



**GOLD KIDNEY HEALTH PLAN**

# 2025

## **Gold Kidney Health Plan**

### Summary of Benefits

Gold Kidney of Arizona Gold Advantage (HMO-POS)

Gold Kidney of Arizona Gold Loyalty (HMO-POS)

# 2025 Summary of Benefits

## Gold Kidney of Arizona Gold Advantage (HMO-POS) and Gold Kidney of Arizona Gold Loyalty (HMO-POS)

This is a summary of Medicare health care and prescription drug coverage for Gold Kidney of Arizona Gold Advantage (HMO-POS) and Medicare health care coverage for Gold Kidney of Arizona Gold Loyalty (HMO-POS).

January 1 – December 31, 2025

**Gold Kidney of Arizona Gold Advantage (HMO-POS) and Gold Kidney of Arizona Gold Loyalty (HMO-POS)** are Medicare Advantage HMO-POS plans with a Medicare contract. Enrollment in these 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 1-844-294-6535 (TTY 711) and request the “Evidence of Coverage” or access it online at [www.goldkidney.com](http://www.goldkidney.com).

To join Gold Kidney of Arizona Gold Advantage (HMO-POS) or Gold Kidney of Arizona Gold Loyalty (HMO-POS), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes these counties in Arizona: Gila, Maricopa, Pima, Pinal, Cochise, Coconino, Graham and Navajo.

### **Does this plan cover my doctors and pharmacies?**

You can search our directory online at [www.goldkidney.com](http://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 at low to no cost to you.

Our HMO-POS plans allow you to see out-of-network providers at the same copay as in-network providers. While we pay for covered services, the provider must agree to treat you.

### **Does this plan cover my prescription drugs?**

Gold Kidney of Arizona Gold Advantage (HMO-POS): You can search our drug list online at [www.goldkidney.com](http://www.goldkidney.com) or give us a call. We can look up your medications or mail you the list of drugs covered in your plan (formulary).

Gold Kidney of Arizona Gold Loyalty (HMO-POS): No, this plan does not provide Part D coverage.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy 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.

This Summary of Benefits document is available in other formats such as Braille, large print or audio, as well as in Spanish.

**For more information:**

- **CALL US AT**  
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 holidays)  
  
April 1 – September 30  
8 a.m. to 8 p.m., local time, Monday – Friday (except holidays)
- **VISIT US AT**  
[www.goldkidney.com](http://www.goldkidney.com)

# Premiums and Benefits

This is a short list of benefits and cost sharing for our plans. For a complete list, see the *Evidence of Coverage* on our website at [www.goldkidney.com](http://www.goldkidney.com).

Premiums and Benefits	Gold Kidney of Arizona Gold Advantage (HMO-POS)	Gold Kidney of Arizona Gold Loyalty (HMO-POS)
<b>Monthly Plan Premium</b> (includes both medical and drugs)	You pay \$0 each month. You must continue to pay your Medicare Part B premium.	You pay \$0 each month. You must continue to pay your Medicare Part B premium.
<b>Part B Premium Buy-down</b>	Our plan will reduce your monthly Medicare Part B premium by \$55.	Our plan will reduce your monthly Medicare Part B premium by \$75.
<b>Deductible</b>	You pay \$0 for medical benefits. You pay \$0 for Part D benefits.	You pay \$0 for medical benefits.
<b>Maximum Out-of-Pocket Responsibility</b>	You pay no more than \$3,400 annually. Includes copays and other costs for in-network medical services for the year.	You pay no more than \$5,500 annually. Includes copays and other costs for in-network medical services for the year.
<b>Inpatient Hospital</b>	For in-network inpatient hospital stays, you pay: \$195 copay per day for days 1-7; \$0 copay per day for days 8-90 For out-of-network stays, you pay:  \$195 copay per day for days 1-7; \$0 copay per day for days 8-90	For in-network inpatient hospital stays, you pay: \$300 copay per day for days 1-7; \$0 copay per day for days 8-90 For out-of-network stays, you pay:  \$300 copay per day for days 1-7; \$0 copay per day for days 8-90
<b>Outpatient Hospital</b>	For services at an in-network outpatient hospital, you pay \$225 copay per visit For services at an out-of-network outpatient hospital, you pay \$225 copay per visit.	For services at an in-network outpatient hospital, you pay \$275 copay per visit For services at an out-of-network outpatient hospital, you pay \$275 copay per visit.

