

Plan Comparison Overview (HMO-POS)

Benefits and premiums	Gold Advantage (H1526-005)	Gold Loyalty (H1526-006)
PART B GIVEBACK		
Money back in Social Security check	\$135	\$160
PLAN PREMIUM AND MOOP		
Monthly premium	\$0	\$0
Maximum Out of Pocket (MOOP)	\$2,900	\$5,500
CORE BENEFITS		
Primary care physician	\$0	\$0
Specialists	\$20	\$45
Urgent care	\$20	\$35
Emergency	\$110	\$110
Inpatient hospitalization	Days 1-5: \$175/day Days 6-90: \$0	Days 1-7: \$250/day Days 8-90: \$0
Outpatient hospitalization services	\$125	\$200
Outpatient ambulatory surgical center	\$125	\$175
X-rays / diagnostic radiology	\$0 - \$95	20%
Lab services	\$0	20%
RX COVERAGE		
Rx deductible	\$0	Not covered
Rx (30-day retail supply)	\$0 / \$5 / \$47 / \$100 / 33%	Not covered
Rx (100-day mail-order supply)	\$0 / \$5 / \$40 / \$250	Not covered
EXTRAS		
Dental, vision & hearing (quarterly rollover)	\$2,000 per year	\$2,500 per year
Gold Perks (for OTC and more)	\$300 per year	\$300 per year
Preventive rewards and incentives	Up to \$300 per year	Up to \$300 per year
Gym membership	\$0 for Silver&Fit membership	\$0 for Silver&Fit membership
Companion care	\$0 for in-home support services	\$0 for in-home support services
Personal emergency response system	\$0 for 1 safety device per year	\$0 for 1 safety device per year

This is a summary document. For plan details, please refer to the 2025 Evidence of Coverage documents.

The **gold standard** of care – that's what Gold Kidney offers you.



Questions

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

1 (888) 376-6188 (TTY 711)

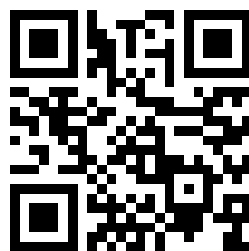
Hours of operation

OCTOBER 1 – MARCH 31

8 a.m. – 8 p.m., local time, 7 days a week
(except holidays)

APRIL 1 – SEPTEMBER 30

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



www.goldkidney.com

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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, or sex (including pregnancy, sexual orientation, and gender identity).

*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 an enrollee 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.



GOLD KIDNEY HEALTH PLAN

Plan Comparison Overview

Florida Gold Advantage and Gold Loyalty

