

Plan Comparison Overview (HMO-POS C-SNP)

Benefits and premiums	Gold Heart & Diabetes (H4869-011)	Gold Dialysis (H4869-013)
PLAN PREMIUM AND MOOP		
Monthly premium	\$0	\$0
Maximum Out of Pocket (<i>MOOP</i>)	\$2,750	\$2,900
CORE BENEFITS		
Primary care physician	\$0	\$0
Specialist: endocrinology, nephrology, cardiology, CV and vascular surgeons	\$0	\$0
Specialist (<i>all other</i>)	\$15	\$15
Urgent care	\$15	\$40
Emergency	\$90	\$120
Inpatient hospitalization	Days 1-7: \$150/day Days 8-90: \$0	Days 1-5: \$175/day Days 6-90: \$0
Outpatient hospitalization services	\$125	\$175
Outpatient ambulatory surgical center	\$100	\$75
X-rays / diagnostic radiology	\$0 - \$50	\$0 - \$75
Lab services	\$0	\$0
Dialysis	20%	\$0
Kidney transplant assistance (<i>dental assistance and caregiver support</i>)	N/A	Covered
RX COVERAGE		
Rx deductible	\$0	\$0
Rx (<i>30-day retail supply</i>)	\$0 / \$0 / \$40 / \$100 / 33% / \$0	\$0 / \$5 / \$47 / \$100 / 33% / \$0
Rx (<i>100-day mail-order supply</i>)	\$0 / \$0 / \$40 / \$250 / N/A / \$0	\$0 / \$5 / \$40 / \$250 / N/A / \$0
EXTRAS		
Dental, vision & hearing (<i>quarterly rollover</i>)	\$2,800 per year	\$2,000 per year
Smartphone & cellular data plan ^{*1}	Included	Included
Healthy food & produce allowance*	\$1,044 per year	\$900 per year
Fuel & rideshare allowance*	\$300 per year	\$900 per year
Gold Perks Plus (<i>for utility bills* and more</i>)	\$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.

FOOTNOTES

1 The smartphone benefit is supplied through Gold Kidney’s mobile phone and services partner.

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

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

*The benefit is a special supplemental benefit only available to chronically ill enrollees with one or more of the following chronic conditions: diabetes, chronic heart failure and/or cardiovascular disorders, and ESRD, and who also meet all applicable plan coverage criteria. Contact us for details.



GOLD KIDNEY HEALTH PLAN

Plan Comparison Overview

Arizona C-SNP Plans for Cochise, Coconino, Graham, and Navajo Counties