Premiums and Benefits	Gold Kidney of Arizona Gold Advantage (HMO-POS)	Gold Kidney of Arizona Gold Loyalty (HMO-POS)
<b>Ambulatory Surgical Center (ASC)</b>	You pay \$150 copay in-network. You pay \$150 copay out-of-network.	You pay \$250 copay in-network. You pay \$250 copay out-of-network.
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary care provider</li> <li>• Specialists</li> </ul>	You pay \$0 copay in-network. You pay \$0 copay out-of-network.  You pay \$15 copay in-network. You pay \$15 copay out-of-network.	You pay \$0 copay in-network. You pay \$0 copay out-of-network.  You pay \$45 copay in-network. You pay \$45 copay out-of-network.
<b>Preventive Care</b> (e.g., flu vaccine, diabetic screenings)	You pay nothing in-network. You pay \$0 copay out-of-network.	You pay nothing in-network. You pay \$0 copay out-of-network.
<b>Emergency Care</b>	You pay \$135 copay per visit. ER cost sharing is waived if you are admitted to the hospital within 24 hours for the same condition.	You pay \$125 copay per visit.
<b>Urgently Needed Services</b>	You pay \$45 copay per visit.	You pay \$45 copay per visit.
<b>Diagnostic Services/ Labs/Imaging/ Radiology</b> <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures</li> <li>• Lab services</li> </ul>	You pay \$0 copay in-network. You pay \$0 copay out-of-network.  You pay \$0 copay in-network. You pay \$0 copay out-of-network.	You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.  You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.

Premiums and Benefits	Gold Kidney of Arizona Gold Advantage (HMO-POS)	Gold Kidney of Arizona Gold Loyalty (HMO-POS)
<ul style="list-style-type: none"> <li>• MRIs, CAT scans</li>   <li>• X-rays</li>   <li>• Therapeutic radiology services</li> </ul>	<p>You pay \$95 copay in-network. You pay \$95 copay out-of-network.</p> <p>You pay \$0 copay in-network. You pay \$0 copay out-of-network.</p> <p>You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.</p>	<p>You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.</p> <p>You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.</p> <p>You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.</p>
<p><b>Hearing: Combined Flexible Dental, Hearing and Vision Benefits</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered hearing exam</li> </ul> <p><b>Combined flexible dental, hearing and vision benefits allowance</b></p>	<p>You pay \$0 copay in-network. You pay \$0 copay out-of-network.</p> <p>\$525 maximum plan coverage amount every 3 months for all routine hearing exams and prescription hearing aids. This combined flexible benefit is a quarterly allowance that may be used for dental, hearing and vision benefits. The unused balance will carry forward to the next period.</p> <p>You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.</p>	<p>You pay \$0 copay in-network. You pay \$0 copay out-of-network.</p> <p>\$625 maximum plan coverage amount every 3 months for all routine hearing exams and prescription hearing aids. This combined flexible benefit is a quarterly allowance that may be used for dental, hearing and vision benefits. The unused balance will carry forward to the next period.</p> <p>You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.</p>

Premiums and Benefits	Gold Kidney of Arizona Gold Advantage (HMO-POS)	Gold Kidney of Arizona Gold Loyalty (HMO-POS)
<ul style="list-style-type: none"> <li>• Routine hearing exam</li> <li>• Fitting and evaluation for prescription hearing aids</li> <li>• Hearing aids</li> </ul>	<p>You pay \$0 copay in-network (unlimited exams every year). You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network (unlimited visits every year). You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for prescription hearing aids – all types (unlimited hearing aids). You pay \$0 copay out-of-network.</p>	<p>You pay \$0 copay in-network (unlimited exams every year). You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network (unlimited visits every year). You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for prescription hearing aids – all types (unlimited hearing aids). You pay \$0 copay out-of-network.</p>
<p><b>Dental: Combined Flexible Dental, Hearing and Vision Benefits</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered dental services</li> </ul> <p><b>Combined flexible dental, hearing and vision benefits allowance</b></p>	<p>You pay \$0 copay in-network. You pay \$0 copay out-of-network.</p> <p>\$525 maximum plan coverage amount every 3 months for all preventive and comprehensive dental services. This combined flexible benefit is a quarterly allowance that may be used for dental, hearing and vision benefits. The unused balance will carry forward to the next period.</p> <p>You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.</p>	<p>You pay \$0 copay in-network. You pay \$0 copay out-of-network.</p> <p>\$625 maximum plan coverage amount every 3 months for all preventive and comprehensive dental services. This combined flexible benefit is a quarterly allowance that may be used for dental, hearing and vision benefits. The unused balance will carry forward to the next period.</p> <p>You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.</p>

