



**GOLD KIDNEY HEALTH PLAN**

**2025**

**Gold Kidney Health Plan**

**Annual Notice of Change**

**Gold Kidney of Arizona Gold Dialysis Complete  
(HMO-POS C-SNP)**

H4869\_ANOC\_DYC\_0824M

## **Thank you for choosing Gold Kidney Health Plan!**

We appreciate your continued trust in us for your healthcare needs. Gold Kidney is committed to providing benefits and services designed to help our members save money and live healthier lives.

This booklet compares your 2024 benefits to your 2025 benefits. Note that your plan name has changed from Gold Kidney of Arizona Dialysis Complete (HMO-POS C-SNP) to Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP). If you'd like to keep this plan, no action is required.

If you have questions, the information you need is just a click or a phone call away!

Starting October 15, 2024, you can find these 2025 documents online at [www.goldkidney.com](http://www.goldkidney.com):

### **Evidence of Coverage**

Complete details of your Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) plan, including benefits and costs.

### **Prescription Drug Guide (Drug List)**

2025 Formulary

### **Provider Directory**

List of doctors, specialists, and other providers in our network.

### **Pharmacy Directory**

List of pharmacies in our network

If you have questions or prefer to have a printed copy of these documents mailed to you, please call Gold Kidney Member Services at (844) 294-6535 (TTY 711). We are available October 1 through March 31 from 8:00 a.m. to 8:00 p.m. local time, 7 days a week (except holidays), and April 1 through September 30 from 8:00 a.m. to 8:00 p.m. local time, Monday through Friday (except holidays).

At Gold Kidney, we're dedicated to creating the gold standard of care, and we're glad you're continuing your healthcare journey with us.

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## **Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) offered by Gold Kidney Health Plan**

### **Annual Notice of Changes for 2025**

You are currently enrolled as a member of Gold Kidney of Arizona Dialysis Complete (HMO-POS C-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.goldkidney.com/evidence-of-coverage-2025-Arizona](http://www.goldkidney.com/evidence-of-coverage-2025-Arizona). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### **What to do now**

##### **1. ASK: Which changes apply to you**

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Gold Kidney of Arizona Dialysis Complete (HMO-POS C-SNP).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**Additional Resources**

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-844-294-6535 for additional information. (TTY users should call 711.) Hours are October 1 – March 31: Live Customer Service Representatives (CSRs) are available seven days a week, from 8:00 a.m. to 8:00 p.m. local time for the regions in which they operate; and Interactive voice response system or similar technologies for Thanksgiving and Christmas Day (messages must be returned within one (1) business day) April 1 – September 30: Live CSRs available Monday through Friday, from 8:00 a.m. to 8:00 p.m. in all time zones for the regions in which they operate; and Interactive voice response system or similar technologies for Saturdays, Sundays and Federal Holidays (messages must be returned within one (1) business day. This call is free.
- This information is available in braille, large print, or other alternate formats.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP)**

- 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.

- When this document says “we,” “us,” or “our,” it means Gold Kidney Health Plan. When it says “plan” or “our plan,” it means Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP).

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**Summary of Important Costs for 2025**

The table below compares the 2024 costs for Gold Kidney of Arizona Dialysis Complete (HMO-POS C-SNP) and 2025 costs for Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 2.1 for details.</p>	\$37.80	\$30.10
<p><b>Deductible</b></p>	<p>\$240 except for insulin furnished through an item of durable medical equipment.</p>	<p>\$240 except for insulin furnished through an item of durable medical equipment.</p> <p>This is the 2024 amount and may change for 2025. Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) will provide updated amount as soon as it is released.</p>
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	\$8,850	\$9,350
<p><b>Doctor office visits</b></p>	<p>Primary care visits: 20% coinsurance per visit</p> <p>Specialist visits: 20% coinsurance per visit</p>	<p>Primary care visits: 20% coinsurance per visit</p> <p>Specialist visits: 20% coinsurance per visit</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient hospital stays</b></p>	<p>\$1,612 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>\$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. Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) will provide updated rates as soon as they are released.</p>
<p><b>Part D prescription drug coverage</b> (See Section 2.5 for details.)</p>	<p>Deductible: \$545 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: 25% coinsurance</li> </ul>	<p>Deductible: \$590 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: 25% coinsurance You pay the lesser of 25% coinsurance or \$35 copay per month supply of each covered insulin product on this tier.</li> </ul>



Cost	2024 (this year)	2025 (next year)
	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"><li>• During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</li></ul>	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"><li>• During this payment stage, you pay nothing for your covered Part D drugs.</li></ul>

## SECTION 1 We Are Changing the Plan’s Name

On January 1, 2025, our plan name will change from Gold Kidney of Arizona Dialysis Complete (HMO-POS C-SNP) to Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP).

