

Plan Comparison Overview

Benefits and premiums	Original Medicare Fee-For -Service ¹	Honest Care (HMO-POS)	Loyalty Care (MA Only) (HMO-POS)
MEMBER VALUE ADDED SERVICES			
Part B premium reduction (Buydown or money back in their Social Security check)	N/A	\$150	\$150
MONTHLY PREMIUM			
Monthly premium	N/A	\$0	\$0
Maximum Out of Pocket (MOOP)	N/A	\$3,000	\$4,400
BENEFITS AND PREMIUMS			
Primary care physician	20%	\$0	\$0
Specialist (cardiologist, nephrologist, endocrinologist and CV surgeon)	20%	\$0	\$10
Specialist (all other)	20%	\$10	20%
Urgent care	20%	\$10	\$10
Emergency	20%	\$90	\$90
Inpatient hospitalization	Medicare Part A deductible applies; \$0 Days 1-60; Medicare allowable days 61-90 each benefit period	Days 1-5: \$175 Days 6-90: \$0	Days 1-5: \$175 Days 6-90: \$0
Outpatient hospital	20%	\$225	\$175
Outpatient ambulatory surgical center	20%	\$125	\$125
Tests (diagnostic radiology)	20%	\$50	20%
Lab services	20%	\$0	20%
Dialysis	20%	20%	20%
EXTRAS			
Dental, vision & hearing ²	Routine dental not covered Dental not covered	\$325 limit per 3 mos Combined \$1,300 annual Flex allowance	\$625 limit per 3 mos Combined \$2,500 annual Flex allowance
Special Supplemental Benefits for the Chronically Ill (SSBCI) ³	Not covered	Healthy groceries allowance: \$25/month ⁴	Healthy groceries allowance: \$55/month ⁴
General living support: fuel ³ allowance	N/A	N/A	Fuel transportation: \$25 per 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 ⁷	\$25/month Up to \$300 per year ⁷
Fitness	Not covered	\$0 for Silver&Fit gym membership	\$0 for Silver&Fit gym membership
Companion care ⁸	Not covered	\$0 in-home support	\$0 in-home support
Preventive rewards and incentives	N/A	Preventive rewards and incentives: Up to \$300 per year ⁹	Preventive rewards and incentives: Up to \$300 per year ⁹
Prescription drugs – 30/100-day supply at retail ¹⁰	Not covered	\$0 / \$5 / \$40 / \$100 / 33% / \$0	Not covered

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 authorization.
- 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.



Plan Comparison Overview

Florida Honest Care and Loyalty Care

Questions

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

1 (844) 294-6535 (TYT 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, 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.