<b>Premiums and Benefits</b>	<b>Gold Kidney of Arizona Gold Advantage (HMO-POS)</b>	<b>Gold Kidney of Arizona Gold Loyalty (HMO-POS)</b>
<ul style="list-style-type: none"> <li>• Preventive dental services               <ul style="list-style-type: none"> <li>○ unlimited oral exams every year</li> <li>○ unlimited cleanings every year</li> <li>○ unlimited fluoride treatments every year</li> <li>○ unlimited X-rays every year</li> <li>○ unlimited visits every year for other diagnostic dental services</li> <li>○ unlimited visits every year for other preventive dental services</li> </ul> </li> </ul>	<p>You pay \$0 copay in-network for preventive dental exams.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for cleanings.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for fluoride treatments.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for X-rays.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for other diagnostic services received.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for other preventive dental services received.</p> <p>You pay \$0 copay out-of-network.</p>	<p>You pay \$0 copay in-network for preventive dental exams.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for cleanings.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for fluoride treatments.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for X-rays.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for other diagnostic services received.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for other preventive dental services received.</p> <p>You pay \$0 copay out-of-network.</p>



<b>Premiums and Benefits</b>	<b>Gold Kidney of Arizona Gold Advantage (HMO-POS)</b>	<b>Gold Kidney of Arizona Gold Loyalty (HMO-POS)</b>
<ul style="list-style-type: none"> <li>Comprehensive dental services:</li> </ul>	<p>You pay \$0 copay in-network for restorative services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for endodontics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for periodontics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for removable prosthodontics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for maxillofacial prosthetics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for implant services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p>	<p>You pay \$0 copay in-network for restorative services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for endodontics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for periodontics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for removable prosthodontics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for maxillofacial prosthetics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for implant services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p>

<b>Premiums and Benefits</b>	<b>Gold Kidney of Arizona Gold Advantage (HMO-POS)</b>	<b>Gold Kidney of Arizona Gold Loyalty (HMO-POS)</b>
	<p>You pay \$0 copay in-network for fixed prosthodontics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for oral and maxillofacial surgery services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for orthodontics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for adjunctive general services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p>	<p>You pay \$0 copay in-network for fixed prosthodontics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for oral and maxillofacial surgery services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for orthodontics services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for adjunctive general services (unlimited visits every year).</p> <p>You pay \$0 copay out-of-network.</p>
<p><b>Vision: Combined Flexible Dental, Hearing and Vision Benefits</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered benefits</li> </ul>	<p>You pay \$0 copay in-network for an eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>You pay \$0 copay out-of-network.</p>	<p>You pay \$0 copay in-network for an eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>You pay \$0 copay out-of-network.</p>

Premiums and Benefits	Gold Kidney of Arizona Gold Advantage (HMO-POS)	Gold Kidney of Arizona Gold Loyalty (HMO-POS)
<p><b>Combined flexible dental, hearing and vision benefits allowance</b></p> <ul style="list-style-type: none"> <li>Routine eye exams</li> </ul>	<p>\$525 maximum plan coverage amount every 3 months for all routine eye exams and eyewear. This combined flexible benefit is a quarterly allowance that may be used for dental, hearing and vision benefits. The unused balance will carry forward to the next period.</p> <p>You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.</p> <p>You pay \$0 copay in-network (unlimited exams every year). You pay \$0 copay out-of-network.</p>	<p>\$625 maximum plan coverage amount every 3 months for all routine eye exams and eyewear. This combined flexible benefit is a quarterly allowance that may be used for dental, hearing and vision benefits. The unused balance will carry forward to the next period.</p> <p>You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.</p> <p>You pay \$0 copay in-network (unlimited exams every year). You pay \$0 copay out-of-network.</p>