You will receive a new ID card before January 1<sup>st</sup>. It will be updated with your new plan name, Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP). Please remember, this new name will be present on any letters and materials sent by Gold Kidney Health Plan for 2025.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$37.80	\$30.10

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

### Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$8,850	<p>\$9,350</p> <p>Once you have paid \$9,350 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

### Section 2.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Updated directories are located on our website at [www.goldkidney.com](http://www.goldkidney.com). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory at [www.goldkidney.com/provider-search/](http://www.goldkidney.com/provider-search/) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are no changes to our network of pharmacies for next year.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

### Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Referrals</b>	Referrals are required for certain services.	Referrals are <u>not</u> required for any services.
<b>Acupuncture</b>	<p>Prior authorization is required for Medicare-covered acupuncture services.</p> <p>Prior authorization is required for routine acupuncture services.</p>	<p>No prior authorization required for Medicare-covered acupuncture services.</p> <p>No prior authorization required for routine acupuncture services.</p>
<b>Chiropractic Services</b>	<p>Prior authorization is required for Medicare-covered chiropractic care services.</p> <p>Prior authorization is required for routine chiropractic care services.</p>	<p>No prior authorization required for Medicare-covered chiropractic care services.</p> <p>No prior authorization required for routine chiropractic care services.</p>
<b>Dental: Combined Flexible Dental, Hearing and Vision Benefits</b>	<p>Additional coverage for kidney transplant candidates needing additional dental care to be eligible for the transplant is <u>not</u> covered.</p> <p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for each Medicare-covered visit.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay \$0 copay for each Medicare-covered visit.</p> <p>\$1,000 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.</p>	<p>Additional coverage will be offered for kidney transplant candidates needing additional dental care to be eligible for the transplant.</p> <p><b><u>In-Network</u></b></p> <p>You pay 20% coinsurance for each Medicare-covered visit.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay 20% coinsurance for each Medicare-covered visit.</p> <p>\$1,000 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>

Cost	2024 (this year)	2025 (next year)
<b>Dental: Combined Flexible Dental, Hearing and Vision Benefits continued</b>	You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.	You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.
<b>Diabetes Self-Management Training, Diabetic Services and Supplies</b>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for Medicare-covered diabetic monitoring supplies.</p> <p>You pay \$0 copay for Medicare-covered diabetic therapeutic shoes and inserts.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay \$0 copay for Medicare-covered diabetic monitoring supplies.</p> <p>You pay \$0 copay for Medicare-covered diabetic therapeutic shoes and inserts.</p>	<p><b><u>In-Network</u></b></p> <p>You pay 20% coinsurance for Medicare-covered diabetic monitoring supplies.</p> <p>You pay 20% coinsurance for Medicare-covered diabetic therapeutic shoes and inserts.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay 20% coinsurance for Medicare-covered diabetic monitoring supplies.</p> <p>You pay 20% coinsurance for Medicare-covered diabetic therapeutic shoes and inserts.</p>
<b>Emergency Care</b>	<p><b><u>In-Network and Point-of-Service (POS)</u></b></p> <p>You pay \$95 copay for each visit for Medicare-covered emergency care services.</p>	<p><b><u>In-Network and Point-of-Service (POS)</u></b></p> <p>You pay 20% coinsurance, up to a \$110 maximum for each visit for Medicare-covered emergency care services.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Gold Perks Plus</b>                      The Gold Perks Plus 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 prepaid benefits card provided to you.  <i>*Indicates SSBCI benefit</i></p>	<p>Gold Perks Plus combined services benefit is <u>not</u> offered.</p> <p>Utilities Payment benefit is <u>not</u> covered.</p>	<p>Gold Perks Plus Package has a combined benefit of \$50 maximum plan allowance amount every month for the following benefits:</p> <p><u>Utilities Payment*</u></p> <p>Members may use the combined allowance to pay for utilities as General Supports for Daily Living. Unused allowance does not carry forward to the next month. Payment of utilities including electricity, water, sewer and trash, or natural/propane gas services required to sustain household operations. It does not include telephone, internet, or other cellular data services available through another plan benefit. Utility account information will be required for this benefit.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Gold Perks Plus continued</b></p>	<p>Over-the-Counter (OTC) Supplies benefit is covered as a stand-alone benefit.</p> <p>Therapeutic Massage is <u>not</u> covered.</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>

