

Plan Comparison Overview (HMO-POS C-SNP)

Benefits and premiums	Gold Heart & Diabetes (H4869-001)	Gold Heart & Diabetes Complete ¹ (H4869-002)	Gold Dialysis (H4869-003)	Gold Dialysis Complete ¹ (H4869-004)
PLAN PREMIUM AND MOOP	MEDICARE & MEDICAID/MEDICARE ONLY		MEDICARE & MEDICAID/MEDICARE ONLY	
Monthly premium	\$0	\$0 / \$10.90	\$0	\$0 / \$30.10
Maximum Out of Pocket (MOOP)	\$2,500	\$9,350	\$2,900	\$9,350
CORE BENEFITS	MEDICARE & MEDICAID/MEDICARE ONLY		MEDICARE & MEDICAID/MEDICARE ONLY	
Primary care physician	\$0	0% / 20%	\$0	0% / 20%
Specialist: endocrinology, nephrology, cardiology, CV and vascular surgeons	\$0	0% / 20%	\$0	0% / 20%
Specialist (all other)	\$10	0% / 20%	\$15	0% / 20%
Urgent care	\$10	0% / 20% up to a max. of \$45	\$40	0% / 20% up to a max. of \$45
Emergency	\$90	0% / 20% up to a max. of \$110	\$120	0% / 20% up to a max. of \$110
Inpatient hospitalization	Days 1-5: \$150/day Days 6-90: \$0	Follows original Medicare	Days 1-5: \$175/day Days 6-90: \$0	Follows original Medicare
Outpatient hospitalization services	\$125	0% / 20%	\$175	0% / 20%
Outpatient ambulatory surgical center	\$100	0% / 20%	\$75	0% / 20%
X-rays / diagnostic radiology	\$0 - \$50	0% / 20%	\$0 - \$75	0% / 20%
Lab services	\$0	0% / 20%	\$0	0% / 20%
Dialysis	20%	0% / 20%	\$0	0% / 20%
Kidney transplant assistance (dental assistance and caregiver support)	N/A	N/A	Covered	Covered
RX COVERAGE				
Rx deductible	\$0	\$0 with Extra Help / \$590	\$0	\$0 with Extra Help / \$590
Rx (30-day retail supply)	\$0 / \$0 / \$40 / \$100 / 33% / \$0	Extra Help amounts apply ² / 25% ³	\$0 / \$5 / \$47 / \$100 / 33% / \$0	Extra Help amounts apply ² / 25% ³
Rx (100-day mail-order supply)	\$0 / \$0 / \$40 / \$250 / N/A / \$0	Extra Help amounts apply ² / 25% ³	\$0 / \$5 / \$40 / \$250 / N/A / \$0	Extra Help amounts apply ² / 25% ³
EXTRAS				
Dental, vision & hearing (quarterly rollover)	\$4,000 per year	\$4,000 per year	\$2,000 per year	\$4,000 per year
Smartphone & cellular data plan ^{*4}	Included	Included	Included	Included
Healthy food & produce allowance [*]	\$924 per year	\$1,800 per year	\$900 per year	\$1,500 per year
Transportation and fuel & rideshare allowance	\$0 for 24 one-way trips per year	\$0 for 24 one-way trips per year plus \$300 fuel and rideshare allowance per year [*]	\$0 for 200 one-way trips per year plus \$600 fuel and rideshare allowance per year [*]	\$0 for 60 one-way trips per year plus \$720 fuel and rideshare allowance per year [*]
Gold Perks Plus (for utility bills [*] and more)	\$300 per year	\$600 per year	\$300 per year	\$600 per year
Preventive rewards and incentives	Up to \$300 per year	Up to \$300 per year	Up to \$300 per year	Up to \$300 per year
Gym membership	\$0 for Silver&Fit membership	\$0 for Silver&Fit 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	\$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	\$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 If you receive Medicaid/AHCCS benefits, your premium and coinsurance will be paid by these programs.
- 2 For those who qualify. If you lose Extra Help, original copay will apply.
- 3 Varies by drug tier or level.
- 4 The smartphone benefit is supplied through Gold Kidney's mobile phone and services partner.



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.

Plan Comparison Overview

Arizona C-SNP Plans for Gila, Maricopa, Pima, and Pinal Counties