<b>Premiums and Benefits</b>	<b>Gold Kidney of Arizona Gold Advantage (HMO-POS)</b>	<b>Gold Kidney of Arizona Gold Loyalty (HMO-POS)</b>
<ul style="list-style-type: none"> <li>Routine eyewear</li> </ul>	<p>You pay \$0 copay in-network for eyeglasses (unlimited pairs every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for eyeglass lenses (unlimited pairs every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for eyeglass frames (unlimited pairs every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for contact lenses (unlimited pairs every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for upgrades.</p> <p>You pay \$0 copay out-of-network.</p>	<p>You pay \$0 copay in-network for eyeglasses (unlimited pairs every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for eyeglass lenses (unlimited pairs every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for eyeglass frames (unlimited pairs every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for contact lenses (unlimited pairs every year).</p> <p>You pay \$0 copay out-of-network.</p> <p>You pay \$0 copay in-network for upgrades.</p> <p>You pay \$0 copay out-of-network.</p>

Premiums and Benefits	Gold Kidney of Arizona Gold Advantage (HMO-POS)	Gold Kidney of Arizona Gold Loyalty (HMO-POS)
<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• Outpatient therapy with a psychiatrist</li>   <li>• Outpatient therapy with a mental health care professional (non-psychiatrist)</li> </ul>	<p>You pay \$25 copay in-network for individual sessions.  You pay \$25 copay out-of-network.  You pay \$25 copay in-network for group sessions.  You pay \$25 copay out-of-network.</p> <p>You pay \$25 copay in-network for individual sessions.  You pay \$25 copay out-of-network.  You pay \$10 copay in-network for group sessions.  You pay \$10 copay out-of-network.</p>	<p>You pay \$45 copay in-network for individual sessions.  You pay \$45 copay out-of-network.  You pay \$45 copay in-network for group sessions.  You pay \$45 copay out-of-network.</p> <p>You pay \$45 copay in-network for individual sessions.  You pay \$45 copay out-of-network.  You pay \$45 copay in-network for group sessions.  You pay \$45 copay out-of-network.</p>
<p><b>Skilled Nursing Facility (SNF)</b></p>	<p>Inpatient hospital stay is not required prior to admission.</p> <p>For in-network SNF stays, you pay:  \$0 copay per day for days 1-20;  \$214 copay per day for days 21-100</p> <p>For out-of-network stays, you pay:  \$0 copay per day for days 1-20;  \$214 copay per day for days 21-100</p>	<p>Inpatient hospital stay is not required prior to admission.</p> <p>For in-network SNF stays, you pay:  \$0 copay per day for days 1-20;  \$214 copay per day for days 21-100</p> <p>For out-of-network stays, you pay:  \$0 copay per day for days 1-20;  \$214 copay per day for days 21-100</p>
<p><b>Physical Therapy</b></p>	<p>You pay \$35 copay in-network.  You pay \$35 copay out-of-network.</p>	<p>You pay \$35 copay in-network.  You pay \$35 copay out-of-network.</p>