Cost	2024 (this year)	2025 (next year)
<p><b>Gold Perks Plus continued</b></p>	<p>Fitness Activity Allowance is <u>not</u> covered.</p> <p>Pets Supplies &amp; Services is <u>not</u> covered.</p>	<p><u>Fitness Activity Allowance</u>                      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. 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>Pets Supplies &amp; Services*</u>                      Unused allowance does not carry forward to the next month. Members may use the combined allowance to pay for pet food, pet care supplies, and veterinary services. Does not include grooming or boarding services.</p>





Cost	2024 (this year)	2025 (next year)
<b>Gold Perks Plus continued</b>	<p>Personal Care Services is <u>not</u> covered.</p> <p>Home and bathroom safety devices benefit is covered as a stand-alone benefit.</p>	<p><u>Personal Care Services*</u></p> <p>Unused allowance does not carry forward to the next month. Members may use the combined allowance to purchase physical assistance services for the 6 basic activities of daily living including: bathing, continence, dressing, eating, toileting, or transferring. Services must be purchased from an entity licensed /certified to provide personal care services in accordance with state rules and regulations and able to accept payment via the plan payment card.</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>Hearing: Combined Flexible Dental, Hearing and Vision Benefits</b>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for each Medicare-covered hearing exam.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay \$0 copay for each Medicare-covered hearing exam.</p>	<p><b><u>In-Network</u></b></p> <p>You pay 20% coinsurance for each Medicare-covered hearing exam.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay 20% coinsurance for each Medicare-covered hearing exam.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Hearing: Combined Flexible Dental, Hearing and Vision Benefits continued</b></p>	<p>\$1,000 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.</p> <p>You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.</p>	<p>\$1,000 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><b>Home and Bathroom Safety Devices and Modifications (see Gold Perks Plus row)</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for home and bathroom safety devices and modifications.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay \$0 copay for home and bathroom safety devices and modifications.</p> <p>No maximum plan coverage amount for the home and bathroom safety devices and modifications benefit.</p>	<p><b><u>In-Network</u></b></p> <p>This benefit is covered as part of the Gold Perks Plus package.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>This benefit is covered as part of the Gold Perks Plus package.</p> <p>\$50 maximum plan coverage amount every month for the home and bathroom safety devices and modifications benefit. This allowance is a combined amount for all services offered in the Gold Perks Plus combined benefit. Unused allowance does not carry forward to the next month.</p>
<p><b>Home-based Palliative Care</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for home-based palliative care.</p>	<p><b><u>In-Network</u></b></p> <p>Home-based palliative care benefit is <u>not</u> covered.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Home-based Palliative Care continued</b></p>	<p><b><u>Point-of-Service (POS)</u></b>                      You pay \$0 copay for home-based palliative care.</p>	<p><b><u>Point-of-Service (POS)</u></b>                      Home-based palliative care benefit is <u>not</u> covered.</p>
<p><b>Inpatient Hospital Care</b></p>	<p><b><u>In-Network</u></b>                      For Medicare-covered 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><b><u>Point-of-Service (POS)</u></b>                      \$1,612 combined deductible for inpatient hospital acute and inpatient psychiatric hospital stays.</p>	<p><b><u>In-Network</u></b>                      For Medicare-covered 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. Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) will provide updated rates as soon as they are released.</p> <p><b><u>Point-of-Service (POS)</u></b>                      \$1,712 combined deductible for inpatient hospital acute and inpatient psychiatric hospital stays.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient Hospital Care continued</b></p>	<p>For Medicare-covered 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>For Medicare-covered 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. Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) will provide updated rates as soon as they are released.</p>
<p><b>Inpatient Services in a Psychiatric Hospital</b></p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered inpatient mental health 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><b><u>In-Network</u></b></p> <p>For Medicare-covered inpatient mental health 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>

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient Services in a Psychiatric Hospital continued</b></p>	<p><b><u>Point-of-Service (POS)</u></b></p> <p>\$1,612 combined deductible for inpatient hospital acute and inpatient psychiatric hospital stays.</p> <p>For Medicare-covered inpatient mental health 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. Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) will provide updated rates as soon as they are released.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>\$1,712 combined deductible for inpatient hospital acute and inpatient psychiatric hospital stays.</p> <p>For Medicare-covered inpatient mental health 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. Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) will provide updated rates as soon as they are released.</p>
<p><b>Meal Benefit</b></p>	<p><b><u>In-Network</u></b></p> <p>Prior authorization is required for the meal benefit.</p>	<p><b><u>In-Network</u></b></p> <p>No prior authorization required for the meal benefit.</p>

