



GOLD KIDNEY HEALTH PLAN

2025

Gold Kidney Health Plan

Summary of Benefits

**Gold Kidney of Arizona Gold Circle Heart &
Diabetes (HMO-POS C-SNP)**

2025 Summary of Benefits

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

This is a summary of Medicare health care and prescription drug coverage for Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP).

January 1 – December 31, 2025

Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP) is a Medicare Advantage HMO-POS C-SNP plan with a Medicare contract. Enrollment in the 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 1-844-294-6535 (TTY 711) and request the “Evidence of Coverage” or access it online at www.goldkidney.com.

To join Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP), 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 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?

You can search our drug list online at 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).

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), 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

Premiums and Benefits

This is a short list of benefits and cost sharing for our plan. For a complete list, see the *Evidence of Coverage* on our website at www.goldkidney.com.

Premiums and Benefits	Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP)
Monthly Plan Premium (includes both medical and drugs)	You pay \$0 each month. You must continue to pay your Medicare Part B premium.
Deductible	You pay \$240 for medical benefits. This is the 2024 amount and may change for 2025. Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP) will provide updated amount as soon as it is released. You pay \$590 for Part D benefits.
Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)	You pay no more than \$9,350 annually. Includes copays and other costs for in-network medical services for the year.

Premiums and Benefits	Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP)
Inpatient Hospital	<p>For in-network inpatient hospital stays, you pay: Days 1-60: \$0 copay for each benefit period. Days 61-90: \$408 copay per day of each benefit period. Days 91 and beyond: \$816 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs</p> <p>These are 2024 cost-sharing amounts and may change for 2025.</p> <p>Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP) will provide updated rates on www.goldkidney.com as soon as they are available.</p> <p>For out-of-network stays, you pay: \$1,712 combined deductible for inpatient hospital acute and inpatient psychiatric hospital stays. Days 1-60: \$0 copay for each benefit period. Days 61-90: \$408 copay per day of each benefit period. Days 91 and beyond: \$816 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs</p> <p>These are 2024 cost-sharing amounts and may change for 2025.</p> <p>Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP) will provide updated rates on www.goldkidney.com as soon as they are available.</p>
Outpatient Hospital	<p>For services at an in-network outpatient hospital, you pay 20% coinsurance per visit</p> <p>For services at an out-of-network outpatient hospital, you pay 20% coinsurance per visit.</p>
Ambulatory Surgical Center (ASC)	<p>You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.</p>
Doctor Visits <ul style="list-style-type: none"> • Primary care provider 	<p>You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.</p>

Premiums and Benefits	Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP)
<ul style="list-style-type: none"> Specialists 	<p>You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.</p>
<p>Preventive Care (e.g., flu vaccine, diabetic screenings)</p>	<p>You pay nothing in-network. You pay \$0 copay out-of-network.</p>
<p>Emergency Care</p>	<p>You pay 20% coinsurance, up to a \$110 maximum per visit. ER cost sharing is waived if you are admitted to the hospital within 24 hours for the same condition.</p>
<p>Urgently Needed Services</p>	<p>You pay 20% coinsurance, up to a \$45 maximum per visit.</p>
<p>Diagnostic Services /Labs /Imaging /Radiology</p> <ul style="list-style-type: none"> Diagnostic tests and procedures Lab services MRIs, CAT scans X-rays Therapeutic radiology services 	<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>You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> Medicare-covered hearing exam 	<p>You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.</p>

Premiums and Benefits	Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP)
<p>Dental Services</p> <ul style="list-style-type: none"> • Medicare-covered dental services 	<p>You pay 20% coinsurance in-network. You pay 20% coinsurance out-of-network.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Medicare-covered benefits 	<p>You pay 20% coinsurance in-network for an eye exam to diagnose and treat diseases and conditions of the eye. You pay 20% coinsurance out-of-network. You pay 20% coinsurance in-network for one pair of eyeglasses or contact lenses after cataract surgery. You pay 20% coinsurance out-of-network.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Outpatient therapy with a psychiatrist • Outpatient therapy with a mental health care professional (non-psychiatrist) 	<p>You pay 20% coinsurance in-network for individual sessions. You pay 20% coinsurance out-of-network. You pay 20% coinsurance in-network for group sessions. You pay 20% coinsurance out-of-network. You pay 20% coinsurance in-network for individual sessions. You pay 20% coinsurance out-of-network. You pay 20% coinsurance in-network for group sessions. You pay 20% coinsurance out-of-network.</p>

Premiums and Benefits	Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP)
Skilled Nursing Facility (SNF)	<p>Inpatient hospital stay is not required prior to admission.</p> <p>For in-network SNF stays, you pay: Days 1-20: \$0 copay for each benefit period Days 21-100: \$204 copay per day of each benefit period Days 101 and beyond: all costs</p> <p>These are 2024 cost-sharing amounts and may change for 2025.</p> <p>Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP) will provide updated rates on www.goldkidney.com as soon as they are available.</p> <p>For out-of-network stays, you pay: Days 1-20: \$0 copay for each benefit period Days 21-100: \$204 copay per day of each benefit period Days 101 and beyond: all costs</p> <p>These are 2024 cost-sharing amounts and may change for 2025.</p> <p>Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP) will provide updated rates on www.goldkidney.com as soon as they are available.</p>
Physical Therapy	<p>You pay 20% coinsurance in-network.</p> <p>You pay 20% coinsurance out-of-network.</p>
Ambulance	<p>You pay 20% coinsurance in-network for ground ambulance services.</p> <p>You pay 20% coinsurance 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>
Transportation	Not covered.