<b>Premiums and Benefits</b>	<b>Gold Kidney of Arizona Gold Advantage (HMO-POS)</b>	<b>Gold Kidney of Arizona Gold Loyalty (HMO-POS)</b>
<b>Ambulance</b>	<p>You pay \$200 copay in-network for ground ambulance services.</p> <p>You pay \$200 copay out-of-network.</p> <p>You pay 20% coinsurance in-network for air ambulance services.</p> <p>You pay 20% coinsurance out-of-network.</p>	<p>You pay \$250 copay in-network for ground ambulance services.</p> <p>You pay \$250 copay out-of-network.</p> <p>You pay 20% coinsurance in-network for air ambulance services.</p> <p>You pay 20% coinsurance out-of-network.</p>
<b>Transportation</b>	Not covered.	Not covered.
<b>Medicare Part B Drugs</b>	<p>You pay \$35 copay in-network for Medicare Part B insulin drugs.</p> <p>You pay \$35 maximum copay out-of-network.</p> <p>You pay 0% to 20% coinsurance in-network for Medicare Part B chemotherapy and radiation drugs.</p> <p>You pay 0% to 20% coinsurance out-of-network.</p> <p>You pay 0% to 20% coinsurance in-network for other Medicare Part B drugs.</p> <p>You pay 0% to 20% coinsurance out-of-network.</p>	<p>You pay \$35 copay in-network for Medicare Part B insulin drugs.</p> <p>You pay \$35 maximum copay out-of-network.</p> <p>You pay 0% to 20% coinsurance in-network for Medicare Part B chemotherapy and radiation drugs.</p> <p>You pay 0% to 20% coinsurance out-of-network.</p> <p>You pay 0% to 20% coinsurance in-network for other Medicare Part B drugs.</p> <p>You pay 0% to 20% coinsurance out-of-network.</p>

# Prescription Drugs

This is a summary of prescription drug coverage and cost sharing for our plans. For more information, see the *Evidence of Coverage* on our website at [www.goldkidney.com](http://www.goldkidney.com).

	Gold Kidney of Arizona Gold Advantage (HMO-POS)			Gold Kidney of Arizona Gold Loyalty (HMO-POS)
<b>Deductible Stage</b>	You do not pay a deductible.			Does not include Part D prescription drugs.
<b>Initial Coverage Stage (one-month supply)</b>	You stay in the Initial Coverage Stage until you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).			
	<b>Standard Retail Rx</b> 30-day supply	<b>Long-term Care Rx</b> 31-day supply	<b>Out-of-network Rx</b> 30-day supply	
Tier 1 Preferred Generic:	\$0 copay	\$0 copay	\$0 copay	
Tier 2 Generic:	\$5 copay	\$5 copay	\$5 copay	
<i>Insulin drugs</i>	\$5 copay			
Tier 3 Preferred Brand:	\$47 copay	\$47 copay	\$47 copay	
<i>Insulin drugs</i>	\$35 copay			
Tier 4 Non-Preferred Brand:	\$100 copay	\$100 copay	\$100 copay	
Tier 5 Specialty Tier:	33% coinsurance	33% coinsurance	33% coinsurance	
<b>Initial Coverage Stage (long-term supply)</b>	You stay in the Initial Coverage Stage until you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).			
	<b>Standard Retail Rx</b> 100-day supply	<b>Mail Order Rx</b> 100-day supply		
Tier 1 Preferred Generic:	\$0 copay	\$0 copay		
Tier 2 Generic:	\$12 copay	\$5 copay		
<i>Insulin drugs</i>	\$12 copay			
Tier 3 Preferred Brand:	\$117 copay	\$40 copay		
<i>Insulin drugs</i>	\$105 copay			
Tier 4 Non-Preferred Brand:	\$250 copay	\$250 copay		
Tier 5 Specialty Tier:	A long-term supply is not available for drugs in Tier 5.	Mail order is not available for drugs in Tier 5.		

	<b>Gold Kidney of Arizona Gold Advantage (HMO-POS)</b>	<b>Gold Kidney of Arizona Gold Loyalty (HMO-POS)</b>
<b>Catastrophic Coverage Stage</b>	<p>You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,000 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.</p> <p>During this stage, you pay nothing for Part D drugs.</p>	Does not include Part D prescription drugs.

## Additional Benefits

These plans provide additional benefits. For more information, see the *Evidence of Coverage* on our website at [www.goldkidney.com](http://www.goldkidney.com).

<b>Additional Benefits</b>	<b>Gold Kidney of Arizona Gold Advantage (HMO-POS)</b>	<b>Gold Kidney of Arizona Gold Loyalty (HMO-POS)</b>
<b>Companionship (In-Home Support Services)</b>	<p>\$0 copay in-network for companionship services rendered by nonclinical personal caregivers. Light housekeeping, light yard work, technology assistance up to 60 hours.</p> <p>Not covered out-of-network.</p>	<p>\$0 copay in-network for companionship services rendered by nonclinical personal caregivers. Light housekeeping, light yard work, technology assistance up to 60 hours.</p> <p>Not covered out-of-network.</p>
<b>Dialysis Services</b>	20% coinsurance in- and out-of-network for Medicare-covered dialysis services.	20% coinsurance in- and out-of-network for Medicare-covered dialysis services.