Cost	2024 (this year)	2025 (next year)
<b>Outpatient Blood Services</b>	Prior authorization is required for outpatient blood services.	No prior authorization required for outpatient blood services.
<b>Outpatient Diagnostic Tests and Therapeutic Services and Supplies</b>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered outpatient lab services, you pay \$0 copay.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>For Medicare-covered outpatient lab services, you pay \$0 copay.</p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered outpatient lab services, you pay 20% coinsurance.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>For Medicare-covered outpatient lab services, you pay 20% coinsurance.</p>
<b>Outpatient Rehabilitation Services</b>	Prior authorization is required for Medicare-covered occupational therapy services.	No prior authorization required for Medicare-covered occupational therapy services.
<b>Over-the-Counter Items (see Gold Perks Plus row)</b>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for OTC items.</p> <p>\$135 maximum plan coverage amount every month for OTC items. Unused portion does not carry over to the next period.</p>	<p><b><u>In-Network</u></b></p> <p>This benefit is covered as part of the Gold Perks Plus package.</p> <p>\$50 maximum plan coverage amount every month for OTC items. This allowance is a combined amount for all services offered in the Gold Perks Plus combined benefit. Unused allowance does not carry forward to the next month.</p>
<b>Podiatry Services</b>	<p>Prior authorization is required for Medicare-covered podiatry care services.</p> <p>Prior authorization is required for routine podiatry care services.</p>	<p>No prior authorization required for Medicare-covered podiatry care services.</p> <p>No prior authorization required for routine podiatry care services.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Re-admission Prevention</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for the re-admission prevention benefit. Covered benefits include In-Home Safety Assessment.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay \$0 copay for the re-admission prevention benefit. Covered benefits include In-Home Safety Assessment.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for the re-admission prevention benefit. Covered benefits include PCP or In Home visit with Plan designated provider including post discharge health needs assessment.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay \$0 copay for the re-admission prevention benefit. Covered benefits include PCP or In Home visit with Plan designated provider including post discharge health needs assessment.</p>
<p><b>Skilled Nursing Facility (SNF) Care</b></p>	<p><b><u>In-Network</u></b></p> <p>For Medicare-covered 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><b><u>In-Network</u></b></p> <p>For Medicare-covered 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. Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) will provide updated rates as soon as they are released.</p>



Cost	2024 (this year)	2025 (next year)
<p><b>Skilled Nursing Facility (SNF) Care continued</b></p>	<p><b><u>Point-of-Service (POS)</u></b></p> <p>For Medicare-covered 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><b><u>Point-of-Service (POS)</u></b></p> <p>For Medicare-covered 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. Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP) will provide updated rates as soon as they are released.</p>
<p><b>Supplemental Benefits for the Chronically Ill (SSBCI)</b></p>	<p>The benefits in this SSBCI package are only available 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. Not all will qualify.</p> <p>Utilities Payment, Personal Care Services, Pest Control Services, Indoor Air Quality Equipment and Services, and Pet Supplies &amp; Services benefits are <u>not</u> covered.</p>	<p>Utilities Payment, Personal Care Services, Pest Control Services, Indoor Air Quality Equipment and Services, and Pet Supplies &amp; Services benefits are covered. See Gold Perks Plus row in this chart for description.</p>
<p><b>Healthy Food &amp; Produce Allowance (SSBCI)</b></p>	<p>A monthly allowance of \$75 to be used for the purchase of healthy foods at participating Plan Merchants. Unused Allowance does not roll over to the next month.</p>	<p>A monthly allowance of \$125 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>

