p><i>A registered nurse is available via phone 24 hours a day, seven days a week to address medical questions or concerns.</i></p>	<p>In-Network and Out-of-Network/Point-of-Service (POS):</p> <p>\$0 Copay.</p> <p>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.</p>
<p>Durable Medical Equipment</p>	<p>In-Network and Out-of-Network/Point-of-Service (POS):</p> <p>20% coinsurance per item.</p> <p>Prior authorization required for equipment with cost greater than \$500.</p>

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**PREMIUMS
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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):

- 20% coinsurance for diabetes self-management training.
- 20% coinsurance for diabetic monitoring services and supplies.
- 20% coinsurance for diabetic shoes or therapeutic inserts.

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**PREMIUMS
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**GOLD KIDNEY OF ARIZONA GOLD CIRCLE*
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Special Supplemental Benefits for the Chronically Ill (SSBCI)

These benefits are for eligible members who must participate in our Case Management Program and adhere to activities with defined goals and outcome measures.

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

Healthy Groceries

\$0 copay for eligible food items with a \$25 allowance limit per month. Unused balance does not rollover to the following month.

Fuel Transportation Allowance

\$0 copay for the purchase of fuel from gas stations. \$25 allowance limit per month. Unused balance does not rollover to the following month.

Services may require referral.

All SSBCI benefits are for members who meet certain criteria and approval by the plan.

The services are purchased using plan-issued debit card.

Telehealth

In-Network and Out-of-Network/Point-of-Service (POS):
20% coinsurance.

Chiropractic services

In-Network and Out-of-Network/Point-of-Service (POS):
20% coinsurance per visit for Medicare-covered services.
Routine chiropractic services are not covered.

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**PREMIUMS
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**GOLD KIDNEY OF ARIZONA GOLD CIRCLE*
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Acupuncture

Up to 12 visits in 90 days are covered for Medicare chronic low back pain.

In-Network and Out-of-Network/Point-of-Service (POS):

20% coinsurance per visit for Medicare-covered services.

Routine acupuncture services are not covered.

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**OUTPATIENT
PRESCRIPTION DRUGS**

**GOLD KIDNEY OF ARIZONA GOLD CIRCLE
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Deductible	\$545	
	Standard Retail Rx 30-day supply	Mail Order 100-day supply
Initial Coverage Tier 1: Preferred Generic	You pay 25% coinsurance.	You pay 25% coinsurance.
Tier 2: Generic Select Insulins	You pay 25% coinsurance.	You pay 25% coinsurance.
Tier 3: Preferred Brand Select Insulins	25% coinsurance. You pay \$35.	25% coinsurance. You pay \$105.
Tier 4: Non-Preferred Drug	You pay 25% coinsurance.	You pay 25% coinsurance.
Tier 5: Specialty	You pay 25% coinsurance.	Not available.
Tier 6: Select Care Drugs – Insulin	You pay 25% coinsurance.	You pay 25% coinsurance.
Coverage Gap <i>(after you or others on your behalf pay \$5,030)</i>	This plan has no gap coverage. During this phase, you pay no more than 25% of the cost for all other drugs.	
Catastrophic Coverage <i>(after you or others on your behalf pay \$8,000)</i>	You pay \$0.	
Generic Drugs		
Brand Name Drugs		
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.	
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.	

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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>

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** 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。

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.