<b>Additional Benefits</b>	<b>Gold Kidney of Arizona Gold Advantage (HMO-POS)</b>	<b>Gold Kidney of Arizona Gold Loyalty (HMO-POS)</b>
<p><b>Fitness</b></p> <p>You have access to fitness locations that may include equipment, exercise classes, pools and other available amenities.</p> <p>Home-based fitness kits and online resources and supports are also available. This benefit is administrated by the Silver&amp;Fit program by American Specialty Health.</p>	<p>\$0 copay for Silver&amp;Fit gymnasium access in-network.</p> <p>Fitness benefit is not covered out-of-network.</p>	<p>\$0 copay for Silver&amp;Fit gymnasium access in-network.</p> <p>Fitness benefit is not covered out-of-network.</p>

Additional Benefits	Gold Kidney of Arizona Gold Advantage (HMO-POS)	Gold Kidney of Arizona Gold Loyalty (HMO-POS)
<p><b>Gold Perks</b></p> <p>The Gold Perks Package is a new combined benefit package that offers you the flexibility to choose how to use your allowance funds to purchase select services that best suit your needs using the pre-paid benefits card provided to you.</p>	<p>Gold Perks Package has a combined benefit of \$50 maximum plan allowance amount every month for the following benefits:</p> <p><u>Over-the Counter (OTC) Supplies</u></p> <p>Unused allowance does not carry forward to the next month. Members may use the combined allowance to purchase a variety of commonly used products to support and maintain your general health. OTC items may be purchased only for the member. This benefit consists of Medicare approved over-the-counter (OTC) items and includes protein shakes, vitamins and minerals. These benefits are limited to OTC items available from the plan's OTC vendor marketplace or participating plan merchants.</p> <p><u>Therapeutic Massage</u></p> <p>Unused allowance does not carry forward to the next month. Members may use the combined allowance to purchase therapeutic massage services from an entity licensed/certified to provide therapeutic massage services in accordance with state rules and regulations and able to accept payment via the plan payment card.</p> <p><u>Fitness Activity Allowance</u></p> <p>Unused allowance does not carry forward to the next month. Members may use the combined allowance to pay for fitness activity fees. This benefit is in addition to their Silver&amp;Fit gym membership.</p>	<p>Gold Perks Package has a combined benefit of \$50 maximum plan allowance amount every month for the following benefits:</p> <p><u>Over-the Counter (OTC) Supplies</u></p> <p>Unused allowance does not carry forward to the next month. Members may use the combined allowance to purchase a variety of commonly used products to support and maintain your general health. OTC items may be purchased only for the member. This benefit consists of Medicare approved over-the-counter (OTC) items and includes protein shakes, vitamins and minerals. These benefits are limited to OTC items available from the plan's OTC vendor marketplace or participating plan merchants.</p> <p><u>Therapeutic Massage</u></p> <p>Unused allowance does not carry forward to the next month. Members may use the combined allowance to purchase therapeutic massage services from an entity licensed/certified to provide therapeutic massage services in accordance with state rules and regulations and able to accept payment via the plan payment card.</p> <p><u>Fitness Activity Allowance</u></p> <p>Unused allowance does not carry forward to the next month. Members may use the combined allowance to pay for fitness activity fees. This benefit is in addition to their Silver&amp;Fit gym membership.</p>