Cost	2024 (this year)	2025 (next year)
<p><b>Fuel / Ride Share Allowance (SSBCI)</b></p> <p><b>Smart Phone &amp; Cellular Data Plan (SSBCI)</b></p>	<p>Fuel / Ride share allowance is <u>not</u> covered.</p> <p>Smart phone device and cellular data plan benefit is <u>not</u> covered.</p>	<p>A monthly allowance of \$60 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>Members are provided one smart phone device and cellular data plan from a contracted vendor.</p>
<p><b>Telehealth Benefits (additional)</b></p>	<p><b><u>In-Network</u></b></p> <p>For additional telehealth benefits, you pay 20% coinsurance for primary care physician services and physician specialist services.</p>	<p><b><u>In-Network</u></b></p> <p>For additional telehealth benefits, you pay 20% coinsurance for primary care physician services, physician specialist services, individual sessions for mental health specialty services, group sessions for mental health specialty services.</p>
<p><b>Telemonitoring Services</b></p>	<p>Prior authorization is required for telemonitoring services.</p>	<p>No prior authorization required for telemonitoring services.</p>
<p><b>Non-Emergency Transportation Services (routine)</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for routine transportation services (unlimited one-way trips to health-related locations (50 miles max one way)) using rideshare services, van and medical transport a Plan designated provider.</p> <p>Prior authorization is required for routine transportation services.</p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for routine transportation services (60 one-way trips every year to health-related locations) using rideshare services, van and medical transport from a Plan designated provider.</p> <p>No prior authorization required for routine transportation services.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Urgently Needed Care Services</b></p>	<p><b><u>In-Network and Point-of-Service (POS)</u></b></p> <p>You pay \$55 copay for each visit for Medicare-covered urgently needed care services.</p> <p>Urgently needed care services cost sharing is waived if you are admitted to the hospital within 24 hours for the same condition.</p>	<p><b><u>In-Network and Point-of-Service (POS)</u></b></p> <p>You pay 20% coinsurance, up to a \$45 maximum for each visit for Medicare-covered urgently needed care services.</p> <p>Urgently needed care services cost sharing is not waived if you are admitted to the hospital for the same condition.</p>
<p><b>Vision: Combined Flexible Dental, Hearing and Vision Benefits</b></p>	<p><b><u>In-Network</u></b></p> <p>You pay \$0 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay \$0 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>\$1,000 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.</p> <p>You are responsible for all costs exceeding the combined benefit amount for the flexible benefits.</p>	<p><b><u>In-Network</u></b></p> <p>You pay 20% coinsurance for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p><b><u>Point-of-Service (POS)</u></b></p> <p>You pay 20% coinsurance for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.</p> <p>\$1,000 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>

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## Section 2.5 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

**Changes to Prescription Drug Benefits and Costs**

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**Changes to the Deductible Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your Part D drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$545.</p>	<p>The deductible is \$590.</p>

**Changes to Your Cost Sharing in the Initial Coverage Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:</p>

Stage	2024 (this year)	2025 (next year)
<p>The costs in this chart are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p> <p>For information about the costs for a long-term supply, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p><b>Tier 1:</b> You pay 25% coinsurance per prescription.</p>	<p><b>Tier 1:</b> You pay 25% coinsurance per prescription.</p>
<p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

### Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.**

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 3 Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December). To learn more about this payment option, please contact us at 1-844-294-6535 or visit <a href="https://www.Medicare.gov">Medicare.gov</a> .

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP)

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP).

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

## Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *OR* – Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.



## SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Arizona, the SHIP is called Arizona State Health Insurance Assistance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Arizona State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Arizona State Health Insurance Assistance Program (SHIP) at 1-602-542-4446 or 1-800-432-4040. You can learn more about Arizona State Health Insurance Assistance Program (SHIP) by visiting their website (<https://des.az.gov/services/older-adults/medicare-assistance>).

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
  - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Arizona AIDS Drugs Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call Arizona AIDS Drugs Assistance Program (ADAP) at 1-800-334-1540. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help

you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1 (844) 294-6535 or visit [Medicare.gov](https://www.Medicare.gov).

## SECTION 8 Questions?

### Section 8.1 – Getting Help from Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP)

Questions? We're here to help. Please call Member Services at 1-844-294-6535. (TTY only, call 711.) We are available for phone calls October 1 – March 31: Live Customer Service Representatives (CSRs) are available seven days a week, from 8:00 a.m. to 8:00 p.m. local time for the regions in which they operate; and Interactive voice response system or similar technologies for Thanksgiving and Christmas Day (messages must be returned within one (1) business day) April 1 – September 30: Live CSRs available Monday through Friday, from 8:00 a.m. to 8:00 p.m. in all time zones for the regions in which they operate; and Interactive voice response system or similar technologies for Saturdays, Sundays and Federal Holidays (messages must be returned within one (1) business day. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Gold Kidney of Arizona Gold Dialysis Complete (HMO-POS C-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.goldkidney.com/evidence-of-coverage-2025-Arizona](http://www.goldkidney.com/evidence-of-coverage-2025-Arizona). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.goldkidney.com](http://www.goldkidney.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

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## Section 8.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

## 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 (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 (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 (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 (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 (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 (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 (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 (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 (844) 294-6535번으로 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 (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 (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 (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 (844) 294-6535. Un nostro incaricato che parla Italiano 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 (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 (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 (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、(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).

Point-of-Service (POS)/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 Point-of-Service (POS) 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) and participate in the Plan's case management program. 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.