Premiums and Benefits	Gold Kidney of Arizona Gold Circle Heart & Diabetes (HMO-POS C-SNP)
Medicare Part B Drugs	<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 plan. For more information, see the *Evidence of Coverage* on our website at www.goldkidney.com.

Deductible Stage
You pay \$590. You must pay the full cost of your drugs until you reach this amount.

Initial Coverage Stage (one-month supply)			
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).			
Cost Sharing for a one-month supply	Standard Retail Rx 30-day supply	Long-term Care Rx 31-day supply	Out-of-network Rx 30-day supply
Tier 1 Preferred Generic:	25% coinsurance	25% coinsurance	25% coinsurance
<i>Insulin drugs</i>	the lesser of 25% coinsurance or \$35 copay		

Initial Coverage Stage (long-term supply)		
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).		
Cost Sharing for a long-term supply	Standard Retail Rx 100-day supply	Mail Order Rx 100-day supply
Tier 1 Preferred Generic:	25% coinsurance	25% coinsurance
<i>Insulin drugs</i>	the lesser of 25% coinsurance or \$105 copay	

Catastrophic Coverage Stage
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.
During this stage, you pay nothing for Part D drugs.

Additional Benefits

This plan provides additional benefits. For more information, see the *Evidence of Coverage* on our website at www.goldkidney.com.

Additional Benefits	
Alternative Therapies Benefit	Includes the services of a medicine man (a man or woman) from a Native American or Indigenous tribe that is thought to have the ability to heal physical and mental ailments. Benefit includes a debit card in the amount of \$50 per quarter for the services.
Dialysis Services	20% coinsurance in- and out-of-network for Medicare-covered dialysis services.
Meals Benefit	You pay \$0 copay per meal from a participating plan provider. Immediately following surgery or an in-patient hospitalization, you will receive 2 meals per day for 14 days. This benefit can be used up to 4 times per year.

Additional Benefits	
<p>Preventive Rewards & Incentives</p> <p>Your benefit allows you to earn extra rewards for completing preventive services and participating in plan surveys. 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"> • Member Portal Registration • Health Risk Assessment • Annual Wellness Visit • Flu/Covid Vaccine • Diabetes Eye Exam • Fall Risk Assessment • Bladder Control Assessment • 2 HbA1c tests • Post-Inpatient Medication Reconciliation in 14 days • Post-ER PCP visit in 7 days • Cancer Screenings: <ul style="list-style-type: none"> ○ Colon ○ Prostate ○ Cervical ○ Mammogram • Plan Surveys: <ul style="list-style-type: none"> ○ PCP Visit Survey ○ Mock CAHPS Survey
<p>Supplemental Benefits for the Chronically Ill (SSBCI)</p> <p>These benefits are available only to eligible chronically ill members where the specific benefit has been determined to meet the reasonable expectation to improve the health or overall function of the member. Members must have a chronic illness and participate in the Plan's case management programs to receive these benefits.</p>	<p>Healthy Food and Produce Allowance: A monthly allowance of \$80 to be used for the purchase of healthy foods / produce or prepared meals at participating Plan Merchants. Unused Allowance does not roll over to the next month.</p> <p>The benefit includes a plan payment card that may be used to purchase items such as (but not limited to) produce, frozen foods, and canned goods from participating plan vendors. Tobacco and alcohol purchases are not permitted.</p> <p>Fuel / Ride Share Allowance for Non-emergency Transportation: A monthly allowance of \$75 to be used for the purchase of fuel at gas stations and for ride sharing trips from a plan participating vendor. Unused Allowance does not roll over to the next month.</p> <p>Smart Phone & Cellular Data Plan: Members are provided one smart phone device and cellular data plan from a contracted vendor.</p>

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 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、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, 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

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.

The benefits mentioned are part of a special supplemental benefit program for members with one or more complex chronic conditions. To qualify, members must have at least one of the following chronic conditions: cardiovascular disorder; chronic heart failure; diabetes mellitus; end-stage renal disease (ESRD); chronic kidney disease (CKD). Please note that a member with one or more of the chronic conditions listed above may not necessarily receive the benefit. To qualify, the member must have at least one qualifying chronic condition (see above) and participate in case management. Not all members will qualify.