Additional Benefits	Gold Kidney of Arizona Gold Advantage (HMO-POS)	Gold Kidney of Arizona Gold Loyalty (HMO-POS)
<b>Gold Perks continued</b>	<p>The fitness activity allowance is a benefit that provides a spending allowance that may be used for access fees required at sports facilities for dance, golf, swimming, tennis, or other fitness related activity. The allowance cannot be applied to merchandise, food, or sport leagues or club sport memberships, competitions, social programs, park fees or other services.</p> <p><u>Home and Bathroom Safety Devices</u></p> <p>Unused allowance does not carry forward to the next month. Members may use the combined allowance to purchase elevated toilet seats, safety frames and risers.</p>	<p>The fitness activity allowance is a benefit that provides a spending allowance that may be used for access fees required at sports facilities for dance, golf, swimming, tennis, or other fitness related activity. The allowance cannot be applied to merchandise, food, or sport leagues or club sport memberships, competitions, social programs, park fees or other services.</p> <p><u>Home and Bathroom Safety Devices</u></p> <p>Unused allowance does not carry forward to the next month. Members may use the combined allowance to purchase elevated toilet seats, safety frames and risers.</p>
<b>Personal Emergency Response System (PERS) benefit</b>	<p>PERS is a medical alert system, that provides continuous in-home and mobile monitoring. You receive a mobile PERS device with GPS, fall detection, and links to other Plan services, as well as access to trained professionals to assess the nature of the call and coordinate the assistance 24 hours/day, 7 days/week, 365 days/year monitoring.</p> <p>\$0 copay in-network for the personal emergency response system (PERS) benefit.</p> <p>Not covered out-of-network.</p>	<p>PERS is a medical alert system, that provides continuous in-home and mobile monitoring. You receive a mobile PERS device with GPS, fall detection, and links to other Plan services, as well as access to trained professionals to assess the nature of the call and coordinate the assistance 24 hours/day, 7 days/week, 365 days/year monitoring.</p> <p>\$0 copay in-network for the personal emergency response system (PERS) benefit.</p> <p>Not covered out-of-network.</p>

Additional Benefits	Gold Kidney of Arizona Gold Advantage (HMO-POS)	Gold Kidney of Arizona Gold Loyalty (HMO-POS)
<p><b>Preventive Rewards &amp; Incentives</b></p> <p>Your benefit allows you to earn extra rewards for completing preventive services and participating in plan surveys.</p> <p>Reward funds may be used for purchases at participating vendors.</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"> <li>• Member Portal Registration</li> <li>• Health Risk Assessment</li> <li>• Annual Wellness Visit</li> <li>• Flu/Covid Vaccine</li> <li>• Diabetes Eye Exam</li> <li>• Fall Risk Assessment</li> <li>• Bladder Control Assessment</li> <li>• 2 HbA1c tests</li> <li>• Post-Inpatient Medication Reconciliation in 14 days</li> <li>• Post-ER PCP visit in 7 days</li> <li>• Cancer Screenings: <ul style="list-style-type: none"> <li>○ Colon</li> <li>○ Prostate</li> <li>○ Cervical</li> <li>○ Mammogram</li> </ul> </li> <li>• Plan Surveys: <ul style="list-style-type: none"> <li>○ PCP Visit Survey</li> <li>○ Mock CAHPS Survey</li> </ul> </li> </ul>	<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"> <li>• Member Portal Registration</li> <li>• Health Risk Assessment</li> <li>• Annual Wellness Visit</li> <li>• Flu/Covid Vaccine</li> <li>• Diabetes Eye Exam</li> <li>• Fall Risk Assessment</li> <li>• Bladder Control Assessment</li> <li>• 2 HbA1c tests</li> <li>• Post-Inpatient Medication Reconciliation in 14 days</li> <li>• Post-ER PCP visit in 7 days</li> <li>• Cancer Screenings: <ul style="list-style-type: none"> <li>○ Colon</li> <li>○ Prostate</li> <li>○ Cervical</li> <li>○ Mammogram</li> </ul> </li> <li>• Plan Surveys: <ul style="list-style-type: none"> <li>○ PCP Visit Survey</li> <li>○ Mock CAHPS Survey</li> </ul> </li> </ul>

## 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 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 panggagamot. 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。

## **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 285, Portsmouth, NH, 03802  
1 (844) 294-6535 (TTY 711)

Fax: Attention: Gold Kidney Appeals & Grievances Department

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 <https://www.hhs.gov/ocr/index.html>

## Questions

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

**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 holidays)

### **APRIL 1 – SEPTEMBER 30**

8 a.m. to 8 p.m., local time, Monday through Friday  
(except holidays)

**[www.goldkidney.com](http://www.goldkidney.com)**

**Gold Kidney Health Plan P.O. Box 285, Portsmouth, NH 03802**



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

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).

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.